A MODEL OF EMOTIONAL SUPPORT FOR STUDENT NURSES WORKING IN MENTAL HEALTH SETTINGS IN THE WESTERN CAPE, SOUTH AFRICA: A METHODOLOGICAL PERSPECTIVE

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ABSTRACT

The mental health care environment is a stressful environment, especially among student nurses. The purpose of the study was to develop a model of emotional support for student nurses working in the mental health care environment. The objectives were set in two phases: Phase one – identification of concepts; Phase two – development of a model of emotional support for student nurses. A theory-generating design, based on a qualitative, explorative and descriptive research approach, was used to meet the aim of the study. Data was purposively collected from 40 nursing students using (n=6) focus group discussions and eight educators and nine clinical staff by way of semi-structured interviews. Data was analysed by means of Tesch's method of data analysis. The model was developed by means of the four steps of which the first two are discussed in this paper as step three and four will be discussed elsewhere. Step one is the concept development consisting of concept identification and concept

UNISA university of south africa

Africa Journal of Nursing and Midwifery
Volume 17 | Supplement | 2015
pp. S134–S150

Print ISSN 1682-5055

definition. A total of 22 concepts were identified, which were synthesised into six main concepts, namely, positive self-concept, positive work environment, academic and professional development, effective communication, formal and informal supportive interventions, and collaboration between the higher education institution and the mental health care setting. Step two is the model development during which the main concepts were placed in relation to one another, which formed an emotional support model for students working in mental health care settings. This paper gives an account of the methodological processes that were utilised to meet the aim and objectives of the study.

Keywords: emotional support, mental health care environment, model development, student nurses

INTRODUCTION AND BACKGROUND INFORMATION

The psychiatric setting has been identified as a very stressful work environment especially for student nurses (Montes-Berges & Augusto, 2007). Stress experienced in this setting may be due to a myriad factors such as stigma attached to mental illness, fear of the unknown (Ewashen & Lane, 2007); the use of the therapeutic self which means that student nurse's use themselves as a therapeutic instrument in managing mentally ill patients; the physical environment of the psychiatric hospital with the high walls and locked wards (Stuart, 2009). In addition, mentally ill patients have been considered to be dangerous and student nurses with little experience in such environments may feel vulnerable to feelings of fear and anxiety when they are expected to work in a mental health care environment (Frisch & Frisch, 2011). Nursing students may also become emotionally distressed when they are ill-prepared for the complexities involved in mental health nursing (Ewashen & Lane, 2007).

Students studying towards a degree in nursing at a university in South Africa have the additional burden of the structure of the degree programme in which the clinical and theoretical components are synchronised and integrated. This means that students at the higher education institution (HEI) attend class and work in the mental health care clinical setting every week. While this system supports the integration of theory and practice, students do not have the opportunity to spend long periods in the mental health care setting (Martin, 2014). This could result in them being unable to form relationships with staff and patients, and consequently are perceived as outsiders. Wards are overloaded with students amidst staff shortages, as a consequence of the competition for clinical learning opportunities in mental health care settings by training institutions. Recruiting students to choose mental health nursing as a career choice may be a challenge in the face of such adversities (Gray & Smith, 2009).

In order for student nurses to deal with the demands of the psychiatric setting, they need to be supported emotionally (Freeburn & Sinclair, 2009:338). While there

are existing supportive interventions and strategies to address students' needs in mental health care settings, these interventions/strategies focus on meeting the clinical learning objectives (UWC, 2009). This is predicated on the assumption that if the students' learning needs are met, they will feel emotionally supported. Morrissette and Doty-Sweetnam (2010:520–525) offer some suggestions to support students in the learning environment. Strategies include a well-constructed syllabus, a reciprocal educator-student relationship, anticipating inappropriate student behaviour, educators doing introspection and self-monitoring regarding their own conduct, ensuring that policies and procedure are transparent, maintaining personal boundaries and limiting student-teacher interaction, avoiding classroom confrontations and meeting students alone. These suggestions are based on extant literature and personal experience and not on empirical research findings.

STATEMENT OF THE RESEARCH PROBLEM

The theory and practice demands placed on the students by the South African Nursing Council, university rules, regulations and policies, the curriculum design and the students' perceptions and expectations of the mental health care environment appear to cause emotional distress in nursing students (Martin, 2014:12). The lack of emotional support for students working in these stressful mental health care environments motivated the researcher to explore and describe the experiences of student nurses, educators and clinical staff on the emotional challenges, coping and emotional support needs of students working in these settings. The aim of this study was to develop a model of emotional support for nursing students working in mental health care settings.

