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Nurse Educators' Pedagogical Approaches Addressing Student Nurses' Mental Health Care Competence: A Qualitative Study

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ABSTRACT

Nurses' mental health care competence is vital for addressing the current mental health care crisis' demand for quality in mental health care and services. These challenges also involve educational institutions. In the mental health course of the bachelor's nursing curriculum, nurse educators face multiple tasks and challenges concerning preparing students for their clinical placement. This study aimed to explore and describe nurse educators' pedagogical approaches across three universities. The study applied a qualitative and descriptive design, and data were collected from individual qualitative interviews with 13 experienced nurse educators. A content analysis approach in lines with Graneheim and Lundman was used to analyse the data. The content analysis resulted in one theme and three categories, and each category was characterised by three subcategories. The theme *intentionally preparing student nurses for mental health care competence* served as an overarching theme describing the educators' overall reflections and descriptions. The three categories were: *activating students for the mental health context; caring for students on a personal level*; and *supporting students in grasping the scope of nursing within the mental health context*. These categories described the varieties and complexity of nurse educators' pedagogical approaches addressing student nurses' mental health care competence.

Introduction

The core social mandate of nursing educational institutions is to provide society with competent nurses who can respond to the health care demands of the populations they serve (World Health Organisation, 2016). This entails that nurses have the mental health care competence to meet patients' and service users' mental health care demands in all services where health care is provided. Despite the fact that this is not always realised, basic mental health care competence is desired for professional work and patient safety and is thus a core learning outcome in nursing curricula internationally (Hartman & Phillips, 2020). However, a current educational challenge is that both graduating student nurses (Hunter et al., 2015) and registered nurses (RNs) (Alexander et al., 2016) tend to consider themselves clinically insecure concerning the provision of mental health care. It has further been suggested that the mental health care content in the bachelor of nursing curriculum is inadequate (McCann et al., 2009).

Due to a steady decrease in hospital beds since the 1980s, nursing education institutions face limited access to placements in mental health care hospitals. Moreover, the number of community outpatients has increased considerably internationally (Ameel et al., 2019; Caldas Almeida et al., 2017; Fuller et al., 2016), challenging nursing educational institutions' ability to provide sufficient quality mental health placements for students. Many placements are provided in community outpatient services or more informal settings, such as charities and low-threshold services. In these services, students rarely encounter specialised mental health nurses, psychiatrists, or psychologists. During clinical placement, students are supervised by an RN allocated by the staff, and the quality of supervision in clinical placement varies (Happell et al., 2014), further adding to nurse educators' challenges concerning ensuring educational quality. Hence, when planning curriculum content and placement preparation, nurse educators must assess their pedagogical approaches carefully, in consideration of the above realities (Wedgeworth et al., 2020).

To obtain an in-depth understanding of how nurse educators reflect on their role and pedagogically prepare students for the mental health context and mental health competence, this study qualitatively addressed these issues.

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Background

Student nurses' challenges to address in the mental health care course

Student nurses themselves often request to learn more about mental health diagnoses, treatment, strategies to counter stigma and communication skills to become more competent within the mental health field (Saito & Creedy, 2021). Considering clinical competence as a core educational outcome, and entailing the complex integration of knowledge, performance, skills, values, and attitudes, it is thus nurse educators' responsibility to address (Cowan et al., 2005).

In the mental health course of the bachelor of nursing curriculum, students often have insufficient understanding and poor attitudes towards persons with mental illnesses and lack relevant experience (Barry & Ward, 2017). Additionally, students tend to experience their mental health clinical placement as anxiety provoking, to the degree that it negatively influences their learning and clinical ability to establish meaningful relationships with people experiencing mental health challenges (Kameg et al., 2014). Students also report stress and fear regarding patient violence and locked facilities, and concern for personal safety (Ganzer & Zauderer, 2013; Slemon et al., 2020). Marginal placements may fail to meet students' learning requests, leaving students frustrated, disappointed or unmotivated (Jack et al., 2017).

