

Bridging Theory and Practice: An Assessment of Nursing Students' Experiences in Psychiatric Clinical Practicum

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ABSTRACT

The integration of theoretical knowledge with clinical practice remains one of the most significant challenges in nursing education, particularly in psychiatric nursing where students must manage emotionally charged and unpredictable care environments. This study assessed the experiences of nursing students during their psychiatric clinical practicum and examined how they bridge the gap between theory and practice in the development of professional competence. Guided by a qualitative descriptive design, the study involved 200 Level IV Bachelor of Science in Nursing students from a higher education institution in the Philippines who had completed their psychiatric clinical practicum. Data were collected through self-administered questionnaires and focus group discussions, and analyzed using Braun and Clarke's thematic approach. Three major themes emerged: (1) *Emotional Transition and Adjustment*, characterized by initial anxiety, fear, and gradual emotional resilience; (2) *Bridging the Theory–Practice Divide*, emphasizing the struggle and eventual adaptation in applying classroom knowledge to real-world psychiatric care; and (3) *Professional Identity Formation*, which reflected the transformation of students' self-concept through therapeutic communication, empathy, and reflective practice. These findings underscore the importance of structured orientation, supportive supervision, and reflective debriefing in facilitating a smooth transition from classroom to clinical environment. The study also recommends incorporating digital learning tools, such as virtual simulations and e-mentorship platforms, to enhance clinical readiness, especially when exposure opportunities are limited. Despite being conducted in a single institution, the study provides valuable insights into the contextual realities of psychiatric nursing education and highlights the need for multi-institutional and longitudinal follow-up research to evaluate the long-term effects of practicum experiences on professional development and retention in mental health practice.

Keywords: Psychiatric Nursing Education, Theory–Practice Integration, Clinical Learning Experience

INTRODUCTION

The integration of theory and practice is a central concern in nursing education, particularly in specialized fields such as psychiatric nursing. Psychiatric clinical practicum provides nursing students with the opportunity to apply theoretical knowledge to real-world patient care, fostering the development of critical thinking, therapeutic communication, and holistic care competencies. However, many students encounter challenges in adjusting to psychiatric settings, where patients' complex behavioral, emotional, and mental health needs demand both technical skill and empathy. These challenges may influence their clinical performance, learning outcomes, and overall readiness for professional practice.

Globally, psychiatric nursing is recognized as a vital component of comprehensive health care, yet it remains an area where nursing students often experience heightened anxiety, limited confidence, and difficulty translating classroom learning into effective practice. Previous studies have reported that nursing students struggle with role transition, communication barriers, and managing stigma associated with mental illness. In the Philippine context, where mental health resources remain limited and societal stigma persists, the psychiatric clinical practicum serves as a critical venue to build competence and professional identity among future nurses.

This study is grounded in the recognition that effective psychiatric nursing education must not only equip students with theoretical knowledge but also address the psychosocial and contextual factors that shape their clinical experiences. By assessing the experiences of nursing students in psychiatric clinical practicum, this research aims to identify both barriers and enablers to learning, thus contributing to curriculum enhancement and the strengthening of psychiatric nursing education.

Specifically, this study seeks to: (1) assess the lived experiences of nursing students during their psychiatric clinical practicum; (2) identify the challenges encountered in bridging theoretical knowledge with clinical practice; (3) determine the coping mechanisms and strategies employed by students in adapting to psychiatric care settings; and (4) propose recommendations to improve psychiatric nursing education and enhance students' clinical learning experiences.

METHODOLOGY

Research Design

This study employed a qualitative descriptive design to assess the experiences of nursing students during their psychiatric clinical practicum. This design was selected to capture the depth and diversity of students' reflections, challenges, and coping strategies in bridging theory with practice. Data collection was conducted from October to November 2024, during the second semester of the academic year 2024–2025.

Participants and Sampling Technique

The study population comprised 200 Level IV Bachelor of Science in Nursing (BSN) students officially enrolled in CEU Manila during the academic year 2024–2025. These students had completed their required psychiatric clinical practicum rotation.

- Inclusion criteria: All Level IV nursing students, aged 18 years and above, who had fully completed their psychiatric clinical practicum.
- Exclusion criteria: Students who did not complete the practicum or who declined participation.

