



Experience of Saudi Female Undergraduate Nursing Students in a Psychiatric Clinical Setting

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Abstract

Introduction: Psychiatric clinical exposure is often perceived as highly stressful for nursing students due to the complex psychosocial and behavioral needs of patients, as well as the stigma commonly associated with mental health care. These factors can heighten anxiety and hinder students' learning and professional development. **Objective:** This study aimed to explore the experiences of Saudi female undergraduate nursing student in a psychiatric clinical setting. **Methods:** A descriptive qualitative design was employed. Using convenience sampling, nine Saudi nursing students who had completed their psychiatric clinical rotation and demonstrated adequate English comprehension participated in a focus group discussion conducted in May 2022 in the Eastern Province of Saudi Arabia. Data were analyzed using Braun and Clarke's six-phase thematic analysis. **Results:** Four themes and eight subthemes emerged: *Stigma in Psychiatric Settings*, *Barriers to Care*, *Adaptation in Psychiatric Settings*, and *Transformative Effects of Psychiatric Experience*. Subthemes included *Unconscientious Individuals*, *Fearful Environment*, *Disease Processes*, *Limited Psychiatric Competence and Exposure*, *Strategies*, and *Assistance*. **Conclusion:** The findings highlight that psychiatric hospitals provide both challenging and transformative learning experiences for nursing students. To optimize educational outcomes, nursing administrators and educators should strengthen protocols and guidelines for psychiatric clinical placements and recognize the essential role of clinical instructors and staff nurses, whose guidance and support are critical to fostering students' personal and professional growth.

Keywords:

Psychiatric Nursing Experience, Nursing Students, Psychiatric Setting, Saudi Arabia



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INTRODUCTION

Psychiatric nursing is a specialized field focused on caring for individuals with mental, emotional, and behavioral disorders. Modern nursing practice demands advanced critical thinking, clinical

judgment, and creativity to deliver holistic, evidence-based care. Consequently, nursing students often experience significant psychological stress, particularly during psychiatric clinical placements. Psychiatric nurses demonstrate distinct attributes and professional attitudes that differentiate their practice from other nursing specialties, reflecting the unique cognitive, emotional, and behavioral challenges of their patients (O'Brien et al., 2025).

While numerous studies have examined nursing students' clinical experiences, few have explored their exposure to psychiatric settings. Existing qualitative studies conducted in countries such as Iran (Mansouri & Darvishpour, 2024), Japan (Sasaki & Kumachi, 2024), Sweden (Vuckovic et al., 2021), Turkey (Acı et al., 2022; Günaydin & Arguvanli Çoban, 2021), and South Africa (Masutha et al., 2023) highlight the emotional and cognitive challenges associated with psychiatric training. Although one qualitative study examined nursing students' perspectives in Saudi Arabia, its small sample size underscores the need for further exploration in this area (Alhamidi & Alyousef, 2023).

Nursing students frequently report anxiety and apprehension when interacting with patients exhibiting unpredictable behaviors or severe psychiatric symptoms (Acı et al., 2022; Günaydin & Arguvanli Çoban, 2021). These reactions often stem from unfamiliarity with psychiatric environments and societal stigma that portrays psychiatric hospitals as restrictive or unsafe (Mansouri & Darvishpour, 2024). Negative perceptions are further reinforced by media representations and familial attitudes.

Transformative Learning Theory (TLT) posits that learners revise their meaning perspectives through critical reflection when confronted with experiences that disconfirm prior assumptions (Mezirow, 1991). Psychiatric clinical placements frequently function as such "disorienting dilemmas," especially for students who enter with stigmatizing beliefs and apprehensions about patient behavior and ward safety. Within this lens, the initial anxiety, uncertainty, and stereotype-laden expectations surrounding psychiatric care become catalysts for reflection, dialogue, and meaning-making rather than mere barriers to learning. Through guided supervision, reflective discussion, and repeated patient contact, students can reconstruct their frames of reference, moving from fear and prejudice toward empathy, therapeutic competence, and a clearer professional identity as mental health nurses.