PURPOSE AND OBJECTIVES OF THE STUDY

The purpose of the study was to develop a model of emotional support for students working in mental health care settings. The objectives of the study were to explore and describe nursing students' emotional challenges and emotional support needs, and, in addition, to explore and describe educators and clinical staff's perceptions of how nursing students coped and the support they offered nursing students working in mental health care settings.

This purpose of this paper is to describe the methodological processes followed, namely, concept identification towards the development of the model of emotional support and placing key concepts in relation to one another. Themes, sub-themes and categories pertaining to each participant group are not alluded to in this paper as the focus is on the methodological processes that were used to develop the model.

DEFINITIONS OF KEYWORDS/CONCEPTS

Clinical staff refers to professional nurses rendering nursing care to mentally ill patients at the four psychiatric hospitals and community mental health clinics in the Western Cape (Martin, 2014).

Concept identification is a step in the theory-generating process where concepts are identified by means of analysing qualitative data and eliciting the main concepts that form the basis for theorising (Walker & Avant, 2005).

Educators refer to two categories of staff employed by the university in the study, namely, nurse educators, who are professional nurses, who have qualified as nurse educators and who teach psychiatric nursing science. They are referred to by the students as lecturers; clinical supervisors, who are professional nurses and who provide clinical supervision to student nurses when placed in the mental health facilities (Martin, 2014).

Emotional support is the feelings of reassurance, belonging and caring that students experience while working in mental health care settings (Martin, 2014).

Model development is the process of building theory through concept synthesis, statement synthesis and theory synthesis (Walker & Avant, 2005).

RESEARCH METHODOLOGY

A theory-generating design based on a qualitative, explorative and descriptive research approach was used in this study. This study was conducted at a university in the Western Cape offering an undergraduate nursing degree programme, four psychiatric hospitals and one community health centre in the Western Cape.

Research setting

The setting was a university in the Western Cape that offers an undergraduate nursing degree programme and four psychiatric hospitals and one community health centre in the Western Cape where students are placed for clinical placements. Two psychiatric hospitals offer mental health care services to both mentally ill and intellectually disabled individuals, one caters only for people with mental illness, while one hospital focuses on the management of patients with intellectual disability only. Community mental health care services cater for both mentally ill and intellectually disabled individuals.

Population and sample

Three research population groups, namely, students (n=40), educators (n=8) and clinical staff (n=9) participated in the study. A non-probability sampling method was used to select these participants. Student participants were recruited by means of an announcement regarding the study to the students in classes at the university. Educators (lecturers and clinical supervisors) were recruited by means of an announcement regarding the purpose and objectives of the study at a meeting. This meeting was attended by educators who were teaching and supervising mental health nursing students at the participating university.

Data collection methods

The nursing students participated in six (6) focus group discussions. Clinical staff and educators participated in semi-structured individual interviews.

Focus group interviews were conducted during October and November 2011. This time-frame was selected as the students were completing the nursing programme at the end of 2011. This meant that all students would have completed more than 90% of the psychiatric nursing clinical hours. The focus group interviews for the student participants were held at the four psychiatric hospitals, since they were working in the clinical setting at the time of the study. One pilot focus group interview was conducted, two focus group interviews were conducted at one psychiatric hospital and one focus group interview was conducted at each of the other three hospitals. Each group consisted of between five and nine participants. Permission to use venues on site was obtained from the hospital managers after the students who had volunteered to participate in the study had been identified.

Semi-structured interviews for the educator and clinical staff participants were conducted during October 2011 and April 2012. The researcher set up interview times and dates with the participants personally and confirmed the prearranged appointments telephonically a day before the event. Interviews with the educators were conducted in offices at the selected university. Interviews for clinical staff were conducted at offices in the various institutions. A total of 17 semi-structured interviews were conducted namely eight educators and nine clinical staff.

Phase one: Concept identification

The purpose of concept identification was to formulate conceptual ideas towards the development of a model. Concept identification took place by means of an exploration and description of student nurses' experience of working in mental health care settings. Categories and themes emerged from the data for each participant group. Through a process of inductive reasoning, concluding statements were formulated

from the themes. Concepts were identified by the 'searching out' of words and groups of words that represent the phenomena and their related actions (Chinn & Kramer, 2008: 223) in the seven concluding statements.