In preparing student nurses for the mental health context, nurse educators need to address challenges such as student stigma towards people with mental health challenges (Happell et al., 2018), and students' feelings of lacking confidence and competence to provide mental health care (Alexander et al., 2016). In the placement context, clinical learning for students often entails achieving relational competence, communication skills and clinical reasoning in a person-centred approach (McCormack & McCance, 2017). Moreover, to ensure success in clinical placement, a high-quality, supportive learning environment is crucial (Happell et al., 2015).

Nurse educators' pedagogical challenges and approaches in the mental health care course

Clinical placement is the essential learning arena in which student nurses can develop mental health care competence (Ahmari Tehran et al., 2021). For this to happen, Mohtashami et al. (2013) suggest that educators apply pedagogical approaches supporting students in their integrating theory and practice. The mental health care course therefore demands a well-structured balance between theoretical perspectives, factual mental health knowledge, critical thinking abilities and clinical and ethical competence (Bifftu et al., 2018).

To support students in grasping the scope of nursing and to convey factual mental health knowledge, educators rely on recognised pedagogical approaches in simulation-based training, in classrooms, and clinical placement. A recent meta-analysis reported simulation to be effective for achieving mental health care skills (Piot et al., 2022). Other studies reported that including people who share their lived experiences with mental health issues helps student nurses gain understanding of and insight into subjective mental health challenges (Goh et al., 2021; Happell et al., 2014).

Qualitative research on nurse educators' pedagogical approaches has identified the importance of addressing students' reflective practice (Karpa & Chernomas, 2013) and teaching students communication and therapeutic skills (Miles et al., 2014) while applying a student-centred pedagogical approach (Sanaie et al., 2019) Marginal placements mean that educators must apply creative solutions; among these, replacing clinical hours with simulation as has been reported as beneficial (Soccio, 2017). As academics in higher education, nurse educators are expected to be highly competent in teaching, research, and clinical performance (Satoh et al., 2020). Taken together, nurse educators face multiple educational challenges and demands academically, pedagogically, and clinically. These challenges and demands require innovative and integrative pedagogical approaches when preparing students for the populations they will be serving (Morton & Rylance, 2019).

To our knowledge, qualitative studies addressing how nurse educators reflect on their role and describe their pedagogical approaches in this educational field are limited. Thus, this study qualitatively explored and described how nurse educators describe their pedagogical approaches in addressing student nurses' mental health care competence while preparing them for clinical placement.

Materials and methods

Design

This study applied a qualitative and descriptive design. According to Sandelowski (2000, 2010), descriptive qualitative studies are the preferred methodology when the study aim is to develop and present a description of an issue of interest. The study is reported using the consolidated criteria for reporting qualitative research, COREQ (Tong et al., 2007).

Participants and recruitment

Nurse educators responsible for the mental health course in the bachelors of nursing curriculum were the target group of this study. Three inclusion criteria had to be fulfilled: (a) authorisation as an RN with clinical experience in mental health nursing, (b) academic competence at an assistant or associate professor level and (c) at least one year of experience as a nurse educator with pedagogical responsibilities in the bachelors of nursing programme.

Initially, department heads in universities were formally contacted to request access to the research field. Once approved, the necessary information was sent to the coordinator of the mental health course, along with a request for assistance recruiting study participants. The coordinator identified nurse educators who fulfilled the inclusion criteria and forwarded an invitation with information about the study and participation. Thereafter, interested educators

contacted the first author directly to schedule interviews, and filled out the consent form. In total, 12 female nurse educators and one male nurse educator across three different universities were recruited. No informants dropped out of the study. The sample's demographic information is presented in Table 1.

Educational context

In Norway, a 3-year bachelor's programme (180 credits) leads to authorisation as an RN. The educational institutions develop their curriculum based on standard national regulations. Nurse educators are required to have a bachelor's degree in nursing, a relevant master's or doctoral degree and formal pedagogical competence at the master's level. We henceforth refer to the academic nurse educators as nurse educators, the clinical supervisors in placements as RN supervisors and student nurses as students.