In Al-Ahsa, where the present study was conducted, 50.13% of respondents expressed stigmatizing attitudes toward mental illness (Alsaleh et al., 2022) and similar findings among Riyadh nursing students confirm the persistence of these beliefs (Alharbi, 2023). These findings underscore the sociocultural barriers shaping nursing students' engagement in psychiatric care. Therefore, exploring the lived experiences of Saudi female nursing students during psychiatric rotations is crucial to developing culturally responsive educational approaches that promote competence, empathy, and

resilience in alignment with Saudi Vision 2030's goals for inclusive mental health care.

Guided by Transformative Learning Theory, this study sought to explore how psychiatric clinical exposure influences Saudi female undergraduate nursing students as they confront, reflect upon, and reconstruct their perceptions of mental health nursing practice. Psychiatric settings often present students with emotionally challenging and unfamiliar situations that may function as disorienting learning experiences, prompting critical reflection and professional growth. Understanding these experiences is essential for designing educational strategies that foster competence, empathy, and resilience in mental health nursing. Accordingly, this study addressed the following research question: What is the experience that Saudi female undergraduate nursing students gain in the psychiatric clinical setting?

METHODS

1. Design

This study employed a descriptive qualitative design to explore the experience of Saudi female undergraduate nursing students in a psychiatric clinical setting. A convenience sampling technique was used to recruit participants who met specific inclusion criteria. This approach was appropriate given the exploratory qualitative aim of the study. It allowed the researchers to recruit participants who were readily accessible, met the study's inclusion criteria, and could provide information-rich accounts relevant to the research question.

2. Participants and Sampling Technique

Eligible participants were level 3 second semester Saudi female nursing students enrolled in a Mental Health Nursing course who had completed their psychiatric clinical practicum, ensuring that all participants had direct and recent exposure relevant to the research question. All participants demonstrated satisfactory English comprehension as assessed by the researchers.

A total of nine out of 15 invited female nursing students consented to participate. Consistent with qualitative health methods literature, small, information-rich samples can be adequate to identify core patterns of experience. Empirical work shows that many core themes stabilize with relatively modest sample sizes, for example, common thematic domains often emerge within the first 6–12 interviews (Guest, Bunce, & Johnson, 2006). The study also aligns with contemporary guidance for reflexive thematic analysis (RTA), which cautions against treating "saturation" as a mechanistic stopping rule and instead emphasizes conceptual fit, depth, and interpretative rigor over counting data items (Braun & Clarke, 2021; Braun & Clarke, 2024). Accordingly, an analytic judgement of data adequacy was made based on the richness of the data, coherence of

themes, and the theoretical contribution of the findings, with transparent reporting of the sample and study procedures.

3. Instruments

Data were collected through a focus group discussion (FGD) using a guide checked by the Deanship of Scientific Research, conducted via the Zoom platform in May 2022. The FGD was completed in one session and lasted for 100–120 minutes. The use of an online format was based on the students' preference, as they were unavailable for in-person participation.

4. Data Collection Process

To ensure anonymity, pseudonyms were assigned to all participants. In adherence to cultural considerations, the FGD was audio-recorded only, excluding video recording to respect participants' privacy and cultural norms.

Among the four researchers present, one researcher served as the primary facilitator and was solely responsible for opening the session, presenting the ground rules, guiding the flow of topics, and managing turn-taking. A second researcher acted as the session timekeeper and technical host, ensuring stable recording, monitoring time for each guide section, and documenting field notes on group dynamics and nonverbal vocal cues. The two remaining researchers attended as observer-interviewers; they did not lead the session but posed brief, neutral clarification prompts when needed.

All audio recordings and verbatim transcripts written by the team were securely stored in password-protected files accessible only to the research team. Identifying information was removed during transcription to maintain participant confidentiality. In accordance with institutional ethical guidelines, study data will be retained for five years following publication and then permanently deleted.

5. Data Analysis

Data analysis followed Braun and Clarke's (2006) six-phase framework for thematic analysis, which included familiarization with the data, generating initial codes, identifying potential themes, reviewing and refining themes, defining and naming themes, and producing the final report.