Phase two: Model development (development of relational statements)

The process of model development includes two (2) steps, namely, concept development (description) and statement development and synthesis. Synthesis was used as the approach to model development because the concepts that emerged from step one needed to be connected theoretically. Synthesis assisted the researcher in the interpretation of the data (Walker & Avant, 2005).

Step 1: Concept development (description)

The concepts that were identified and described during the data analysis of the focus group and individual interviews were developed by means of synthesis. Concept synthesis is a strategy for developing concepts by means of different forms of empirical evidence (Walker & Avant, 2005). Concept synthesis begins with raw data, which in this study was obtained from the focus group and individual interviews. There are three approaches to concept synthesis, namely, qualitative, quantitative and literary approaches, according to Walker and Avant (2005). The qualitative and literary approaches to concept synthesis were found to be suitable in this case, as this study utilised a qualitative approach and literature control to assist in identifying similarities and differences in the data (Martin, 2014:72). A literary approach involves examining relevant literature for the purpose of acquiring new insights about the phenomena (Walker & Avant, 2005). Data classified into categories in step 1 were clustered. Clustering involved comparing each classification category with the other. This was done by the researchers using visual inspection. Once the clusters were discovered, they were examined for hierarchical structure. Where two clusters appeared to be similar, they were combined to form a higher order concept. In order to classify the concepts, the researcher made use of the six vantage points of surveying activity together with the six aspects of activity as listed by Dickoff et al. (1968). These included:

Agency – *Who or what performs the activity?*

Recipient – *Who or what is the recipient of the activity?*

Framework – *In what context is the activity performed?*

Terminus – *What is the end point of the activity?*

Procedure – *What is the guiding procedure, technique or protocol of the activity?*

Dynamics – *What is the energy source for the activity?*

These steps are aimed at the systematic ordering of the concepts and their related concepts. The survey list was used to identify the agent that carried out the strategies, who the recipients of the strategies were and the context in which they were carried out. The survey list also assisted the researcher to identify the dynamics required for the activities to take place, as well as the procedures which were required to guide them. The terminus or the end-point of the activity is to ensure that students take responsibility for the fulfilment of their emotional needs while working in mental health care settings (Martin, 2014:221).

The six main concepts, namely, positive self-concept, positive work environment, academic and professional development, effective communication, formal and informal supportive intervention strategies and collaboration between higher education institution/clinical setting (see Table 2) were defined by means of dictionary definitions and subject definitions that used their defining attributes to clarify the concepts in terms of their relevance to the study.

Step 2: Statement development and synthesis

The researcher employed statement synthesis to specify relationships between two or more concepts, which were derived from the concept development stage and their relationship to the six elements of the survey list (Walker & Avant, 2005). Qualitative methods were used to make inferences from the data. Generalisation from specific inferences to more abstract ones was facilitated by the literary method process. Only statements that were derived from or supported by empirical evidence were utilised in this study (Walker & Avant, 2005).

Trustworthiness

Guba's model (1981) for assessing trustworthiness was used in this study.

Credibility

Credibility was enhanced by prolonged engagement with the participants, triangulation of different methods, peer debriefing, member checks and formalised methods such as analytic induction (Martin, 2014:75). The researcher spent ten (10) months in the field establishing a rapport with the participants. She spent time with the participants after the focus group discussions, as they wanted to discuss 'off the record' aspects. In this study, truth value was established by using multiple methods of data collection (i.e. focus group interviews and individual interviews). The credibility was enhanced by 'member checking' of the interview transcripts

by educator and clinical staff participants, to ensure accurate transcription of the participants' views.

Triangulation of the different sources and data led to an enhanced trustworthiness of the study. To further enhance credibility regarding referential adequacy, the researcher audiotaped all the interviews, which were later transcribed verbatim.

Transferability

Applicability was ensured by a detailed description of the participants, research context and setting together with appropriate quotations. The research methodology was provided in addition to an audit trail. The researcher also purposively selected the sample to maximise the range of information from and about the context.

Dependability

The researcher kept an audit trail of the research process to enhance the dependability of the study. Independent verification of coding by an independent coder also enhanced the dependability of the study.