Currently, Norwegian students are required to complete an 8-week clinical placement in a clinical setting providing mental health care, usually in their third and final year of the programme. Due to the realities of recruiting mental health service placements, the mental health course of the curriculum (comprising teaching, simulation, and placement studies) centres around students' interaction and care of people experiencing mental illness or mental health challenges in a variety of settings.

Data collection

Data were collected in individual qualitative interviews, using a semi-structured interview guide. The interview guide addressed nurse educators' experiences and reflections on their pedagogical approaches, mainly addressing how they prepared students for the mental health course and context. The interview guide was not provided to the informants before the interviews. Due to COVID-19 pandemic restrictions at that time, individual interviews were conducted by the first author via online video conferencing services such as Zoom or Teams, and were audio recorded using the recording functions of these applications. The interviews took place between May and July 2020. The duration of the

interviews ranged between 35 and 53 minutes, and fieldnotes were written during the interviews. The audio recordings were transcribed by a professional, and the transcribed interviews were anonymised, with each participant assigned a numeric label from 1 to 13.

At the time of data collection, the first author was a PhD student with limited research experience, but with extensive clinical experience in mental health nursing. The second and third authors were experienced clinicians, working as full professors in nursing with comprehensive experience in research and supervision. All three authors are female.

Data analysis

Inductive qualitative content analysis as described by Graneheim and Lundman (2004), Graneheim et al. (2017) and Lindgren et al. (2020) guided the analysis of data. Content analysis was chosen, as this is a recognised approach when analysing written or verbal communication systematically (Krippendorf, 2004). Moreover, this inductive approach is useful when analysing a person's or group's experiences, reflections and attitudes (Downe-Wamboldt, 1992). As the analysis had an inductive approach, conceptual frameworks or theories did not guide the analysis. Text regarding educators' reflections and descriptions of their pedagogical approaches constituted the unit of analysis i.e., text relevant for the study aim. The subsequent steps used in our analysis entailed: (a) selecting which parts of the raw data were of analytic relevance to the research question, (b) condensation of the raw data to reduce the text into manageable meaning units, (c) labelling each meaning unit with a code, further condensing the amount of text, and organising codes into subcategories, (d) organising subcategories into categories and (e) merging categories into a theme.

To ensure confidentiality, the first author deidentified the transcripts for any information that directly or indirectly might identify the educators. To familiarise with data and obtain a sense of the whole (Creswell & Poth, 2018), all authors read the transcripts thoroughly, each author determining meaning units individually. Thereafter, the first author selected and condensed the text material, resulting in a total of 61 pages (New Times Roman, font 10) for further analysis in which all authors collaborated. The further analysis entailed coding and interpreting of the manifest and the latent content by abstracting the subcategories and categories and theme (Graneheim & Lundman, 2004; Graneheim et al., 2017; Lindgren et al., 2020). The subcategories were abstracted based on the manifest content interpreted, whereas the categories were interpreted based on the latent content and the subcategories. The theme, according to Graneheim et al. (2017, p. 32) serve as "unifying red thread of the several categories that brings meaning to a recurrent topic or experiences and its various manifestations".

To ensure credibility and trustworthiness throughout the analysis, the authors discussed all the analytic steps until consensus was reached. Repeat interviews were not carried out, and transcripts were not returned to participants for comments or corrections. No software was used to manage the data.

Table 1. Demographic information of the sample.

