



**THE IMPACT OF CLINICAL EXPOSURE ON ATTITUDINAL
DEVELOPMENT IN TRAINEES**

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Abstract: Clinical exposure is designed to prepare young medical professionals to care for patients holistically. This research is aimed at determining the attitudinal behaviour of professionals-in-training during clinical exposure. This research was done among the nursing students of Alex Ekwueme Federal University Teaching Hospital Abakaliki Nigeria, to determine the attitude towards the mentally ill patients, during their clinical exposure in federal neuropsychiatric hospital Enugu. A sample size of 54 respondents were used. The instrument for data collection was questionnaire. Test-retest statistics was used to establish internal consistency which gave a reliability of 0.897. Data was analyzed manually using calculator and presented in frequency, table, mean and standard deviation. The result of this research revealed that 20(37%) of the respondents agreed that they feel free and happy relating with the patients, 28 (51.9%) agreed that it wasn't difficult for them to initiate a conversation with the patients, 27(50%) agreed that senior nurses helped them to relate well with the patients, while 26(48%) agreed that the teachings from the lecturers and senior nurses helped them to relate well with the patients. Most of the respondents, 50 (92%) of them agreed that this exposure modified their behavior positively. The Researcher therefore recommends this that this program should be a mandatory program for school of nurses both colleges and universities.

Keywords: Clinical, Attitude, Exposure, Professionals-in-training, Mental Health.

I. INTRODUCTION

To provide the best care possible, including skill in treating patients with different health issues, including mental health behaviors, clinical exposures are necessary. In addition to other healthcare needs that may arise in general hospitals, community settings, primary care providers, and specialty tertiary treatment settings, the need to

provide medical interventions for clients with mental health concerns may also arise in designated mental health treatment agencies. The success of the educational process will have a significant impact on the capacity of medical students to enter the psychiatric and mental health setting with strong, competent psychiatric nursing abilities. There are many misconceptions among these young people regarding the causes, symptoms, treatment, and behavior of people with mental illnesses. As they prepare for the mental clinical component of their nursing education, they often express sentiments of worry and anxiety. One Anxiety may result in a reduction in medical expertise when treating patients with mental illness. The purpose of the clinical exposure was to address the need to lower anxiety and dispel some myths regarding psychiatric patients, staff, and the care they get.

Studies have revealed that Professionals-in-training show some degree of anxiety and a decline in empathy during their clinical exposure. [1] explored the impact of clinical exposure on the empathy levels of medical students. It showed that medical students experienced a decline in empathy as they progressed through clinical training. This can negatively affect patient care quality and interpersonal relationships. [2] assessed how nursing students perceive their clinical training experiences. The result revealed that many students reported feeling unprepared and anxious during their initial clinical exposures. This anxiety affected their performance and willingness to engage with patients. [3] determined the effects of mentorship on the attitudes of medical trainees during clinical rotations. The Trainees with positive mentorship relationships exhibited higher confidence and professionalism. It enhanced students' adaptability to clinical environments. [4] evaluated the influence of clinical exposure on the development of communication skills in medical students. The result showed that increased exposure led to improved communication skills over time. The students became more comfortable discussing sensitive topics with patients. [5] investigated how clinical rotations influence the ethical decision-making of medical students. They revealed that students often struggled with ethical dilemmas, especially when they conflicted with supervisors' practices. Ethical awareness improved when students were given structured opportunities to discuss these dilemmas. [6] assessed the effect of role modeling on the professional attitudes of medical trainees. It was therefore discovered that Trainees adopted behaviors modeled by clinical supervisors, both positive and negative. Positive role models reinforced professionalism, while negative behaviors often led to disillusionment. [7] explored how interdisciplinary clinical training affects collaborative attitudes among students. This training fostered respect and understanding across healthcare professions. This affected the students in that their collaboration improved students' attitudes toward teamwork in patient care. [8] determined the relationship between self-directed learning and clinical competence in nursing students. The students with higher self-directed learning tendencies demonstrated better clinical decision-making skills. Encouraging self-directed learning improved their preparedness for real-world clinical challenges. [9] analyzed the effects of stress management programs on medical students' coping mechanisms during clinical training. Participants reported reduced stress and improved focus in clinical settings. Stress management programs enhanced overall learning experiences. [10] evaluated how exposure to real patient interactions influences medical students' diagnostic accuracy. Regular interaction with patients improved diagnostic reasoning and accuracy. This provided essential hands-on experience, bridging the gap between theory and practice.