Two researchers independently conducted line-by-line coding to derive inductive, data-driven codes; these codes were then collated into candidate subthemes and broader themes using constant comparison across transcripts. The coding framework and theme maps were iteratively refined through multiple cycles of reading, recoding, and discussion to optimize fit between data excerpts and thematic definitions.

Disagreements in code–theme fit were resolved through negotiated consensus; a third researcher functioned as an auditor to review decisions and prompt reflexive justification. Member checking was conducted by convening a meeting with participants, where emerging themes were reviewed, discussed,

and confirmed for accuracy. Peer debriefing was also conducted through regular analytic meetings among the four researchers, during which coding decisions, theme boundaries, and alternative interpretations were critically discussed. These strategies enhanced the dependability and confirmability of the analysis. This iterative, team-based process produced the final set of themes and subthemes.

6. Research Ethics

Ethical approval was obtained from the Deanship of Scientific Research, King Faisal University (Reference No. KFU-REC-2022-JAN-EA000339). Participants received an information sheet outlining the study's purpose, procedures, potential risks, and assurances of anonymity and confidentiality. They were informed of their right to withdraw at any time without penalty. Written informed consent was obtained prior to participation.

RESULTS

Nine student nurses who had completed their psychiatric nursing practicum participated in the study. Thematic analysis revealed four major themes and eight subthemes reflecting their experiences: (1) stigma in psychiatric settings, (2) Barriers in providing care, (3) adaptation to the psychiatric environment, and (4) the transforming effect of psychiatric experiences. Each theme encompassed two subthemes that captured the psychological, social, and professional dimensions of the students' learning. Together, these findings illustrate how student nurses navigated challenges, adapted to the clinical setting, and experienced personal and professional growth. A summary of the themes and sub-themes is presented in Table 1.

Table 1. Themes and Sub-themes

Themes	Sub-themes
Stigma for psychiatric care setting	Unconscientious people
	Frightful place
Barriers to providing care	Disease process
	Limited psychiatric competence and exposure
Adaptation to the psychiatric environment	Strategies
	Helping hands
Transformative effect of psychiatric experience	Unawareness
	Insightful

1. Theme 1: Stigma in Psychiatric Care Setting

This theme reflects the students' perceptions of psychiatric nurses and their professional roles within the hospital setting. It also illustrates the students' initial impressions of the psychiatric environment

based on their preconceptions prior to clinical exposure.

1.1. Sub-theme 1: Unconscientious People

Several participants described their initial perceptions of psychiatric hospitals as institutions that housed individuals of questionable character. They perceived the nurses working in these settings as authoritarian figures who lacked empathy and were primarily concerned with enforcing institutional rules. The participants expressed a desire for nursing staff to demonstrate greater attentiveness to patients' emotional needs, envisioning the nurse's role as one resembling that of a nurturing and compassionate caregiver. Some participants also admitted anticipating aggressive behavior from patients, including the possibility of being physically attacked.

"My first impression was because I was watching a lot of movies, a lot of serial killer things, and I was really excited to meet someone like that, and I'm thinking that I really want to meet someone to know what's really going on in their mind and I feel really disappointed that no serial killer is there." SN 3 mentioned.

"So my idea about the psychiatric nurse is this nurse who does not have any feeling who will only punish the patient, it's like this is my idea. And we will act like their mother, like we will discipline more, like hearing their emotions, so it's not a good place, or do not be like a psychiatric nurse, that's what I have heard." SN 4 stated.

1.2. Sub-theme 2: Frightful Place

Participants expressed cautionary views about the psychiatric hospital, recognizing it as a place that accommodates individuals with complex mental health conditions. They emphasized the importance of maintaining a safe, supportive, and therapeutic environment for both patients and healthcare providers within the facility.

"I guess the problem is about our surrounding and the movies and the TV shows, when I told my family that I will go to psychiatric hospital, they will all said like you will come with bruises like you will come your hair like cutting something like that, and even the movie that will show the bad side of a patient." SN 4 revealed.