Confirmability

An audit trail was used to determine if the conclusions, interpretations and recommendations could be traced to the source.

Reflexivity

The researcher kept a self-reflective journal to acknowledge prior assumptions and experience throughout the study.

Ethics

Ethics clearance of the proposal was obtained from the Senate Research Ethics Committee of the participating university (Project No. 11/8/12). Permission to gain access to clinical staff working at the four psychiatric hospitals and the two community mental health clinics was obtained from the Chief Executive Officers (hospitals) and the Director of the Department of Health of the Western Cape (clinics).

Participant information sheets and consent letters were disseminated to all the participants, explaining the purpose, ethical considerations and guidelines for participation in the study. Individual written consent was requested from the participants.

Participants were informed that participation in the study was voluntary. They were informed of their right to withdraw from the study at any stage of the process,

without any prejudice. This was especially stressed to the student participants as the researcher was a lecturer.

Confidentiality was ensured by not using the participants' names in the study. Student participants were asked to sign a focus group confidentiality agreement. Audacity software was used to disguise the participants' voices on the audiotapes. The interview voice files were stored on computer and were password protected to ensured safety of the data, in the event of any queries from participants. The reporting of the data maintained the anonymity of the participants.

Some of the students participating in the study appeared distressed, as many personal issues emerged during the focus group interviews. The researcher then spent time with the participants after the interview to listen to their stories. The students were also encouraged to attend the student support services, which were negotiated in advance. They, however, declined, citing that they felt better following the 'off the record' discussion (Martin, 2014:76).

ANALYSIS

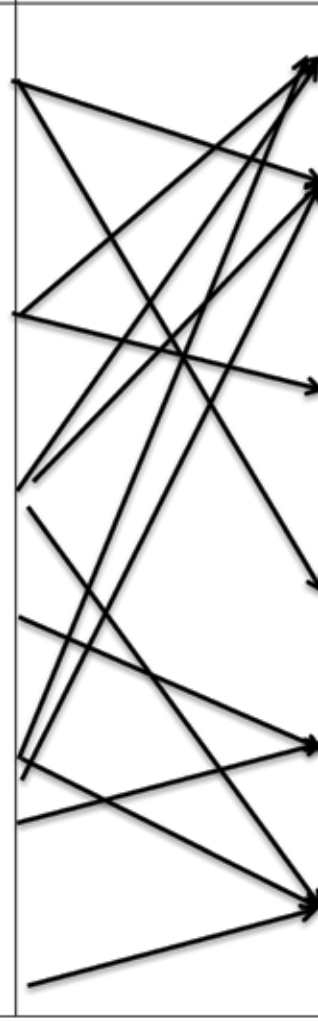
The data from the focus group and individual interviews were analysed inductively using Tesch's method of identifying themes in the data, which allows a structured organisation of data to take place (Creswell, 2003). A demographic profile of the study participants is depicted in Table 1.

Table 1: Profile of the study participants

Category	Gender	Age in years	Demographics	Work experience in years
Students	Females (n=30) Males (n=10)	21–46 average 27	Black(n=22);Coloured(n=15); white(n=2); other(n=1)	N/A
Educators:	females(n=6) males(n=2)	28-52 average 41	Black(n=4);Coloured(n=2); White(n=1); Indian(n=1)	3–27average 12
Clinical staff:	females(n=7) males(n=2)	36-64 average 47	Black(n=3);Coloured(n=4); White(n=1); Indian(n=1)	4-31average 15

A total of 22 concepts were identified during the data analysis process. These concepts were further synthesised by means of examining the similarities and differences, which resulted in the final deductive formation of six main concepts. The main concepts are: positive work environment; positive self-concept; effective communication; collaboration between HEI/clinical setting; formal and informal supportive intervention strategies; academic and professional development. See Table 2 for a classification of the concepts.

Table 2: Concept classification

Main concepts identified with related concepts	Arrows depicting logical arrangement from concept identification to concept classification	Concept classification (Dickoff et al. 1968)
Positive self-concept - Sense of belonging - Self-awareness - Trust - Self confidence **Positive work environment** - Positive staff attitude - Cultural competency - Role modelling - Destigmatisation **Academic and professional development** - Acquisition of knowledge - Knowledge, skills and attitude - Preparedness of students - Supervisory training **Effective Communication** - Constructive communication **Formal and informal supportive intervention strategies** - Social support - Emotional self-care activities - Psychological interventions - Accessibility and availability of educators and clinical staff **Collaboration between HEI/clinical setting** - Multidisciplinary team approach		**Agent:** Educators and clinical staff **Recipient:** Student nurse **Context:** Higher education institution Mental health care setting - hospitals/community clinics **Goal/terminus** Students accepts responsibility to meet their own emotional support needs **Procedure:** Interpersonal communication process **Dynamic:** Collaborative liaison

(Martin, 2014:218, adapted from Bruce & Klopper, 2010:5).