To increase students' confidence and reduce anxieties and fears, they need to be exposed to their field as a way of training. It is therefore important to determine the attitudinal behaviour of professionals-in-training (nursing students) at Alex Ekwueme Federal University Teaching Hospital, Abakaliki during their clinical exposure in Federal Neuropsychiatric Hospital, Enugu.

II. METHODS

The following subheadings cover the different techniques and methods used in this work: design, study area, target population, sample size and technique, data collection instrument, validity and reliability of instrument, data collection method, data analysis method, and ethical consideration.

A. Research Design

For the investigation, a descriptive survey design was chosen. Because it provides information about the situation being studied, this approach was selected. Thus, it aids the researcher in evaluating how the Alex Ekwueme Federal University Teaching Hospital, Abakaliki students' attitudes toward the mentally ill patients at Neuropsychiatric Hospital Enugu are affected by the clinical exposure.

B. Area of Study

The study was conducted in the state of Enugu at the Neuropsychiatric and Mental Health Hospital. The hospital is a tertiary institution that specializes in mental health diagnosis and treatment. It consists of an emergency room, outpatient department, drug ward, female acute ward, female extension, male acute ward, and male extension. The administrative, school, and hostel blocks comprise the school's fundamental psychiatric and mental health nursing department. Nursing students attend the awareness program, which is a requirement for granting a practicing license, from several nursing schools and institutions. Patients, staff, and students all have a space of worship at the hospital.

C. Target Population

54 nursing students from Alex Ekwueme Federal University Teaching Hospital in Abakaliki who came to complete their psychiatric and mental health awareness training at Neuropsychiatric Hospital in Enugu were the target population.

D. Sample Size and Technique

Because they are few, the entire population was examined. [11] states that when the population is small and the subjects have similar traits, the entire population is required. Therefore, no sampling strategy was employed; all student nurses enrolled in their awareness program at Alex Ekwueme Federal University Teaching Hospital in Abakaliki throughout the study period took part. Since every participant was utilized for the study, no sampling strategy was applied.

E. Instrument for Data Collection

The instrument used for data collection is a three-point likert scale questionnaire which comprises of 16 organized items in four sections (A, B, and C).

Section A: Has 6 demographic data

Section B: It contains 5 questions on attitudes of student nurses prior to the clinical exposure.

Section C: It contains 5 items on the impact of the clinical exposure on the student's attitude toward mentally ill patients during the exposure.

F. Validity of the instrument

To determine whether the instrument would be able to gather the necessary data, its face and content validity were evaluated. After a comprehensive screening, the necessary corrections were made. The instrument usage was approved after the necessary changes were made during the work.

G. Reliability of the Instrument

Five nursing students, or 10% of the entire population, from Alex Ekwueme Federal University Teaching Hospital Abakaliki participated in the instrument's pilot trial. The test-retest method was used to assess the instrument's reliability. After two weeks, the same respondent was given the questionnaire again, and the results were analyzed

using Pearson's correlation coefficient (r) to determine the reliability coefficient. The instrument was found to be reliable at the 0.897 level of significance.

H. Method of Data Collection and Analysis.

The Responders received the questionnaire in person, and it was picked up a week later. A calculator was used to manually evaluate the data, which was then displayed in tables, percentages, frequency, mean, and standard deviation.

I. Ethical Consideration

All ethical guidelines for conducting research study in Neuropsychiatric and Mental Health Nursing, Enugu was strictly complied with.