"I also think about the nurses there, I thought they would only give medication, and its hard work there to keep or to maintain the chaos there, ahh that's it. Because really the stereotype of a psychiatric hospital." SN 9 mentioned.

"Most of the students think we are afraid to go there because all the patients will fight us, all the patients will hurt us, that's why that's it." SN 8 expressed.

2. Theme 2: Barriers to Care

This theme captures the challenges encountered by student nurses in providing care to psychiatric patients. It highlights their difficulties in understanding and managing the signs and symptoms of mental illness, as well as their perceived limitations in time, skills, and capacity to deliver comprehensive patient care.

2.1 Sub-theme 1: Disease Process

The participants acknowledged encountering various challenges during their clinical duties in the psychiatric setting. They reported difficulties in managing patients who exhibited poor concentration, distrust, or flight of ideas, which often hindered effective communication and therapeutic interaction. Such barriers were perceived as significant obstacles to delivering consistent and patient-centered care, contributing to the overall complexity of their clinical experience.

"The first problem that I faced in Psychiatric area was like about talking to our patients. It's not about like I don't want to talk to others but sometimes they like patient with schizophrenia refuse to talk or they are talking but when they are talking like they cannot connect the ideas or it's not like make any sense." SN 2 shared.

"In acute area is that they are not focusing or communicating so we have a long time just to make or take her attention like look at me talk to me. Actually, one patient said get out of my face in the middle of our conversation she has schizophrenia." SN 3 recounted.

2.2 Sub-theme 2: Insufficient Psychiatric Competence and Exposure

The participants identified that their challenges in providing patient care were largely attributed to inadequate preparation, limited self-awareness, and underdeveloped communication skills. The researchers also observed that restricted clinical time and inconsistent exposure to psychiatric settings further constrained the students' ability to deliver effective and holistic care. These factors collectively contributed to the participants' feelings of uncertainty and reduced confidence in managing patients with complex mental health needs.

"The first time for us and we did not ahh study our course ahh really so we did not know what's the really the communication therapy can we use." SN 8 shared.

"I don't have the communication skills to start a conversation and also I am afraid to ask the wrong questions because I am also afraid of their reactions." SN 9 recounted.

"I don't think that it will make a lot of progress and the second that I face with the timing because sometimes we keep changing the areas so when we put a goals of the patient we cannot see progress like when I'm trying to initiate trust between me and the patient it cannot be like just one day we have like two

days, three weeks to have a good trust between us.” SN 2 shared.

3. Theme 3: Adaptation in Psychiatric Setting

This theme illustrates the students' successful adaptation to the psychiatric clinical environment, emphasizing the pivotal role of key individuals, such as instructors, staff nurses, and peers, in supporting their adjustment and learning process.

3.1 Sub-theme 1: Strategies

Participants described several strategies that facilitated their adaptation to the psychiatric clinical setting. These included reviewing patient records, seeking and applying feedback, exercising caution in interactions, enhancing communication skills, and engaging in patient-centered activities. Such approaches enabled them to navigate the clinical environment more confidently and deliver care with greater empathy and professionalism.

“I think first tell us in the clinical duty allowing us to have conversation with the patient talk to them in the day and also letting us see their files really helped us more to understand their condition also our conversation with many patient like two patients in a day to know more of the diagnosis, with different diagnosis, I think this really help.” SN 1 verbalized.

“Dr. G. was like I was telling her should I like say this things or She was helping me by telling me, since this patient is having this disease so we have to ask her this this this and make sure that we have to tell her this this this. She was giving me examples and this was like very helpful and I was like even thinking to give this information and experience to my colleagues who will go this semester I mean this rotation also.” SN 4 recounted.

3.2 Sub-theme 2: Helping Hands

The participants described receiving valuable support from peers, faculty members, and experienced staff during their psychiatric clinical exposure. They emphasized that such support played a crucial role in facilitating their adjustment to the clinical environment and enhancing their ability to cope with the emotional and practical challenges of psychiatric nursing practice.

“I think that we have the head nurse with us, it really make us comfortable, like there is someone with much experience, that will help us.” SN 3 mentioned.