Gender	Age	Clinical experience	Educator experience	Post-graduate qualification
Female	N/A	N/A	19 years	MA Health promotion
Female	51	20 years	7 years	MA Health promotion
Female	57	2 years	28 years	MA Nursing science
Female	49	N/A	N/A	N/A
Female	62	12 years	14 years	MA Mental health care
Male	64	4 years	26 years	MA Nursing science
Female	60	10 years	25 years	MA Mental health nursing
Female	65	15 years	N/A	MA Mental health care, PhD
Female	54	24 years	1 year	MA Mental health and substance abuse care
Female	49	15 years	3 years	MA Mental health care
Female	61	15 years	15 years	MA Health care informatics, PG Mental health care
Female	53	8 years	8 years	MA Mental health care
Female	46	19 years	3 years	MA Clinical mental health care

Ethical considerations

The research project was approved and registered by the Norwegian Social Science Data Services (NSD; project no. 947246). Participants were given written and oral information about the study and their right to withdraw at any time. All the participants provided written consent. The interviews were conducted by a researcher who had no professional association with the participants.

Findings

The data analysis resulted in the abstraction and interpretation of one theme and three core categories, each characterised by three subcategories. The interpreted theme characterised how educators cared for and pedagogically prepared student nurses on multiple levels while applying a person-centred approach throughout the course. The theme *"Intentionally preparing student nurses for mental health care competence"* served as the unifying red thread providing meaning to the educators' overall reflections and descriptions. The categories were (a) activating students for the mental health context; (b) caring for students on a personal level; and (c) supporting students in grasping the scope of nursing within the mental health context. The subcategories were often two-dimensional, as they captured both the educators' reflections on students' learning needs and their perspectives on pedagogical approaches addressing these needs. The subcategories, categories and theme, are presented in Table 2.

Activating students for the mental health context

Nurse educators highlighted core issues with which students struggled, and how they activated and prepared students before entering the mental health context; this category was characterised with the following subcategories: *Conveying knowledge to help students understand mental health struggle; supporting students to become familiar with the mental health context*; and *highlighting ethical challenges within the mental health context*.

Conveying knowledge to help students understand mental health struggle

The educators revealed concerns about students' limited knowledge entering the clinical context and underlined the importance of students understanding clinical mental health work as systematic, planned and knowledge based. They were also concerned with providing students with 'knowledge hooks', to support them in understanding the factual mental health content. Knowledge i.e., the diagnoses and clinical signs of mental health challenges constituted examples of such hooks;

> 'So, they need to get some hooks and some understanding to attach things to…that is…it does not help to have read about psychosis and schizophrenia if you do not really understand how it is expressed first'. (p. 2)

Supporting students to become familiar with the mental health context

Educators were deeply concerned with how to optimally support students in grasping and understanding the mental health context. Familiarising students with different contexts and situations by providing them with clinical narratives was regarded as essential. Similarly, common approaches included (a) using roleplay to simulate visiting a patient's home, and (b) facilitating reflection on what was occurring in a health institution's living room:

> 'Students need to be supported in understanding that activities [that can be done] together with the patient, such as setting tables and cooking, are arenas where they can be an equal and at the same time observe what is relevant, document it and assess together with colleagues.' (p. 13)

It was also considered essential to emphasise that nurses' work in mental health contexts not differed from those which students had experienced in physical health care wards.

Highlighting ethical challenges within the mental health context

The educators experienced that students' understanding of mental health challenges was mainly derived from the media and movies. Therefore, they intentionally spoke about mental

Table 2. Nurse educators' pedagogical approaches: theme, categories and subcategories.

Theme	Categories	Subcategories
Intentionally preparing student nurses for mental health care competence	Activating students for the mental health context	Conveying knowledge to help students understand mental health struggle
		Supporting students to become familiar with the mental health context
		Highlighting ethical challenges within the mental health context
	Caring for students on a personal level	Addressing students' preconceptions, prejudices, and personal preparedness
		Assisting students in relieving their anxiety and worries about entering the mental health context
		Paying attention to students' self-understanding and potential for professional growth
	Supporting students in grasping the scope of nursing within the mental health context	Calling attention to the significance of meaningful relations
		Helping students understand the patient's subjective perspective
		Facilitating students in learning clinical assessment and decision-making

illness in such a way that students might develop more interest in, engagement with and respect for people with mental health challenges, rather than associating them with shame, stigma, and low status. They continuously advocated respect and the importance of non-judgmental attitudes in patient encounters:

'Meeting [the patient] with a non-judgmental attitude, and respect…applies to physical health care as well, but not least in the psychiatric field, I think'. (p. 9)

The importance of raising awareness around the students' attitudes towards mental health care and addressing issues like stigma, respect and use of terminology was often highlighted.