III. RESULTS AND DISCUSSION

Below are the findings and analysis of the information gathered from the Responders. A total of 54 surveys were distributed, gathered, and displayed using frequency, mean, standard deviation, and tables. ***A. Demographic data of the respondents.***

Table 1: Percentage response of the demographic data of the respondents. n=54

S/N	Variables Frequency		
1	Age	Number of Respondents	Percentage
	15-20	12	22.2%
	21-25	34	63%
	26-30	8	14.8%
	31 and above	0	0%
	Total	54	100%
2	Gender		
	Male	6	11.1%
	Female	48	88.9%
	Total	54	100%
3	Marital Status		
	Single	44	81.5%
	Married	10	18.5%
	Seperated	0	0%
	Total	54	100%
4	Religion		
	Christianity	54	100%
	Islamic	0	0%
	Total	54	100%
5	Tribe		
	Igbo	54	100%
	Hausa	0	0%
	Yoruba	0	0%
	Others	0	0%
	Total	100	100%
6	Nationality		
	Nigeria	54	54%
	Others	0	0%

Total	54	100%
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From the demographic data, the table reveals that 12(22.2%) student nurses fall under the age of 15-20, 34(62%) falls under the age of 21-25, 8(14%) falls under the age of 26-30, no student is above 31 years.

B. The attitudes of the student before the awareness program.

Table 2: Attitudes of the student before the program. n = 54

S/N	ITEMS	SA	A	D	SD	X	SD	DECISION
7.	A mentally ill patient is someone who lacks insight, has excessive fears and worries, extreme mood changes, withdrawn from friends and activities.	30	21	2	1	3.5	3.0	Accepted
8.	I have come in contact with mentally ill individuals before this program.	22	27	3	2	3.3	2.8	Accepted
9.	I feel they are dangerous and can kill or injure someone at any time.	16	22	8	8	2.9	2.5	Accepted
10	I feel anxious and scared relating with them.	11	24	8	11	2.6	2.3	Accepted
11	Mentally ill patients are friendly.	3	22	20	9	2.4	1.9	Rejected
	Average mean	2.9						

Criterion mean = 2.5

With a mean score of 3.5, table 2 above demonstrated that respondents agreed that a mentally ill patient is someone who lacks insight, exhibits excessive concerns and worries, experiences strong mood swings, and withdraws from friends and activities. With a mean score of 3.3, the respondents concurred that they had interacted with mentally ill people prior to their posting. With a mean score of 2.9, the respondents concurred that a mentally ill individual can kill or harm someone at any time. With a mean score of 2.6, the respondents also concurred that they experience fear and anxiety when relating to them. With a mean score of 2.4, the respondent disputed that people with mental illnesses are amiable. **C. The impact of the awareness program on the students after the program.**

Table 3: The impact of the awareness program on the student after the program. n=54

S/N	ITEMS	SA	A	D	SD	X	SD	DECISION
12.	I feel free and happy relating with them.	8	20	20	6	2.6	2.2	Accepted
13.	It wasn't difficult for me initiating a conversation with a mentally ill person.	18	28	6	2	3.1	2.7	Accepted
14	The senior nurses helped me to relate well with the patients during my clinical posting.	27	23	1	3	3.5	2.9	Accepted
15	The teaching from the lecturers and senior nurses helped me to relate well with the patients during the clinical posting.	24	26	2	2	3.3	2.8	Accepted
16	Psychiatric and mental health nursing orientation program modified my behavior toward mentally ill person	50	1	1	2	3.8	3.5	Accepted
	Average mean	3.1						