DISCUSSION OF RESEARCH RESULTS

The results depict a theoretical view of phase 2 of the study in which the model for emotional support for students working in mental health care settings was developed

and utilised the six vantage points of the survey list of Dickoff et al. (1968). The main concepts identified were defined after synthesis of dictionary and subject definitions to formulate definitions applicable to the study and is presented under each vantage point to which it pertains. These concepts form the basis of the model that was developed and are discussed as they pertain to the model in this study.

Agent

Who will be responsible for the emotional support of students working in the mental health care setting? In this model, the agent is initially the educators and clinical staff who are responsible for the education and training of student nurses. The students will eventually also become the agent when they assume responsibility for their own emotional support needs when the identified deficits are addressed. The main concepts identified during the classification process pertaining to the 'agent' were: positive work environment; academic and professional development; formal and informal intervention strategies.

Academic and professional development

This means the growth of all the stakeholders (students, educators and clinical staff) within the nursing profession through emotional support and knowledge, skills and attitude, preparation of students and supervisory training (Martin, 2014). Similar findings were alluded to by Andrew, Robb, Ferguson and Brown (2011) who conducted a study that aimed to support the professional development of undergraduate nursing students. The authors indicated that students have to learn to behave as nurses and also to behave as students. There was a need to create a community that embraced aspects of both theory and practice. The adapted senses framework described by Andrew et al. (2011) is an approach that values student effort in all areas of professional life, taking into account the emotional as well as the academic and professional work that are part of the process of becoming a registered practitioner.

Recipient

Who will benefit from a model of emotional support? In this model, the mental health students are the recipients who need to have their emotional support needs met. However, when students' emotional support needs are met, then both the higher education institution and mental health clinical setting would benefit as the students would accept the responsibility for meeting their own emotional support needs. The main concepts identified during the classification process pertaining to the *recipient* were: positive self-concept; academic and professional development; formal and informal intervention strategies.

Positive self-concept

This refers to the affirming impressions students have about themselves, which affects how they interact with the self in their internal world and with others in the external world and that contributes to their coping in the mental health care setting (Martin, 2014). Authors Landa, López-Zafra, Aguilar-Luzón and Fe Salguero de Ugarte's (2009) findings from their study that examined the role of Perceived Emotional Intelligence, in nursing students' self-concept, controlling personality dimensions alluded to the management of one's own emotions, as well as the ability to regulate the emotional state, appeared to be essential features in the formation of self-image and were important for future health professionals.

Context

In what context will the model of emotional support be developed and described? In this study there are two contexts. The first context referred to the specific higher education institution where the study was conducted. The second context is the specific mental health care settings, which include the four psychiatric hospitals and community mental health clinics where students worked during clinical placements. Both contexts provide mental health experiences as students need to integrate theory (higher education institution) and practice (mental health care setting). The assumption is then that the participants of this study alluded to events, behaviours and actions that occurred in both contexts to give a holistic view of the total sum of mental health experiences. The main concept identified during the classification process pertaining to the context was a positive work environment

Positive work environment

This is the total learning environment that includes the higher education institution and the mental health care setting where interactions with students, educators and clinical staff are characterised by affirmation and good qualities relating to positive staff attitude, cultural competency, role modelling and destigmatising mental health by educators and clinical staff. A positive environment also respectfully challenges students to grow, thus allowing for difficult experiences with educators and clinical staff present to offer guidance and support (Martin, 2014). Researchers Koontz, Mallory, Burns and Chapman (2010) concluded from a study, which explored student nurse's perception of the clinical learning environment, that the relationships among students, peers, teaching staff, staff nurses, and other members of the health care team were vital in providing an environment that is positive, supportive and conductive to learning. Nurses were recognised as an influential element with regard to learning in the clinical learning environment by student nurses.