A total enumeration sampling technique was used, where all 200 eligible Level IV nursing students were invited to participate in the study. This method ensured inclusivity and minimized selection bias, as the entire batch represented the target population.

Research Instrument

The research instrument was a semi-structured questionnaire composed of both closed-ended and open-ended items designed to assess students' learning experiences, perceived gaps between theory and practice, and coping strategies. The FGD guide contained open-ended prompts to encourage rich narratives. Instruments were validated by two psychiatric nursing experts and underwent pilot testing for clarity and reliability.

Data Gathering Procedure

Data were gathered through a self-administered survey questionnaire and focus group discussions (FGDs). The survey questionnaire collected demographic information and guided reflections on students' experiences, challenges, and coping mechanisms during the practicum. FGDs were conducted with randomly selected subgroups of students (6–8 participants per group) to generate deeper insights and validate survey responses. Both tools were validated by psychiatric nursing faculty and pretested among non-participant nursing students. Data collection was facilitated within CEU premises from October to November 2024.

Data Analysis Procedure

Quantitative data from the survey were summarized using descriptive statistics (frequencies, percentages, and means) to describe the demographic profile and overall trends in students' experiences.

Qualitative data from open-ended responses and FGD transcripts were analyzed using Braun and Clarke's six-phase thematic analysis, which involved: (1) familiarization with the data, (2) generating initial codes, (3) searching for themes, (4) reviewing themes, (5) defining and naming themes, and (6) producing the report.

Credibility and trustworthiness were ensured through peer debriefing, triangulation of survey and FGD data, and member checking, where participants validated the interpreted themes. Thick descriptions and direct quotations were incorporated to authentically represent the participants' lived experiences.

Study Limitations

The study was conducted in a single academic institution, which may limit the generalizability of findings to other nursing schools or practice settings. Additionally, data were self-reported, which may introduce recall or social desirability bias in students' accounts of their experiences. Nonetheless, the credibility of the results was reinforced through triangulation, peer debriefing, and member checking. Future studies are recommended to employ multi-institutional or longitudinal designs to explore the long-term impact of psychiatric practicum experiences on professional competence and mental health nursing practice.

Ethical Considerations

This study adhered to the ethical principles of respect for persons, beneficence, and justice. Participants were thoroughly informed about the study's objectives, procedures, and their right to participate or withdraw without any academic repercussions.

Written informed consent was obtained prior to data collection. Anonymity and confidentiality were ensured by assigning codes instead of names and securing all research documents in password-protected files accessible only to the researchers.

Ethical approval was granted by the Centro Escolar University–Institutional Ethics Review Board (CEU-IERB) with approval code CEU-IERB_SY24-25_0553_Nursing.

RESULTS AND DISCUSSION

Socio-Demographic Participants

Table 1. Demographic Profile of Nursing Student Participants (n = 200)

Variable	Frequency (f)	Percentage (%)
Age		
18-19 years old	58	29.0
20-21 years old	112	56.0
22 years old and above	30	15.0
Gender		
Female	164	82.0
Male	36	18.0
Type of Schooling		
Regular	178	89.0
Irregular / Returnee	22	11.0
Yes	38	19.0
No	162	81.0

The profile from Table 1 indicates that Most of the participants were female (82%), aged 20–21 years old (56%), and enrolled as regular students. Only a minority (19%) had previous exposure to mental health settings. This demographic profile is consistent with national nursing student populations in the Philippines, where women still dominate the nursing profession (Commission on Higher Education, 2023). The limited

prior exposure to psychiatric environments may explain students’ initial anxiety and difficulty in adjusting to emotionally complex clinical settings

Self-Rated Readiness and Competency

Table 2. Self-Rated Readiness and Learning Competencies during Psychiatric Practicum)

Learning Competency	Weighted Mean	Verbal Interpretation
Application of therapeutic communication	4.22	Very Good
Understanding of mental health nursing concepts	4.34	Very Good
Coping with challenging patient behavior	3.95	Good
Adapting to multidisciplinary teamwork	4.10	Good
Managing emotional stress during practicum	3.88	Good
Overall learning readiness	4.10	Very Good

(Scale: 1.00–1.80 = Poor, 1.81–2.60 = Fair, 2.61–3.40 = Moderate, 3.41–4.20 = Good, 4.21–5.00 = Very Good)

Students showed strong understanding of psychiatric concepts and therapeutic communication but lower confidence in managing unpredictable behaviors and emotional stress as seen in Table 2. These findings echo Choi et al. (2016), who found that emotional readiness develops progressively through exposure and mentorship.

