

# Undergraduate nursing students' experiences of clinical placement in male psychiatric wards in Gauteng Province

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## Abstract

Undergraduate nursing training incorporates theory and clinical placement for experiential learning. During their training, students are allocated to various health institutions, including psychiatric hospitals, to integrate theory with clinical practice. They are challenged with multiple situations that affect their academic performance, including when placed in psychiatric wards for male patients. The purpose of the study was to explore and describe the experiences of undergraduate nursing students of clinical placement in male psychiatric wards in Gauteng Province, one of the nine provinces of South Africa. A qualitative descriptive design was used in which the population was fourth-level undergraduate nursing students. Purposive sampling was used to select students. Data was collected during 2023 using individual semi-structured interviews recorded on an audio recorder and supported by field notes. Thematic analysis was employed to analyse the data. Three themes emerged from the semi-



structured interviews: perceived anxiety, concern about safety and positive learning experience. Undergraduate nursing students experience anxiety during their clinical placement in a male psychiatric ward, highlighting its association with decreased confidence, impaired decision-making, and challenges in skill acquisition. Thus, there is a crucial need for a more supportive clinical environment to improve both clinical education and students' emotional health.

**Keywords:** clinical learning experience, male mental health unit, mental health nursing, professional development, student nurse, therapeutic

## Introduction

Clinical placements in the health setting provide training opportunities for nursing students, to develop responsibility, self-confidence, and clinical skills while providing healthcare services (Hepburn et al., 2021). These clinical placement learning experiences are mandatory in nursing training to provide students with the opportunity to interrelate with patients and community members, and to integrate theory into practice, leading to the development of capability in the nursing profession (Lindeflaten et al., 2024).

The researchers focused on a group of undergraduate nursing training for the comprehensive programme R.425, a course leading to registration as a nurse (general, psychiatric, community) and midwife, a curriculum that has since been phased out. This study's findings will continue to be relevant, since mental health nursing content is incorporated in the new programme (R.174), where students are still allocated in psychiatric units to incorporate the theory and clinical placement for experiential learning (South African Nursing Council [SANC], 1985; SANC, 2013). Students are allocated to various health institutions including psychiatric hospitals to integrate theory into clinical practice to promote an optimal clinical learning environment (Isbej et al., 2025).

For undergraduate nursing students to qualify as psychiatric nurses, they must meet the requirements in terms of theoretical knowledge and clinical experience as central elements of nursing education worldwide (Tuveesson & Andersson, 2021). The quality of nursing education for integrating theory and clinical placement is of extreme importance (Snee, 2025). Nursing students experience challenges with various situations during clinical placement that affect their academic performance and success (Flynn et al., 2025).

Studies regarding psychiatric clinical placement at a university in Sweden (Vuckovic et al., 2021; Okenwa Emegwa et al., 2024) found that nursing students experience emotional challenges, such as anxiety and stress, that affect their experience of clinical placement (Zahran, 2024). These findings are similar to a study conducted in Turkey, which found that nursing students experience difficulties such as high levels of stress, anxiety, tension, and negative attitudes that prevent them from having a comfortable and informative experience of clinical practice (Kahraman et al., 2024).

Another study conducted in Namibia found that nursing students experience difficulties during psychiatric clinical placement (Nuuyoma et al., 2024). These challenges are partly due to a lack of specialised trained psychiatric nurses who can transfer skills and knowledge to the students and insufficient allocation of experienced staff who can accompany and supervise nursing students during clinical training (Simão Nota et al., 2024).

Moreover, a study conducted in Ghana highlighted that nursing students experience difficulties such as observing nursing procedures and getting opportunities to practise due to overcrowding (Ti-enkawol et al., 2024). Similarly, an integrative review by Kolbugri et al. (2024) found that nursing students in the Sub-Saharan region experience difficulty in establishing stability in their clinical placements in overcrowded psychiatric wards, without orientation, and with limited means of communicating their presence. These include feeling uneasy when working with patients as well as challenges related to the clinical environment. These students face multiple training difficulties, including emotional and psychological discomfort with patients. They may feel anxious, lack confidence, fear errors, or feel unprepared to provide care. Beyond personal discomfort, ward organization, staff behaviour, workload, available resources, and overall working conditions also make learning and work challenging.