“First, I was with Dr. Ge and she explain to me everything about the patient and encouraged me to communicate with them. That reduced my fear and encouraged me to get involved with them and do some activities.” SN5 said.

“For me, having my friend with me, so I will discuss with her the symptoms or what we are missing, are we having all the information that we need.” SN 7 revealed.

4. Theme 4: Transforming Effect of Psychiatric Experience

This theme reflects the transformative changes experienced by the students throughout their psychiatric clinical placement. Initially, they reported limited knowledge and a lack of appropriate attitudes toward psychiatric nursing. However, through direct clinical exposure, they gained deeper understanding, developed empathy, and acquired valuable insights into the holistic care required by patients in psychiatric settings.

4.1 Sub-theme 1: Unawareness

Several participants mentioned their limited experience, knowledge, and confidence in communicating with patients within the psychiatric hospital setting. They articulated concerns about patients' unpredictable behaviors and their own ability to initiate and sustain therapeutic conversations effectively.

“Well first for psychiatric nursing care, before the clinical duty, I don't think like I know a lot about nursing psychiatric care. I don't know like exactly what nurses were doing in the psychiatric hospital. I thought they are like giving the medication, and that's it.” SN 1 shared.

“I don't have the communication skills to start a conversation and also I am afraid to ask the wrong questions because I am afraid also their reactions for example if I have a bipolar patient and they show their anger and the sad side.” SN 9 verbalized.

4.2 Sub-theme 2: Insightful

After their clinical experience, the students reported significant growth in their knowledge, skills, and attitudes toward psychiatric nursing. They developed competence in therapeutic communication, gained confidence in interacting with patients, and demonstrated greater accountability in their clinical roles. The experience also deepened their understanding of the psychiatric nurse's multifaceted role and reinforced the importance of mental health as an essential component of overall well-being.

“Yeah as in the beginning I don't have any clue (giggling) about what you will do, how nurses will care about the patients right now I have more clear idea about what psychiatric nursing is,” SN 1 mentioned.

“Maybe it's hard in the beginning but after constant practicing, like trying to understand the world around you and realize that physical health is not as important as the mental health – things will change.” SN 4 stated.

DISCUSSION

1. Stigma in Psychiatric Care Setting

Stigma in Psychiatric Care Settings was evident through the subthemes of unconscientious people and frightful place, which reflected students' preconceived beliefs about psychiatric patients, nurses, and the clinical environment. Before clinical exposure, participants in this study perceived psychiatric hospitals as intimidating environments and described psychiatric nurses as authoritarian and detached from patient needs. Similar findings have been reported internationally. Mansouri & Darvishpour (2024) found that nursing students viewed psychiatric hospitals as restrictive and punitive, while Acı et al. (2022) noted that students perceived psychiatric nurses and physicians as distant and unsympathetic toward patients. Such misconceptions highlight a persistent disconnect between classroom instruction, which emphasizes therapeutic communication, empathy, and holistic care, and the students' early interpretations of mental health practice. This discrepancy can undermine students' confidence in the humanistic principles central to psychiatric nursing.

Participants also expressed fear of patients due to the possibility of aggression, a concern widely documented in the literature (Hlahla et al., 2024). Students' initial fear and apprehension are commonly attributed to limited knowledge, lack of clinical experience, and concern about unpredictable patient behavior (Günaydin & Arguvanli Çoban, 2021; Zhang et al., 2021). Such fears are often reinforced by cultural beliefs and family warnings to exercise caution in psychiatric wards (Mansouri & Darvishpour, 2024).

Media portrayals of mental illness further contribute to stigma. In Saudi Arabia, these portrayals, combined with prevailing cultural taboos around mental health, intensify students' anxiety before clinical placements (Alharbi, 2023). Such influences perpetuate avoidance behaviors and hinder the development of therapeutic engagement with patients.

2. Barriers to Care

Barriers to care coalesced around disease process and limited psychiatric competence and exposure.