Common Challenges Encountered

Table 3. Frequency of Challenges Experienced during Psychiatric Clinical Practicum

Challenge	Frequency (f)	Rank	Percentage (%)
Anxiety and fear of aggressive patients	158	1	Very Frequent
Difficulty translating theory into practice	146	2	Very Frequent
Limited faculty supervision	122	3	Frequent
Communication barriers with patients	114	4	Frequent
Emotional exhaustion and burnout	96	5	Frequent
Stigma toward mental illness	87	6	Occasionally Experienced

Table 3 discussed that the leading challenge was anxiety, followed by difficulty applying theoretical concepts. Faculty guidance and communication barriers also emerged as major stressors. According to Mansouri & Darvishpour (2024), these challenges reflect the transitional stress typical of psychiatric nursing exposure, where emotional safety and supervision are critical.

Coping Mechanisms Used by Students

Table 4. Coping Strategies Adopted by Nursing Students during Psychiatric Practicum

Coping Strategy	Frequency (f)	Percentage (%)	Verbal Description
Seeking guidance from clinical instructors	156	78.0	Always
Peer support and debriefing	142	71.0	Often
Reflective journaling and self-assessment	130	65.0	Often
Spiritual or faith-based coping	118	59.0	Sometimes
Avoidance or emotional detachment	48	24.0	Rarely

Table 4 discussed that Students relied heavily on faculty support and peer collaboration for coping, consistent with Bandura’s social learning theory, which highlights observation and interaction as central to adaptive learning. Reflective journaling also played a vital role in internalizing lessons and regulating emotions.

Thematic Insights from Qualitative Findings

Table 5. Themes and Subthemes from Focus Group Discussions (n = 6 FGDs)

Main Theme	Subthemes / Illustrative Statements	Interpretation / Implication
1. Emotional Transition and Adjustment	• “I was nervous and didn’t know what to expect.” • “Gradually, I learned to control my fear.”	Emotional adaptation is the foundation of effective psychiatric nursing. Guided exposure transforms fear into empathy.
2. Bridging the Theory–Practice Divide	• “It’s different when you’re face-to-face with patients.” • “Textbook theories helped, but experience taught me more.”	The practicum exposes gaps between theoretical learning and practical application, underscoring the value of reflective practice and supervision.
3. Professional Identity Formation	• “I started seeing myself as a real nurse.” • “It made me realize how important empathy is.”	Students develop a sense of belonging, professionalism, and moral responsibility through hands-on experience.

The themes illustrate students’ transformational learning process—from fear to adaptation, and ultimately, professional growth. This aligns with Kolb’s Experiential Learning Cycle, which asserts that reflection on concrete experience enhances learning outcomes.

Correlation between Readiness and Challenges

Even though the study is primarily qualitative, a descriptive cross-tabulation revealed interesting trends between readiness levels and challenges experienced.

Table 6. Relationship between Readiness Level and Frequency of Challenges (n = 200)

Readiness Level	Low Challenge (f)	Moderate Challenge (f)	High Challenge (f)	Interpretation
High (M ≥ 4.21)	48	30	4	Students with higher readiness encountered fewer emotional and communication difficulties.
Moderate (3.41–4.20)	22	54	26	Moderate readiness linked to moderate difficulty translating theory into practice.
Low (≤ 3.40)	8	12	26	Low readiness associated with higher anxiety and dependence on supervision.

There appears to be an inverse relationship between readiness and perceived challenge level. Students who rated themselves as more prepared encountered fewer barriers and adapted faster, supporting Kirkpatrick’s Level 2 (Learning) and Level 3 (Behavior) indicators of educational effectiveness.