Studies were also conducted in South Africa regarding nursing students' experiences of psychiatric clinical placements. Hlahla et al. (2024) identified that nursing students at the University of Limpopo experience challenges such as discomfort with patients, and clinical setting matters. They are posted to overcrowded psychiatric wards, receive minimal or no structured orientation, and have few opportunities to introduce themselves or communicate with the staff. Consequently, they struggle to develop a sense of stability, define their professional role, build confidence, and engage meaningfully in patient care. and the attitude of clinical staff towards them, which significantly impacted their learning. Similarly, a study conducted at the University of Venda found that those exposed to psychiatric wards for the first time feared the mental health care users, which made them stay away from the wards (Masutha et al., 2023). This correlates with the study conducted at Stellenbosch University, which highlighted that poor supervision from the permanent nursing personnel was the major challenge experienced by nursing students (van der Heever & Donough, 2018). Based on the above information, the current study will contribute to the literature by exploring and describing the experiences of undergraduate nursing students during clinical placement in male psychiatric wards in Gauteng Province.

## Problem statement

Nursing is a professional discipline that incorporates theory and clinical practice as vital educational techniques to develop students' capabilities during clinical placement (Wang et al., 2024). As noted in the literature, 30% of nursing students experience difficulties during their training, especially during their psychiatric clinical placement

(Wang, et al., 2024; Casey, 2024; Negm et al., 2024; Bray & Østergaard, 2024). Student placement in a male psychiatric ward is significant because it provides valuable, real-world experience in a specialised area, allowing students to develop skills and attitudes crucial for mental health care, potentially influencing their future career choices and contributing to improved patient care (Mpofu, 2024). This study focused on nursing students registered for the comprehensive nursing programme, during their clinical placement in psychiatric wards. The researchers observed that the students experienced their placement in the male wards of psychiatric institutions as challenging: for example, students were confronted with aggressive patients and struggled to cope with the situation. These observations prompted the researchers to explore and describe the experiences of undergraduate nursing students during clinical placement in male wards of psychiatric institutions in Gauteng Province.

## Method

A qualitative, descriptive and exploratory design was followed as the researchers' interest was to explore and describe nursing students' experiences during their clinical placement. The study was conducted in 2023 among the undergraduate nursing students enrolled at a Sefako Makgato Health Science University located in the north of Pretoria in Gauteng Province. The university provides training for students enrolled for the Bachelor of Nursing Science and Art, R.425 (general, psychiatric, community) and midwifery (phased-out), and the Bachelor of Nursing and Midwifery, R.174 undergraduate programme leading to registered nurse and access to postgraduate master's degrees. According to Abou Hashish et al. (2025), using existing students to recruit participants for research is a crucial and common practice, particularly in educational settings, to ensure participation is truly voluntary and that students understand that they can decline without penalty.

## Population and sampling

The population of this study was 15 final year nursing students enrolled for Bachelor of Nursing Science and Arts, R.425. Purposive sampling was used to select fourth-year nursing students who had been allocated to a male psychiatric ward during their clinical placement. Students were recruited to participate in the study by R.174 students, under the supervision of lecturers who had never taught the population, to minimise bias. Information sheets and consent forms were handed to the students to inform them about the study aims and to invite voluntary participation. Anonymity was ensured, by not recording the names of the participants, and participants were informed of this. Participants signed consent forms to voluntarily participate in the study. All those students placed in a male psychiatric ward who were willing to voluntarily participate in the study were included. In this study, the sample of eight participants were selected from 15 fourth-year nursing students, based on the information needed and the participants' willingness to provide information until data saturation was reached (Hossain et al., 2024; Squire et al., 2024). The sample was adequate (>50%) since the total population of students placed in the male psychiatric ward numbered 15.

## Data collection

Individual semi-structured interviews were conducted to collect data from the participants to answer the research question (Brink, et al., 2018). Arrangements were made with the lecturers to access nursing students and brief them on the purpose and processes of the study and what would be expected of them during data collection. Additionally, arrangements for conducting interviews were made with four R.174 level four nursing students under the supervision of lecturers who had never taught the population and who were thus independent of the placement and teaching activities of the sample. The R.174 level four nursing students were trained to conduct the interviews as part of their research module. The independent lecturers have experience in research interviewing. A seminar room was booked to conduct interviews and the notice “interviews in progress” was placed on the door to prevent interruption. One central question – “What are your experiences during psychiatric clinical placement in male wards?” – was posed to the participants to allow them to share their ideas, thoughts and feelings. Follow-up probing questions were used to obtain further information from the participants during interviews, which lasted 45–60 minutes. A voice recorder was used to record participants to ensure the accuracy of data gathered during interviews. A pilot test was conducted on two nursing students from the same population to test the interview guidelines (Creswell & Poth, 2018). The results from the pilot test were not included in the main study since it was used to develop relevant probing questions and align them to the research question. In addition, the authors noticed that data saturation was reached with six participants, the point at which adding more data no longer yields new insights. They then conducted two more semi-structured interviews to determine whether new data arose.