Caring for students on a personal level

The educators reported having extensive experience with students revealing negative preconceptions and prejudices, being unprepared, scared and worried, and often being in need of the personal dimension of professional maturation and growth. This was characterised by the following sub-categories: (a) addressing students' preconceptions, prejudices and personal preparedness; (b) assisting students in relieving their anxiety and worries about entering the mental health context; and (c) paying attention to students' self-understanding and potential for professional growth.

Addressing students' preconceptions, prejudices and personal preparedness

It was important to the educators that students became aware of their preconceptions and how these might influence their clinical practice:

'[We must be] honest with the students, [if we see] that they may have preconceptions that are inappropriate if they are guided by them. I think it is very important that the teacher address this early on'. (p. 5)

The educators also emphasised the importance of creating a safe learning environment so that students would feel comfortable sharing their thoughts and emotions. They regularly used reflection as a pedagogical approach to encourage learning and engage students emotionally, ethically, and cognitively in order to influence attitudes, perspectives and empathy.

Assisting students in relieving their anxiety and worries about entering the mental health context

A recurring concern for the educators was students being worried, anxious and scared before entering the mental health field; the educators considered being scared and anxious as barriers to students' learning and understanding. 'Many [students] are very anxious and afraid, I think both among students, and in society in general, [there is] this idea that psychiatry is something special, scary and peculiar' (p. 7).

The importance of familiarising students with their own worries and anxiety and helping them feel as confident as possible in a new clinical context was highlighted:

'I supervise students in mental health clinical placements four times per year, and they are quite anxious, insecure; they think it is scary'. (p. 5)

Creating a safe simulation learning environment was experienced as beneficial. Similarly, the educators found that inviting people with mental health challenges to share their experiences with students positively influenced students' anxiety.

Paying attention to students' self-understanding and potential for professional growth

The educators regarded the mental health course as having the potential to promote increased self-understanding and personal growth. This entailed students learning how to handle their own emotions in clinical encounters and increasing their sensitivity to patients' needs:

'This [mental health] course is special because of all the personal and professional growth that happens in it'. (p. 3)

Educators also mentioned that the course helped students' self-efficacy, maturity and learning process by involving students' own resources. They supported students in understanding what it meant to be in a process, and they considered this an aspect of students' learning and professional competence.

'But we could do even more to strengthen the students' confidence. The point of that is to give them a feeling of self-efficacy'. (p. 2)

Supporting students in grasping the scope of nursing within the mental health context

Educators were concerned about students' grasp of the scope of nursing. This category was characterised by three subcategories: (a) calling attention to the significance of meaningful relations; (b) helping students understand the patient's subjective perspective; and (c) facilitating students in learning clinical assessment and decision making.

The educators all spoke about how students tended to struggle to grasp the scope of nursing in a mental health setting. To support students in understanding the lived experience of mental health challenges, educators would introduce students to films, (fictional) books or documentaries with relevant content. Similarly, simulation training with realistic scenarios was regarded as beneficial in helping students understand and integrate the scope of nursing within mental health care.

Calling attention to the significance of meaningful relations

The educators paid particular attention to the importance of establishing meaningful relationships with patients, and how to use those relationships for therapeutic purposes, clinical assessments, and decisions in line with the nursing process. They also emphasised the importance of students having sufficient knowledge and understanding of mental health challenges as a

prerequisite for competence in assessment, building relationships and collaborating with patients. In addition, they noted that it was important for students to have competence in establishing therapeutic alliances and mutual trust, to act respectfully and to have a non-judgmental attitude, patience, and compassion in order to build trusting relationships:

> 'They have to prepare. What is important when communicating with someone who is depressed? What do you need to emphasise to create that alliance, a good relationship?'. (p. 10)

Concerning pedagogical approaches, educators were particularly engaged in providing different opportunities for students to reflect on their own clinical practice, through workshops, supervision, and reflection assignments.