Integration of Quantitative and Qualitative Findings with Theoretical and Practical Implications

Table 7. Integration of Quantitative and Qualitative Findings with Theoretical and Practical Implications

Key Finding	Supporting Data (Quantitative/Qualitative)	Interpretation	Theoretical Link
Students entered practicum with high theoretical readiness but moderate confidence in psychiatric settings.	Quantitative: Overall readiness mean = 4.10 (Very Good). Qualitative: Students expressed initial anxiety and uncertainty.	Students were cognitively prepared but emotionally unsteady, showing a gap between theory and practical readiness.	Kolb’s Experiential Learning Theory: transformation occurs when abstract concepts are tested in real contexts.
Emotional transition and adjustment occurred progressively	FGD Themes: “At first, I was scared... I learned to control my fear.”	Emotional regulation evolved with sustained clinical exposure and	Meleis’ Transition Theory: adaptation is a central process in

during exposure.		faculty guidance.	professional role development.
Students struggled to apply theoretical models to unpredictable patient behaviors.	Quantitative: Difficulty translating theory into practice ranked 2nd among challenges (f = 146).	The gap between conceptual knowledge and practice reflects the dynamic, non-linear nature of psychiatric nursing.	Benner's Novice to Expert Model: experiential learning bridges competence and expertise.
Supportive faculty and peer interaction enhanced coping and learning.	Coping Table: 78% sought instructor guidance; 71% engaged in peer debriefing.	Social support fostered collaborative reflection and resilience.	Bandura's Social Learning Theory: modeling and feedback shape adaptive behavior.
Professional identity formation emerged through reflective practice.	Qualitative: "I started seeing myself as a real nurse."	Practicum fostered confidence, empathy, and moral accountability.	Kirkpatrick's Evaluation Model – Level 3 (Behavior): evidence of behavioral and attitudinal change.

The integration of both quantitative and qualitative findings is summarized in Table 7, illustrating how students' learning experiences align with established educational theories and their corresponding implications for nursing practice and curriculum design.

DISCUSSIONS

The findings of this study highlight the dynamic process by which nursing students bridge theoretical learning and real-world psychiatric practice. Quantitative data revealed that while students rated their overall readiness for psychiatric practicum as **very good**, they experienced moderate confidence when managing unpredictable patient behaviors. Qualitative results complemented these findings, showing that students underwent an emotional journey from anxiety and fear toward empathy, resilience, and professional growth.

At the beginning of the practicum, many participants expressed apprehension toward interacting with patients diagnosed with mental disorders. This mirrors Meleis' Transition Theory (2010), which explains that learners pass through phases of uncertainty before achieving stability and mastery. As exposure continued, students learned to regulate emotions and apply therapeutic communication techniques, supported by clinical instructors and peers. The first theme, "Emotional Transition and Adjustment," therefore demonstrates how emotional adaptation forms the foundation of professional competence in psychiatric nursing.

The second theme, "Bridging the Theory–Practice Divide," illustrated how students struggled to apply textbook concepts to the complex and often unpredictable realities of psychiatric care. Although their theoretical understanding was strong, the context of real patient encounters required flexibility, empathy, and situational judgment. This reflects Kolb's Experiential Learning Theory (1984), which posits that meaningful learning occurs when students transform abstract knowledge into concrete experience through reflection and action. The practicum thus served as a platform for experiential integration, allowing students to learn not only *what to do* but also *how and why* to do it.

The third theme, "Professional Identity Formation," captured students' evolving sense of self as future psychiatric nurses. Through direct patient interaction and reflective practice, they began to internalize values such as compassion, patience, and accountability. This transformation aligns with Benner's (1984) Novice-to-Expert model, which emphasizes experiential learning as a pathway to professional maturity. Students' statements—such as "I started seeing myself as a real nurse"—reflect movement from novice awareness toward competent, confident practice.

Cross-analysis of readiness and challenge levels (Table 6) revealed that students with higher self-rated readiness encountered fewer emotional and communication difficulties, whereas those with lower readiness

relied heavily on supervision. This supports Kirkpatrick's Evaluation Model, where higher learning outcomes (Level 2) translate into improved behavior and confidence (Level 3). Similarly, coping data (Table 4) showed that students leaned strongly on instructor guidance and peer support, illustrating Bandura's Social Learning Theory, which recognizes observation, modeling, and feedback as key to adaptive learning.

Integration of quantitative and qualitative findings (Table 7) underscores that theory and practice are mutually reinforcing. The practicum experience allowed students to operationalize classroom knowledge while developing emotional intelligence, communication skills, and reflective judgment—qualities essential in psychiatric nursing. The alignment of findings with major learning theories provides a robust framework for curriculum improvement.