Criterion mean = 2.5

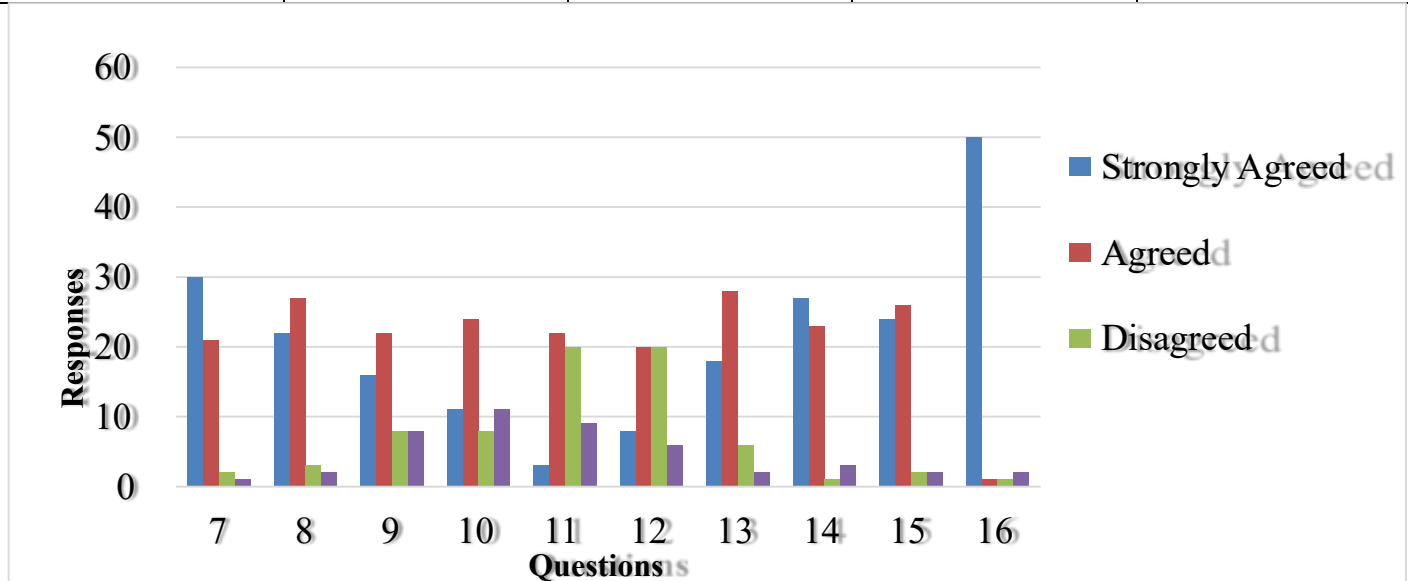
From the table 3 above, the respondent agreed that they feel free and happy relating with mentally ill patients with the mean score of 2.6 during the exposure. The respondents confessed that it wasn't difficult for them to initiate a conversation with a mentally ill person during the exposure with the mean score of 3.1. The mean score of 3.5 revealed that for most of the respondents, the senior nurses helped them to relate well with the patients during the exposure, while others responded that the teaching from the lecturers and senior nurses helped them to relate well with the patients with a mean score of 3.3.

D. Answering of hypotheses

There is a significant relationship between awareness program and students' attitudes toward mentally ill patients.

E. Summary of student's response before and during the clinical exposure.**Table 4: Summary of students' response before and during the clinical exposure.**

S/N	Strongly Agreed	Agreed	Disagreed	Strongly Disagreed
Question 7	30	21	2	1
Question 8	22	27	3	2
Question 9	16	22	8	8
Question 10	11	24	8	11
Question 11	3	22	20	9
Question 12	8	20	20	6
Question 13	18	28	6	2
Question 14	27	23	1	3
Question 15	24	26	2	2
Question 16	50	1	1	2

**Figure 1: Graph of Students Response before and during the clinical exposure.**

The majority of respondents responded in the positive to the ten (10) questions that were asked to them, as seen in table 4 and figure 1 above, demonstrating the beneficial effects of this exposure.