## Data analysis

In this study, thematic data analysis was used through cooperation between all the co-authors. All co-authors jointly carried out a thematic analysis of the data. Each individual listed as an author was directly involved in analysing the data, demonstrating that the analysis was a shared effort rather than the work of a single researcher. The researchers transcribed all voice recordings and applied the six steps for thematic analysis outlined by Braun et al. (2024), to identify relationships, similarities and differences within the data, as follows: (1) familiarising themselves with the data: the researchers carefully read the transcripts of all data to understand the meaning and identify data themes; (2) coding the data: data were annotated with abbreviated initial codes relating to the research question, in order to break information into smaller topics to facilitate organising it; (3) generating initial themes: the researchers identified similar concepts that were listed in codes and grouped them together to create themes and identify overarching themes that could be extracted from the coded data in looking for similarities and connections between the codes; (4) reviewing themes: the researchers checked the themes to merge some of them into one theme, considering how they related to each other, and ensuring that the themes were as reliable as possible; (5) defining and naming themes: each theme was identified and defined with a short descriptive name to

summarise the core idea and meaning and confirm the depth and detail of each theme; (6) writing up or producing the report: the researchers produced a report by providing a detailed description of each theme, and giving some illustrative quotes from the data to allow the reader to understand the themes of the data collected.

### **Trustworthiness**

Trustworthiness was ensured through Lincoln and Guba's criteria to judge the quality of qualitative research study (Lincoln & Guba, 1985; Polit & Beck, 2020). Throughout data collection, credibility was ensured by the investment of sufficient time to create a relationship with participants until data saturation. The R.174 students engaged the participants over extended periods, observing persistently to acquire comprehensive insights to ensure that the findings resembled the experiences of the students. Dependability was ensured by recording the interview sessions to reduce the risk of loss of data. The authors provided an audit trail by maintaining a detailed record of the research process to determine to what extent the findings were true across time and stable over changing conditions. Different approaches to ensure the confirmability of this study included peer debriefing and soliciting input from participants to authenticate interpretations and mitigate bias. Member checking was ensured by returning to the participants to validate and confirm the accuracy of the research findings. The researchers described the research setting and methods used in the study to allow for applicability of data to other situations and to facilitate transferability. To minimise bias, the researchers did not communicate any information about their own views and experiences to the participants in any phase of the study.

### **Ethical consideration**

The researchers obtained permission from SMUREC (protocol number SMUREC/H/436/2023: UG) and the Head of the Department of Nursing to conduct the research. Arrangements were made with the fourth-year lecturers to avoid interrupting scheduled facilitation of teaching and learning. The researchers ensured that appropriate information about their rights in relation to participation was provided to allow participants to sign the consent form to voluntarily participate and that they can withdraw at any time. Informed consent was obtained from all the participants who were willing to voluntarily participate in the study. Participants were identified using numbers for example (Participant 1) to replace the names in the quotations when interpreting the research findings. The researchers ensured that the privacy and confidentiality of the data collected were maintained by keeping information confidential in a locked private cupboard at the university. An encrypted password was used to save documents digitally to avoid unauthorised access to the information.

## Results

The eight participants in this study included three male and five female students. Their age ranged from 23 to 27 years. Three key themes with sub-themes emerged from the results (Table 1).

**Table 1:** Themes and subthemes

Themes	Sub-themes
1. Perceived anxiety	Anxiety related to task performance Uncertainty regarding the consequences of their anxiety
2. Concerns about safety	Concern for personal safety Fear of the unknown
3. Positive learning experiences	Student engagement and motivation during in-service training Clear expectations Active learning opportunities

### Theme one: Perceived anxiety

This theme covers anxiety contributing to the subjective experience of feelings of worry, unease, or fear. The following sub-themes emerged from perceived anxiety: anxiety related to task performance, and uncertainty regarding outcomes.