Helping students understand the patient's subjective perspective

The educators emphasised the importance of addressing patients' subjective perspectives and helping students see the person behind the diagnosis. Approaching students in a person-centred manner allowed the educators to model behaviour so that students could subsequently identify person-centredness in their patient encounters. Further, students were often required to include the patient's perspective in various tasks, such as assignments and reflection notes, as well as in supervision and in simulation training:

> '[Students must learn] to have a strong focus on the patient's situation. What is it like to be on a ward where others decide when you can make phone calls, you are not allowed to go outside, you get the food you are given?'. (p. 2)

Facilitating students in learning clinical assessment and decision making

The educators believed that it was important for students to learn the nursing process and its components, including clinical assessment, judgement and decision making. They expressed concerns about students' ability to recognise clinical mental health signs and core diagnostic issues, as well as their familiarity with psychiatric terminology. By demonstrating to students how mental health disorders can affect self-care needs, the educators helped them grasp the scope of nursing and apply the nursing process within mental health care. This entailed understanding what to assess, how to make clinical decisions and how to intervene:

> 'I point out [that] everything we [nurses] do is systematic and planned work. It requires as much preparation and as much systematisation as [nursing in the physical health care context], and they can to some extent use the same tools they had before'. (p. 4)

The educators also drew attention to what students needed to reflect on in a clinical setting, such as patients' behaviour:

> 'That is what I am trying to help them [the students] to understand. Why is the patient behaving like that? And what is what I observe about?'. (p. 10)

Helping students to understand what clinical signs or behaviour they might expect experience was addressed in multiple learning situations, as previously mentioned.

Discussion

The overall aim of this study was to explore and describe nurse how educators describe their pedagogical approaches in the mental health course of the bachelors of nursing curriculum. The findings revealed that nurse educators addressed students' personal preparedness and competence by carefully balancing and applying a diversity of pedagogical approaches, in line with the ideas of person-centredness (McCormack & McCance, 2017). Moreover, they helped students identify their preconceptions and prejudices, helped relieve their worries and fear, and aimed to prepare them for the mental health context by creatively applying a variety of pedagogical approaches. The educators addressed students' professional competence by conveying relevant knowledge within the discipline of mental health and the discipline of nursing by helping them understand mental health illness and grasp the scope of nursing within mental health care. The theme *Intentionally preparing student nurses for mental health care competence* served as the unifying red thread bringing the categories and subcategories together and corresponds with the ideas of a theme as recommended by Graneheim et al. (2017, p. 32).

Activating students for the mental health context

Aiming to enhance students' professionality, this pedagogical approach entailed engaging and supporting them in understanding mental health challenges and gaining relevant knowledge. This approach corresponds with reported findings on how factual knowledge tends to influence the quality of nurses' clinical judgements and their ability to evaluate the benefits and effects of therapeutic and pharmacologic nursing interventions (Carvalho et al., 2017). These findings are also complemented by research highlighting student nurses' self-reported requests for factual knowledge to feel more competent within the mental health context (Saito & Creedy, 2021). By constantly reminding students of the scope of nursing within mental health care, the educators assisted students in how to integrate theory and practice in a new clinical context. This pedagogical concern answers the call from Mohtashami et al. (2013) regarding actively supporting students in order to decrease the gap between theory and practice.