IV. CONCLUSION

The purpose of this study was to ascertain how students at Alex Ekwueme Federal University Teaching Hospital Abakaliki felt about mentally ill patients at Neuropsychiatric Hospital, Enugu, as a result of their exposure to psychiatric and mental health clinical settings. 54 Alex Ekwueme Federal University teaching hospital students who traveled to Enugu State for the exposure were used. Since every participant was utilized for the study, no sampling strategy was applied. In order to gather data, a questionnaire with questions developed according to the study's goals was used to sample 54 students. Frequencies, means, percentages, and standard deviations were used to examine the data. Twenty respondents (37%) said they feel free and happy when they relate to patients, twenty-eight (51.9%) said it's easy to start a conversation with patients, twenty-seven (50%) said that senior nurses helped them relate to patients well, and twenty-six (48%) said that the lessons they learned from lecturers and senior

nurses helped them relate to patients well. The majority of respondents—50, or 92%—agreed that this exposure had a beneficial impact on their behavior. These results demonstrated that the students' attitudes toward mentally ill patients were significantly improved by this exposure. During the exposure, the students who had previously been hesitant to interact with mentally ill individuals were able to do so without fear. It is crucial that the Medical Council of Nigeria makes sure that medical schools, colleges, and universities send their students for this exposure as a prerequisite before awarding a registered professional certificate because it helped dispel the misconceptions the students had before their training and instill a positive attitude in them. The necessity of maintaining good mental health and how to interact with mentally ill people living on the streets should also be taught to the general public.

REFERENCES

- M. Hojat, M. J. Vergare, K. Maxwell, G. Brainard, S. K. Herrine, G. A. Isenberg, and J. S. Gonnella, "The devil is in the third year: A longitudinal study of erosion of empathy in medical school," *Academic Medicine*, vol. 84, no. 9, pp. 1182–1191, 2009. <https://doi.org/10.1097/ACM.0b013e3181b17e55>
- F. Sharif and S. Masoumi, "A qualitative study of nursing student experiences of clinical practice," *BMC Nursing*, vol. 4, no. 1, p. 6, 2005. <https://doi.org/10.1186/1472-6955-4-6>
- D. Sambunjak, S. E. Straus, and A. Marušić, "Mentoring in academic medicine: A systematic review," *JAMA*, vol. 296, no. 9, pp. 1103–1115, 2006. <https://doi.org/10.1001/jama.296.9.1103>
- E. A. Rider and C. H. Keefer, "Communication skills competencies: Definitions and a teaching toolbox," *Medical Education*, vol. 40, no. 7, pp. 624–629, 2006. <https://doi.org/10.1111/j.1365-2929.2006.02500.x>
- L. V. Monrouxe and C. E. Rees, "Healthcare professionalism: Improving practice through reflections on workplace dilemmas," *BMJ Quality & Safety*, vol. 21, no. 7, pp. 537–540, 2012. <https://doi.org/10.1136/bmjqs-2011-000229>
- S. R. Cruess, R. L. Cruess, and Y. Steinert, "Role modeling—making the most of a powerful teaching strategy," *BMJ*, vol. 336, no. 7646, pp. 718–721, 2008. <https://doi.org/10.1136/bmj.39503.757847.BE>
- S. Reeves, M. Zwarenstein, J. Goldman, H. Barr, D. Freeth, M. Hammick, and I. Koppel, "Interprofessional education: Effects on professional practice and healthcare outcomes," *Cochrane Database of Systematic Reviews*, vol. 2008, no. 1, p. CD002213, 2008. <https://doi.org/10.1002/14651858.CD002213.pub3>
- H. C. Sung and S. M. Yang, "Critical thinking disposition and clinical competence in nursing students," *Nurse Education Today*, vol. 29, no. 5, pp. 516–521, 2009. <https://doi.org/10.1016/j.nedt.2008.11.005>
- S. L. Shapiro, D. E. Shapiro, and G. E. Schwartz, "Stress management in medical education: A review of the literature," *Academic Medicine*, vol. 75, no. 7, pp. 748–759, 2000. <https://doi.org/10.1097/00001888-20000700000023>
- G. Norman, "Research in clinical reasoning: Past history and current trends," *Medical Education*, vol. 39, no. 4, pp. 418–427, 2005. <https://doi.org/10.1111/j.1365-2929.2005.02127.x>

- J. Laerd, *Total population sampling*. Laerd Dissertation, 2012. <https://dissertation.laerd.com/total-populationsampling.php>