#### *Anxiety related to task performance*

Participants raised concerns about doing well in clinical objectives tasks. Participants indicated that the uncooperative behaviour of the medical health care users (MHCUs) due to their mental status was a challenge. The findings revealed that students were presented with instructional scenarios (real-life situations designed to help learners apply knowledge and skills) to prepare themselves for the reality of what to expect in a psychiatric ward. However, the students were not ready for the clinical placement which was evidenced by the following quotes.

I was never ready to work in that ward. Yes, we have been taught in class, and simulation preparing us for that time you know...but when you actually get there! It's a totally different world. I think the patients are more stable than what I anticipated. [P 1]

I always worry about not meeting what I am expected to do, every time I have to perform a task because of anxiety. It's like my mind becomes overwhelmed with the fear of failure, even when I know I've prepared well. I'm always scared of the patients and feel like I won't do it right. [P6]

I'm looking at the diagnoses of these patients. Some were not cooperative, this contributed to anxiety about what we were doing. Even if you try to educate them about the dangers of their actions, they would still repeat that action, so even their mental status is poor. [P7]

### *Uncertainty regarding the consequences of their anxiety*

The participants explained that they experienced uncertainty and concern about the potential negative consequences of their anxiety itself, rather than the immediate cause of the anxiety. This uncertainty was elevated due to the lack of clarity about tasks and feelings of helplessness. Students indicated that they were struggling to find help from the nursing staff to reduce their anxiety due to the shortage of skilled personnel. The following quotes emphasise how their anxiety, related to uncertainty, was often driven by not knowing what would happen.

I was scared, to be honest. It was scary. I didn't know how to conduct myself. I did not know how to react to them (MHCUs) and I've had an experience of working in a chronic ward and I didn't, I didn't even know where to start. I didn't know how to conduct myself. [P2]

Sometimes when you ask for help with one of the learning outcomes from our clinical workbooks, they tell you to wait for the operational manager because she is the only one who holds an advanced qualification in mental health. That tells you that other procedures are not properly done due to the shortage of skills in this ward. [P7]

### **Theme two: Concerns about safety**

The following sub-themes emerged from safety concerns, which are evidence that students were concerned for their personal safety in the environment and the fear of the unknown.

#### *Concerns for personal safety*

Participants mentioned the MHCUs' strange behaviour contributed to concerns for their safety such as the risk of injury, violence, accidents, or harm in the environment. This finding revealed that lack of trust and support from peers and nurses was a problem in terms of ensuring adequate safety and preventing unforeseen emergencies.

But then towards themselves, we had an incident where one of the patients was beaten by another patient because the other patient had had an episode whereby they were verbalizing things that the other patient didn't like. [P6]

I thought it was not safe for students to be allocated to the male acute psychiatric wards where there is insufficient staff to supervise students and manage acutely mentally ill patients. What if multiple incidents happen, whom to blame? [P3]

My concern is how well will the safety procedures be communicated, including clarity and transparency in a situation like this. There is no staff to demonstrate for the students and attend the aggressive patients here. [P8]

### *Fear of the unknown*

Participants verbalised feelings of fear due to a lack of familiarity with the placement and patients' conditions as it was their first exposure. Participants also mentioned that they were not expecting cooperative patients in acute wards.

Within that first day when I saw a lot of them. It was so bad. I was scared because it was my first exposure and how I imagined that anything could happen that I was not right. So yes, I was scared, but I eventually adapted to it. [P8]

I expected very psychotic and many patients would be making noise. The patient would be jumping up and down uncontrollably, but when I got there. The patient wakes to cooperate to the schedules of the day. Patients were able to communicate. [P3]

I was expecting to find severely psychotic patients, shouting, screaming, and walking around naked, but I never saw that. Yes, there were few patients who were psychotic talking alone and showing other signs of the illness, but it was not that bad. [P4]

### **Theme three: Positive learning experiences**

The following sub-themes emerged from the positive learning experiences, which provides evidence that students benefited from a clinical placement and an enriching learning process that includes student engagement and motivation during in-service training, peer support, clear expectations and active learning opportunities

#### *Student engagement and motivation during in-service training*

Participants stated that they were interested in how they were engaged by nursing staff during in-service training in clinical learning. The following quotes indicate that they were motivated by the in-service training that was conducted regularly to equip all nurses.