Overall, the discussion reveals that the psychiatric clinical practicum functions as a transformative learning arena. It strengthens cognitive competence, nurtures emotional resilience, and fosters professional identity formation. However, the process is not without challenges—students need structured orientation, ongoing mentorship, and psychological support to navigate the emotional complexities of psychiatric care. Integrating pre-practicum simulation, reflective debriefing sessions, and digital mentorship platforms could help reduce anxiety and reinforce learning continuity.

These results affirm that bridging theory and practice in psychiatric nursing requires a holistic educational approach that simultaneously addresses intellectual, emotional, and ethical dimensions of learning. Doing so ensures that nursing graduates emerge not only as clinically skilled professionals but also as compassionate advocates for mental health care.

CONCLUSION

This study concludes that the psychiatric clinical practicum serves as a transformative learning experience that bridges theoretical instruction and the lived realities of mental health nursing practice. Nursing students' experiences revealed an integrative process of intellectual growth, emotional adjustment, and professional identity formation. Although classroom learning provided the theoretical basis for understanding psychiatric conditions and therapeutic communication, it was through authentic clinical encounters that students developed empathy, confidence, and critical thinking. Guided mentorship, peer collaboration, and reflective practice allowed them to internalize theoretical concepts and translate them into meaningful patient care.

The findings also demonstrated that while students initially faced anxiety, uncertainty, and emotional strain, these challenges eventually became catalysts for growth. The process of transformation mirrored Kolb's Experiential Learning Theory, Meleis' Transition Theory, and Benner's Novice-to-Expert model, illustrating that emotional adaptation and reflection are central to achieving professional competence. Ultimately, the psychiatric clinical practicum not only strengthened students' technical nursing skills but also nurtured compassion, resilience, and ethical awareness—qualities essential for delivering holistic and patient-centered psychiatric care.

In light of these findings, several recommendations are put forward to enhance the quality of psychiatric nursing education and the integration of theory into practice. Nursing education institutions are encouraged to strengthen pre-practicum preparation through structured orientation programs and simulation-based activities that familiarize students with the psychiatric environment and patient interactions. Reflective learning tools such as journaling, guided debriefings, and e-portfolios should be incorporated into the curriculum to cultivate self-awareness and emotional regulation. Integrating Kolb's experiential learning cycle can further ensure that students engage in continuous reflection and skill development throughout their practicum. Additionally, digital innovations such as tele-mentorship and virtual simulations may be utilized to extend learning opportunities beyond the clinical setting and enhance accessibility to supervision and feedback.

Clinical instructors and faculty members play a crucial role in shaping students' learning experiences. They are encouraged to maintain manageable faculty-student ratios to provide individualized supervision and constructive feedback. Regular debriefing sessions should be conducted to help students process emotionally challenging experiences and prevent burnout. Moreover, collaboration with psychiatrists, psychologists, and

other mental health professionals should be strengthened to provide students with interdisciplinary perspectives that enrich their clinical understanding.

From an administrative and policy standpoint, nursing schools and hospital partners should work together to develop standardized guidelines for psychiatric practicum implementation. These should outline clear supervision protocols, orientation content, and safety measures to ensure consistent quality across institutions. Faculty development programs that focus on reflective teaching, emotional support, and effective clinical facilitation are likewise essential to sustain instructional excellence. Policymakers should also encourage inter-institutional collaborations and research partnerships to advance mental health education and promote the sharing of best practices.

Finally, future research should explore psychiatric practicum experiences across multiple institutions to establish broader evidence on best teaching and learning strategies. Longitudinal studies could assess how clinical exposure influences professional growth, retention in mental health nursing, and long-term clinical competence. Further investigation into the impact of simulation technologies, digital mentorship, and resilience-building interventions may also provide valuable insights into how nursing education can better prepare students for the emotional and professional demands of psychiatric practice.

Overall, the study underscores that bridging theory and practice in psychiatric nursing is not a linear process but a deeply human journey of learning, reflection, and transformation. Through supportive supervision, reflective pedagogy, and continuous innovation, nursing education can cultivate graduates who are not only clinically skilled but also empathetic, resilient, and fully prepared to champion mental health care in diverse clinical settings.

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