Terminus

What will the aim of developing an emotional support model for student nurses working in mental health care settings be? The aim of the model is to facilitate the emotional support for students working in mental health care settings, so that the students can develop a positive self-concept that would enhance student learning. The main concept identified during the classification process pertaining to the *terminus* was: positive self-concept.

Procedure

What will the techniques, procedures and protocols associated with a model of emotional support for students be? Dickoff et al. (1968) assert that procedure refers to the path, steps or general patterns on the way to the accomplishment of the goal. The procedure, namely an interpersonal communication process, by way of the phases, namely, orientation, working and termination is envisaged to realise the goal – the students accepting responsibility for meeting their own emotional support needs. The main concept identified during the classification process pertaining to the *procedure* was: effective communication process/interpersonal relationship.

Effective communication

This is defined as the process whereby educators, clinical staff and student's share or exchange information, display trust towards one another, actively listen, spend time through interaction with one another in the sense-making process (Martin, 2014). Researchers Levett-Jones and Lathlean (2007) concluded from a study, which aimed to explore students feelings of belonging in the clinical setting, that when students are welcomed in the clinical setting, they are able to ask more questions and patterns of communication that enhance learning and the quality of practice can be established.

Dynamics

What is the energy source (motivation) of the activity? In order for students to be supported emotionally, the process of a collaborative liaison between the agent, recipient and the context needs to occur. The main concepts identified during the classification process pertaining to the *dynamics* were: academic and professional development; formal and informal supportive intervention strategies; collaboration between higher education institution and clinical settings.

Collaboration

This is the process whereby students, educators and clinical staff work together, with understanding and mutual cooperation in a shared environment (higher education institution and clinical setting) to achieve the 'common goal' of supporting students emotionally in the mental health care setting (Martin, 2014). Curtis (2007) findings from a joint initiative between academics and clinician to support mental health students suggest that collaboration between the university (educators) and the mental health clinical setting (clinical staff) is important for building relationships, bridging the theory/practice gap and preparing students for working in mental health.

Formal and informal supportive intervention strategies

These are recognised counselling services and the self-care activities and coping resources, which are planned or unplanned, aimed at providing emotional support to students (Martin, 2014). According to Barbosa (2009), to improve the student's professional capacity and well-being, it is necessary to create supportive academic and practice environments, to maintain ongoing research and to develop policies that support the student's mental health.

CONCLUSIONS

A positive work environment is attained through the collaboration between the higher education institution, the mental health care setting and the student.

Academic and professional development is the result of the collaboration between the higher education institution, mental health care setting and the student towards developing a positive self-concept.

Formal and informal supportive intervention strategies are the consequence of collaboration between the educators and the clinical staff aimed at providing emotional support to students working in mental health care settings through an effective communication process.

Collaboration occurs between the higher education institution and the mental health care setting in an attempt to ascertain students' self-identified needs in order to facilitate emotional support for the student.

The students' positive self-concept is the outcome of collaboration between the higher education institution, the mental health care setting and the student, which results in the provision of support to the student.

Interpersonal communication between the higher education institution, mental health care setting and students results in actions directed at the development of a positive self-concept of the students so that students can take responsibility for meeting their own emotional support needs.

RECOMMENDATIONS

There must be a collaborative approach between the higher education institution and the mental health care setting, to facilitate the emotional support of students working in mental health care settings. Commitment from both the higher education institution and the mental health care setting to establish communication forums, such as monthly clinical meetings, is needed. Educators and clinical staff can use this forum to communicate needs, challenges, attend to and discuss student matters.

Clinical staff who are passionate about teaching students should be identified. Their roles and responsibilities regarding teaching, learning and support of students should be formalised.

A clinical orientation programme, for students to mental health care settings, must be developed through collaboration between the higher education institution and the mental health care setting.

Clear policies and guidelines, for referral of students to support services within the higher education institution or the clinical setting, need to be developed in conjunction with both higher education institution and clinical setting stakeholders.

A student management system must be developed through collaborative efforts by the relevant higher education institution and clinical stakeholders to ensure that student absenteeism and maladaptive behaviour are recorded and addressed promptly by the higher education institution.

LIMITATIONS

The study and model was conducted and developed using only participants from a university in the Western Cape thus cannot be generalised to other students but may be adapted.

The model was not reviewed by the study participants to confirm if it represented their support needs.

ACKNOWLEDGEMENTS

NRF for funding this study.

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