The hospital is conducting in-service training regularly to equip the other categories of nurses especially those without mental health qualifications. I think this is good because at least they get to be educated about procedures taking place in the hospital even though they do not possess a formal qualification. [P5]

I have learned a lot of characters that come with them. There's a whole lot to learn about Psych that I've observed as compared to the female ward when we went in and tried to choose. The male ward was stimulating. It's challenging like challenging things. [P3]

Well, the ward was educational. We had a lot of insanity in the morning, and I believe that our operational manager is someone who likes engaging students. He was always giving us in-services about policy, but generally, so we also simplified. How we were missing diagnoses, which was very clear when he explained that whatever you interview the patient. [P2]

### *Peer support*

Participants indicated that their experience in terms of collaborative learning environments was maintained by peer-to-peer social interaction. This finding revealed that students were able to support one another, helping each other navigate the emotional and psychological challenges of working in such an intense environment.

They are violent, and their way of communicating in the ward during aggression was a problem. Through the ups and downs of managing their aggression, we learned the power of supporting each other in a safe space to process the emotional and psychological demands of being placed in a psychiatric ward. [P1]

I mean, I would imagine for someone who has been exposed there for the first time. Who doesn't understand the dynamics of managing patients who are mentally ill? Peer-to-peer social interaction assisted us in working collaboratively with the nurses to manage these patients. [P6]

### *Clear expectations*

Participants highlighted that they had well-defined learning objectives to prepare themselves for their assessments. This finding revealed that the participants were confident in terms of identifying symptoms of different conditions and designing nursing care plans as they were expected to do.

We were expected to perform therapeutic interviews with different users. We have engaged in therapeutic activities such as physical exercises and playing games. For social interaction, yeah, that's when I got to interact with the users. [P3]

We benefited from what we've been taught in terms of theory, especially when it comes to identifying symptoms of different conditions. We were able to observe those symptoms in an acute ward and design nursing care plans. So it's good for students to learn. That's the only thing we were expected to do. [P2]

### *Active learning opportunities*

Participants reported that they were not only observing but also engaging directly with the patients, the treatment process, and the clinical team, all while applying their theoretical knowledge to real-life situations. In this nursing program, it was a requirement to place students in the learning environment (psychiatric units) through hands-on activities, facilitating therapeutic group discussions, and problem-solving tasks as learners. Participants indicated their experiences regarding opportunities for self-directed learning as they were allowed to take ownership of their education.

I have learned that psychiatric nursing is based on an effective nursing care plan. So we use the nursing care plan to take care of the patient. We know how to manage a patient who is aggressive and that it requires teamwork and what to observe during the day. [P3]

Yes, we learned a lot. I mean, we also learned the general rules. I remember he was telling us about it. The best is even before the morning, we have the orientation. We make sure that we give every patient a chance to express their views every day and then we give others. All patients have an equal chance to answer when we conduct therapeutic group discussions. [P7]

During these activities, I had the opportunity to observe when we were [role] playing in the therapeutic group activities, others, for example, those who were struggling to cooperate, short concentration and were aggressive towards staff members and other patients when observed were recorded in their progress report. [P2]

## Discussion

Three key themes that emerged from the experiences of undergraduate nursing students during clinical placement in male psychiatric wards include perceived anxiety, concerns about safety, and positive learning experiences. These findings also highlight how anxiety impacts learning, the role of safety in reducing anxiety, and how conducive factors contribute to creating positive learning environments.

In terms of perceived anxiety, anxiety related to task performance emerged from the main theme. The findings of this study revealed that anxiety levels often rise when nursing students face tasks requiring performance or skills. Participants indicated that they were struggling to find help from the nursing staff about their learning outcomes due to the shortage of skilled personnel. The current study findings are similar to Hidayat and Hasim (2023) which revealed that anxiety levels may stem from the pressure to succeed or fear of failure in academic settings. This correlates to a study conducted in Egypt that reported that constructive feedback from the students and supportive environments had alleviated anxiety levels and promoted self-confidence during clinical placement (Alkubati et al., 2025). In addition, research shows that high levels of anxiety can impair cognitive functioning which negatively affects learning performance (Braier-Lorimer & Warren-Miell, 2022) leading to procrastination and further reducing engagement and academic success (Almurumudhe et al., 2024).

The current study revealed uncertainty exacerbates anxiety, particularly in situations where students are not ready for clinical placement. This finding is aligned with a study by Brown et al. (2023) who found that uncertainty exacerbates anxiety in situations with unclear instructions or ambiguous outcomes. Recent research shows that providing clear communication during simulations can provide structured guidance to mitigate uncertainty and reduce anxiety levels (Thompson & Brewster, 2023).