The nurse educators highlighted core ethical challenges within the mental health context and described several approaches to activating and supporting students in developing ethical competence, thereby responding to calls for strengthened ethics in mental health curricula (Pachkowski, 2018). From their experience as educators, they were aware of students' preconceptions about, and poor attitudes towards, persons with mental health challenges. Inviting people with lived experiences of mental health challenges into the classroom was thus a valued approach, as a way of creating ethical awareness and improving students' understanding of these challenges. In particular, this approach was used to explicitly support students understand the relationship between mental illness, stigma and social marginalisation. This pedagogical concern also entailed underlining

the importance of establishing a person-centred attitude and addressing patients' subjective experiences (Happell et al., 2019; 2021).

Regarding the educators' approaches to familiarising students with the mental health context, the educators often referred to simulation-based training and role play as efficient methods to help students develop confidence and competence, in line with existing recommendations (Kameg et al., 2014; Miles et al., 2014; Ok et al., 2020; Soccio, 2017).

Caring for students on a personal level

The educators' descriptions of students' anxiety and fear, which they had experienced over their years of teaching, are supported by previous research (Happell et al., 2014; Wedgeworth et al., 2020). The educators underlined the significance of addressing the students' personal preparedness before entering the mental health context and revealed how they cared about their students' potential for professional and personal growth. They facilitated communicative training, case work, role play and simulation—all of which have been reported to be beneficial in helping students relieve or manage their fear and stress (Webster, 2009; Wedgeworth et al., 2020).

The educators intentionally applied a person-centred approach when teaching, carefully considering their students' age, level of maturity and personal and professional growth. Similarly, they considered students' previous clinical experiences and their current level of education and adjusted their support accordingly. These approaches demonstrate educators' flexibility and student-centredness, in line with reported findings asserting that young and immature student nurses need more educational support, both theoretically and clinically in mental health clinical placement (Kirkbakk-Fjaer et al., 2015). Here, our findings respond to Kirkbakk-Fjaer et al.'s (2015) recommendations on improving educational support for young and vulnerable students.

Moreover, the educators consciously facilitated approaches that stimulated self-reflection, a finding that can be compared to Harris's (2005) reported findings that students' perceptions of their own reflexive experience may lead to increased personal and professional awareness—including reflections on how to make clinical decisions, choose and provide relevant clinical strategies, ultimately strengthening mental health care competence.

Supporting students in grasping the scope of nursing within the mental health context

The educators expressed the importance of having students' mental health competence involve factual knowledge related to core mental health signs—recently reported as a 'key set of content' suitable for student nurses (Marriott et al., 2022). Correspondingly, the educators throughout the course strived to support students preparing for clinical assessment, judgement and decision making by making clear how clinical practice and factual knowledge can be integrated. Here, the educators repeated, and gave priority to, the importance of

assessing and being concerned about patients' self-care needs by supporting students in 'translating' this core scope of nursing into a mental health context. The educators' concern and approaches around supporting students in integrating and applying the scope of nursing in mental health care is considered an important pedagogical issue; however, it is scarcely mentioned in the existing literature and research.

The educators intentionally highlighted how they underlined the significance of the relational and communication aspect of the nursing process, and that these issues were well integrated in the curriculum. Their pedagogical approaches also involved encouraging students to explore the patients' subjective experience and to understand the patient behind the diagnosis, representing cornerstones in person-centred approaches to mental health care (Banks et al., 2021) and in establishing meaningful relationships (Salzmann-Erikson et al., 2016).

The realities of students' marginal learning opportunities in some placements were a concern for the educators, as is also the case internationally (Fotheringham et al., 2015; Happell et al., 2015). Studies have found that students are lacking opportunities to gain experience in providing mental health care for people with mental health challenges (Alexander et al., 2016; Happell & Platania-Phung, 2012). To address the issue of marginal placements, as well as the supervision quality, the educators therefore applied pedagogical strategies to provide students with optimal learning opportunities before entering placement. These pedagogical approaches fit well with Hurley et al. (2022) findings that the multiple responsibilities being performed spanning from primary settings through tertiary care—makes it challenging to clarify roles and responsibilities in mental health care. To activate students' mental health care competence, the educators applied and valued simulation-based training, videos, group reflection and written assignments as pedagogical approaches. The use of simulation with standardised patient scenarios to prepare them for clinical placement has been found to improve their communication skills and reduce their anxiety levels (Ok et al., 2020), as well as to improve their confidence and self-awareness and diminish pre-conceptions (Ogard-Repal et al., 2018).