Participants reported several barriers related to the disease process and their limited competence, knowledge, and exposure to psychiatric settings. Similar challenges have been documented in previous studies. Students often feel inadequate when caring for psychiatric patients, particularly when symptom presentations make it difficult to establish rapport or "reach" the patient, leading them to question their own capabilities (Hlahla et al., 2024). Insufficient preparation and limited clinical experience further contribute to heightened anxiety, fear, and decreased confidence during patient interactions (Günaydin & Arguvanli Çoban, 2021). As Hlahla et al. (2024)

observed, students frequently lack confidence in applying skills learned in the classroom to actual clinical situations. Without adequate orientation and close supervision, students may struggle to translate theoretical knowledge into effective practice. Furthermore, misconceptions among some nurses regarding the causes, nature, and treatment of mental disorders can result in unprofessional conduct (Keykha et al., 2025) which may negatively influence students' learning experiences.

3. Adaptation in Psychiatric Setting

The theme was enabled by a combination of strategies and helping hands.

The study revealed that participants employed various strategies to facilitate their adaptation to the psychiatric clinical environment, such as reviewing patient records, strengthening their communication skills, and engaging directly with patients. With appropriate training and supervision, nursing students can develop the competence required to initiate and maintain therapeutic relationships—an essential component of safe and compassionate mental health care.

Participants emphasized that accessible and supportive clinical instructors, preceptors, and staff nurses played a crucial role in fostering a positive learning experience. This is consistent with the findings of Mansouri & Darvishpour (2024), who underscored the importance of instructors who provide consistent guidance and emotional support during psychiatric placements. Similarly, Vuckovic et al. (2021) reported that collaboration and encouragement from clinical staff helped students feel welcomed and included. A supportive clinical environment, coupled with collaboration with experienced staff, also enhanced students' confidence and sense of belonging within the psychiatric care team (Acı et al., 2022; Günaydin & Arguvanli Çoban, 2021).

Overall, the results highlight that adequate preparation, through classroom instruction, preclinical orientation, and simulation activities, significantly improves students' readiness for psychiatric practice. Structured mentorship and consistent guidance from healthcare professionals further enable students to overcome initial apprehension and develop the adaptability and confidence needed for effective psychiatric nursing care.

4. Transformative Effect of Psychiatric Experience

The transformative effect of placement is captured by movement from unawareness to insightful.

The findings of this study demonstrated a notable positive transformation in students' perceptions and attitudes toward psychiatric nursing following their clinical placement. This transformation reflects the culmination of their progression through earlier stages characterized by stigma, challenges, and gradual adaptation. Initially, students approached the psychiatric environment with apprehension and preconceived notions about both patients and mental

health professionals. However, as they engaged directly with patients and participated in reflective learning, these initial attitudes shifted toward greater empathy, understanding, and professional appreciation.

This outcome is consistent with previous research indicating that direct interaction with individuals experiencing mental illness contributes significantly to stigma reduction (Acı et al., 2022; Moxham et al., 2024; Wong et al., 2024). Traditional clinical placements, in particular, have been shown to diminish stigmatizing beliefs by fostering empathy, enabling students to replace fear with understanding and respect (Acı et al., 2022).

Contact-based interventions similarly enhance nursing students' attitudes and behaviors toward mental health patients (Al Ma'ani et al., 2022). Through repeated patient encounters, students not only developed professionally but also experienced meaningful personal growth (Vuckovic et al., 2021). Sustained engagement with patients encouraged more optimistic views of psychiatric care and reinforced the value of nonjudgmental, compassionate practice (Zhang, 2021). Participants also reported improvements in communication and interpersonal skills, which strengthened their confidence and competence in caring for individuals with psychiatric conditions (Sasaki & Kumachi, 2024).

Integrating theoretical learning with practical experience further contributed to the development of students' professional identity and enhanced their motivation to deliver patient-centered psychiatric care (Vuckovic et al., 2021). The opportunity to apply classroom knowledge in real clinical scenarios allowed students to better appreciate the multifaceted role of psychiatric nurses and to recognize the equal importance of mental and physical health.

This final theme thus encapsulates the outcome of the students' developmental process—progressing from initial stigma and fear, through challenges and adaptation, to personal and professional transformation.