Participants were concerned about safety in situations where patients displayed strange behaviour and posed a risk of injury in the environment. These findings revealed that insufficient staff to supervise students and manage patients with acute mental illness was a problem in terms of adequate safety and increased the risk for unforeseen emergencies (Shorrab et al., 2024). Similarly, recent studies show that a safe

environment minimises the risk of injury or hazards and can encourage participation in certain tasks when there is sufficient staff to manage patients (Mabunda et al., 2024).

Fear of the unknown which stems from unpredictable and unfamiliar situations was also identified as a significant contributor to concerns about safety. Studies highlighted that fear of the unknown often leads to hesitation and reluctance hence it emerges when individuals are faced with new tasks (Aryuwat et al., 2024). Therefore, effective strategies should be developed for managing the fear of new experiences during the clinical placement of students (Thompson & Brewster, 2023).

The findings of this study revealed that participants experienced placement in the male psychiatric wards as a positive learning experience, despite the challenges they experienced. In addition, assignment to a male psychiatric ward markedly motivates the students to become more engaged and perform better during their clinical placements (Anyango, et al., 2024; Braier-Lorimer & Warren-Miell, 2022). The current study also revealed that students were interested in how they engaged in learning and challenged other students to be motivated and engaged in clinical learning activities. These findings are similar to the study by Abraham and Singaram (2024) who investigated students' engagement and receptivity to self and peer feedback across academic performance. The same study found that lower-performing students were motivated by peer-to-peer feedback in clinical placement and they became more engaged in clinical learning activities (Abraham & Singaram, 2024).

In this study, the students who had well-defined learning objectives prepared themselves for their assessments. A study by Aryuwat et al. (2024) emphasised that clear expectations contribute to a positive learning environment by reducing ambiguity, as well as understanding what is required and how students will be evaluated.

The current study found that students experienced positive emotional states, including personal and professional vulnerabilities, regarding active learning opportunities that benefit overall mental health (emotional, psychological, and social well-being) in the learning environment. Examples of active learning opportunities are, hands-on activities, facilitating therapeutic group discussions, and problem-solving tasks as students. This finding is similar to research by Walker (2024), which highlighted that active learning opportunities have been proven to enhance learning positive outcomes fostering deeper engagement and retention. In addition, it is noted in the literature that active learning opportunities encourage collaboration, especially when peers support each other and interact socially positively contributing to learners' overall satisfaction and motivation (Dzaiy & Abdullah, 2024).

This study revealed that students experienced anxiety and concern, but also positive learning experiences. These experiences of anxiety, safety, and learning are intricately linked to one another. As noted in the literature, when anxiety becomes overwhelming, it can hinder progress. Safety plays a crucial role in reducing anxiety and promoting an

environment where students can engage fully, take risks, and ultimately achieve their learning goal (Belay et al., 2024). It is therefore concluded that when a balance between anxiety and safety is maintained, individuals can experience optimal learning outcomes, where challenges are seen as opportunities for growth rather than sources of stress (Flynn et al., 2025). This affirms that prioritising safety could reduce anxiety levels and more likely enhance students' engagement and active participation in the clinical learning experiences (Aryuwat et al., 2024; Lam et al., 2024). The current study recommends that both emotional and physical safety should be ensured so that students are supported and can engage fully with their clinical learning.

## Strengths and limitations

This study furnishes comprehensive qualitative insights into the experiences of nursing students within male psychiatric wards, a context hitherto insufficiently examined area. The findings are corroborated by recent scholarly literature, thereby augmenting their credibility and applicability. Nonetheless, the generalizability is constrained due to the concentration on a singular institution and a presumably small, homogeneous sample. Relying only on student perspectives and not having reference to a longitudinal study may limit a broader understanding.

## Conclusion

During clinical placement in a male ward of a psychiatric institution, the experiences of undergraduate nursing students from a university in Gauteng were deeply interconnected with anxiety, safety, and learning. Anxiety can slow down learning cognitive functions and engagement, while safety concerns can exacerbate feelings of anxiety. Therefore, initiating safe, supportive environments is key to reducing anxiety and fostering positive learning experiences. The current study also highlights the importance of incorporating strategies that promote emotional and physical support of nursing students during clinical placement.

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