The findings from this study provide an in-depth understanding of nurse educators' pedagogical concerns, experiences and approaches. By applying a diversity of pedagogical approaches, the findings demonstrate how educators created a supportive learning environment in which students felt respected and appreciated, through group activities, encouraging students' engagement—in accordance with a person-centred approach (McCormack & McCance, 2017). The findings further reveal the complexity in educators' pedagogical considerations and competencies when addressing students' core nursing mental health competence components, such as knowledge, skills, attitudes, thinking ability and values (Fukada, 2018).

This in-depth understanding of the complexity of nurse educators' concerns, pedagogical approaches and competence is considered a valuable contribution to research within this educational field.

Methodological considerations

The inclusion of only 13 participants may be considered a weakness of the study. However, the comprehensiveness of relevant information provided by the educators, and the saturation of data across participants at three universities, indicate that the sample size was sufficient (Malterud et al., 2016).

The trustworthiness and the credibility of the reported findings in this study is strengthened by data being collected from experienced educators across three universities. The collaboration of three researchers, working individually to familiarise themselves with data and identify meaning units, the discussions between the authors to reach consensus, and the transparency throughout the analytic process, is considered further contributing to the trustworthiness of the findings. Moreover, the rich presentation of the findings, the inclusion of a table presenting the findings in a diagram, and the use of appropriate and illustrating quotations, are all methodological issues contributing to strengthen credibility and trustworthiness of the findings in lines with recommendations by Graneheim and Lundman (2004).

Conclusion

To intentionally prepare student nurses for mental health care competence, the findings indicate that the nurse educators in a student-centred way applied a variety of pedagogical approaches to support students personally and professionally, always keeping the patients' dignity and quality of care in mind. The findings further revealed that the educators applied pedagogical approaches that hold support in updated knowledge and research. By supporting students in integrating factual mental health knowledge and the scope of nursing in the mental health context, the educators creatively strived to meet students' learning requests and prepare them for achieving mental health care competence.

Recommendations for educational practice

Based on the findings, educators are invited to consider some of the pedagogical approaches and perspectives reported by the experienced educators, if applicable in their educational context. In particular, the educational and mentoring approaches supporting young, immature and vulnerable students are recommended, and might also be communicated to the RN clinical supervisors. As the issue of marginal clinical placements remains an educational challenge, educators are recommended to prepare students for this reality and—with all pedagogical effort possible—to apply appropriate curricular activities on campus to compensate for placement realities. To support students in integrating a strong nursing identity, supporting them in grasping and integrating the scope of nursing in mental health care is a necessity.

The reported findings are considered to provide new and valuable knowledge applicable when educating educators to teach and supervise in the mental health course of the bachelor nursing education.

Recommendations for further research

Further research in educational research within this field should explore or test out pedagogical approaches facilitating the development and achievement of student nurses' clinical competence in mental health—both the relational and clinical decision-making aspects in a nursing perspective. Educational research addressing students' ethical awareness and person-centred practice is also recommended for further investigation. Moreover, there is an urgent need to further investigate and document the consequences of marginal placements, and to cultivate pedagogical approaches that might complement marginal placements in addition to simulation-based training.

Authors' contribution

All authors contributed to the study design, data analysis and manuscript preparation. The first author collected data. All authors have reviewed this final version and agreed upon it.

Declaration of competing interest

The authors declare that they have no known competing financial interests or personal relationships that influenced the work reported in this paper.

Declaration of interest

The authors report no conflict of interest, as the authors alone are responsible for the content and writing of this paper.

Ethical approval

The Norwegian Centre for Research Data (NSD) approved this study, project no 947246, with no additional approval required for ethical clearance.

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