Implications for Practice and Future Research

The findings underscore the importance of strengthening preclinical preparation and clinical support for nursing students in psychiatric settings. Nursing education programs should integrate simulation-based teaching strategy, structured clinical orientations, and therapeutic communication training to mitigate students' anxiety and enhance readiness for clinical exposure. Furthermore, the role of supportive clinical instructors and staff nurses is critical in facilitating students' adaptation, building confidence, and promoting professional development during psychiatric placements.

From a policy perspective, educational institutions and healthcare organizations should establish standardized guidelines for psychiatric clinical training, including clearly defined learning outcomes, adequate supervision, and structured mentorship framework. Incorporating stigma-

reduction strategies into the nursing curriculum is also essential to address persistent negative perceptions of mental health and to support national efforts in improving mental healthcare services.

Future research should include more diverse populations, such as male nursing students and participants from multiple institutions to improve the transferability and generalizability of findings. Longitudinal and intervention-based studies are recommended to examine the effectiveness of educational strategies, including simulation and anti-stigma interventions. Additionally, exploring the perspectives of clinical instructors and employing mixed-method approaches may provide a more comprehensive understanding of how to optimize psychiatric nursing education.

Limitations

This study has several limitations that should be considered when interpreting the findings. First, the sample consisted exclusively of Saudi female undergraduate nursing students from a single institution, reflecting the gender-segregated educational and clinical structure and sociocultural context of nursing education in Saudi Arabia. While this focus allowed for an in-depth exploration of a unique and underrepresented group, it may limit the transferability of the findings to male nursing students, mixed-gender programs, or psychiatric clinical settings in different cultural contexts. Second, the use of convenience sampling and a single focus group discussion may have restricted the range of perspectives captured, as students who volunteered may have been more willing to share their experiences. Nonetheless, the rich, contextualized data generated provide valuable insights into how cultural norms, stigma, and instructional support shape psychiatric clinical learning among Saudi female nursing students. Readers are encouraged to consider the contextual details presented when assessing the applicability of the findings to similar educational and sociocultural settings.

CONCLUSION

This study revealed that Saudi female nursing students entered psychiatric clinical placements with stigmatizing perceptions, fear, and limited preparedness, which initially hindered their confidence and ability to provide care. Through direct patient interaction, supportive instructors, and reflective learning, students gradually adapted, developed therapeutic communication skills, and gained a more accurate and empathetic understanding of psychiatric nursing. The experience ultimately fostered personal and professional growth, demonstrating the transformative value of clinical exposure. The findings highlight the need for nursing education programs in Saudi Arabia to enhance preclinical preparation, strengthen structured

mentorship, integrate simulation and contact-based learning, and address stigma through curricular reforms. Clinical institutions should also ensure supportive supervision and clear psychiatric care protocols to optimize learning outcomes. As mental health becomes a growing national priority, empowering nursing students with competence, confidence, and compassionate attitudes is essential. Future research may expand to include male nursing students, multiple institutions, longitudinal follow-up, and intervention studies aimed at stigma reduction and competency development. Ultimately, psychiatric clinical exposure—when well-structured and supported—serves as a powerful catalyst for shaping future nurses who are prepared to contribute to patient-centered, culturally sensitive mental health care.

Author Contributions

Conceptualization: Melanie T. Reboldera; Methodology: Melanie T. Reboldera; Literature Review: Gremma Baratas and Gemma Mulit; Data Collection: All authors; Formal Analysis: Melanie T. Reboldera and Maria Flordeliza Donato; Writing – Original Draft: Introduction (Gremma Baratas), Literature Review (Gremma Baratas and Gemma Mulit), Methods (Melanie T. Reboldera), Results (Melanie T. Reboldera and Maria Flordeliza Donato), Discussion (Melanie T. Reboldera), Conclusion (Melanie T. Reboldera); Writing – Review & Editing: Melanie T. Reboldera.

Data Availability Statement

The data supporting the findings of this study are available from the corresponding author upon reasonable request.

Conflict of Interest

There is no conflict of interest among authors.

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