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Development of a Psychiatric Debriefing Protocol for Nursing Students Anchored on Peplau's Interpersonal Relations Theory

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Abstract
Psychiatric clinical duty is an essential aspect of nursing education, though many nursing students still struggle with anxiety, emotional distress, and the challenge of fitting in with psychiatric settings. These challenges may negatively influence communication skills, which are crucial in psychiatric nursing, thus the need for debriefing as an essential aspect of psychiatric nursing education. The main objective of this study was to develop a psychiatric debriefing protocol for nursing students using Hildegard Peplau's interpersonal relations theory. This study employed a developmental qualitative design involving 20 third-year nursing students as participants. Data were collected through standardized patient simulation followed by Key Informant Interviews (KII) and were analyzed using a hybrid approach of inductive and deductive qualitative content analysis, with Peplau's Interpersonal Relations Theory serving as a guiding framework. Themes that emerged from the study findings as follows: (1) Facing the Unknown: Emotional Vulnerability and Inner Adjustment in Psychiatric Exposure; (2) Finding the Therapeutic Voice: Growth in Communication, Empathy, and Professional Identity; (3) Bridging Theory and Reality: Readiness, Boundaries, and Clinical Confidence; (4) Strength in Connection: Support Systems as Anchors of Learning and Resilience; and, (5), From Simulation to Transformation: Experiential Learning as a Catalyst for Insight and Professional Growth. A structured debriefing protocol was developed from the findings, showing the potential utility of theory-based debriefing in preparing nursing students for psychiatric clinical duty.

Keywords: psychiatric debriefing, nursing students, emotional preparedness, therapeutic communication, Peplau's Interpersonal Relations Theory

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Introduction
Mental health is an integral component of overall health and well-being, influencing how individuals cope with stress, function in daily life, and participate in their communities (World Health Organization [WHO], 2025). In nursing education, psychiatric nursing plays an important role in developing therapeutic communication, empathy, clinical judgment, and professional use of self among learners (Jones et al., 2017; Mersha et al., 2023). These competencies are consistent with Peplau's Interpersonal Relations Theory, which emphasizes

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the therapeutic nurse-patient relationship as a central process in psychiatric nursing (Haber, 2000; Peplau, 1990).

However, nursing students commonly experience fear, anxiety, uncertainty, and low self-confidence before their first psychiatric clinical duty (Ashipala et al., 2023; Cha et al., 2020; Günaydin & Çoban, 2021; Mansouri & Darvishpour, 2024; Vuckovic et al., 2021). These emotional responses may be influenced by unfamiliarity with psychiatric care environments, perceived difficulty in communicating with patients, and stigma or negative assumptions about mental illness (Corrigan & Watson, 2002; Rubio, 2023). Recent studies also suggest that anxiety before clinical placement can affect students' confidence, resilience, and readiness for practice (Aryuwat et al., 2024; Flynn et al., 2025).

In the Philippine context, limited studies have examined nursing students' preparation for psychiatric clinical duty. Existing local work suggests that students may experience apprehension, emotional conflict, and uncertainty before psychiatric clinical exposure, even when they express willingness to learn from the experience (De Gracia et al., 2025; Quimpo, 2025). Although psychiatric clinical duty is essential in nursing education, students may remain emotionally unprepared when structured opportunities for reflection and guided processing are limited.

Debriefing offers a potential strategy to address this gap. It provides learners with an opportunity to process emotions, examine performance, connect theory with practice, and identify areas for improvement after clinical or simulation-based experiences (Cantrell, 2008; Dreifuerst et al., 2021; Fegran et al., 2022; Toews et al., 2021). However, many debriefing approaches remain general and may not fully address the emotional vulnerability, therapeutic communication concerns, boundary issues, and readiness needs specific to psychiatric nursing students. For this reason, this study aimed to develop a Peplau-based psychiatric debriefing protocol for nursing students preparing for their initial psychiatric clinical duty.

Objectives

Foreshadowed Questions

The study's general concern is to develop a debriefing protocol for nursing students anchored in Peplau's Interpersonal Relations Theory.

Specifically, the study seeks to answer the following questions:

1. What are the perceived anxiety and readiness of third-year nursing students prior to their initial psychiatric clinical duty?
2. What experiences, emotional responses, communication challenges, and learning needs emerge from third-year nursing students after standardized psychiatric patient simulation?
3. What evaluation indicators may be used to assess the proposed psychiatric debriefing protocol in terms of anxiety management, readiness, therapeutic communication, and interpersonal competencies consistent with Peplau's Interpersonal Relations Theory?

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Methods

Research Design

This study employed a developmental qualitative design to explore nursing students' emotional preparedness, perceptions, communication concerns, and readiness prior to psychiatric clinical duty and to develop a psychiatric debriefing protocol based on the findings, consistent with qualitative approaches that generate in-depth understanding of human experiences and translate findings into practice-oriented outputs (Polit & Beck, 2021). Peplau's Interpersonal Relations Theory guided the study and served as the framework for organizing themes and structuring the phase-based debriefing protocol. The study followed the

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Consolidated Criteria for Reporting Qualitative Research (COREQ) in reporting participant selection, data collection, analysis, and trustworthiness procedures (Tong et al., 2007).

Participants

The study included 20 third-year Bachelor of Science in Nursing (BSN) students from the College of Nursing, Bulacan State University, who were scheduled for their initial psychiatric clinical duty during Academic Year 2025–2026. Purposive sampling was used to recruit participants who could provide relevant insights into their emotional preparedness, communication concerns, and readiness before psychiatric clinical duty. Eligible participants were third-year BSN students enrolled in the psychiatric nursing course or scheduled for psychiatric clinical duty, had no prior direct psychiatric patient care experience, and were willing to participate in the standardized patient simulation, individual interview, and audio recording. Students with previous psychiatric clinical duty or those who declined participation or audio recording were excluded.

Participants were recruited through classroom announcements, invitation letters, online messages, and coordination with the clinical instructor. Written informed consent was obtained after explaining the study's purpose, procedures, confidentiality, voluntary participation, and the right to withdraw without academic consequences. Data collection continued until thematic saturation was achieved, with a final sample of 20 participants, consistent with recommendations for qualitative research (Guest et al., 2020; Hennink & Kaiser, 2021).

Instrument

Data was collected through standardized patient simulation and one-on-one key informant interviews. The simulation provided a controlled yet realistic psychiatric nursing experience prior to clinical exposure and involved a 10–15-minute psychosis-related scenario portraying symptoms such as suspiciousness, anxiety, guarded behavior, disorganized speech, perceptual disturbances, and possible auditory hallucinations. A psychiatric nursing faculty member served as the standardized patient after orientation on case objectives and expected responses. Participants were briefed beforehand on procedures, expectations, confidentiality, and psychological safety.

Following the simulation, semi-structured interviews were conducted to explore participants' emotional responses, communication experiences, coping strategies, perceived challenges, and readiness for psychiatric clinical duty. The interview guide was informed by the study objectives, Peplau's Interpersonal Relations Theory, and related literature. Interviews were held in private settings for 20–30 minutes, conducted in Filipino, English, or a combination of both based on participant preference, and facilitated by trained student researchers under faculty supervision. Participants were also informed of the voluntary nature of participation, confidentiality, audio recording, and their right to withdraw at any time without academic consequences.

Data Analysis

All interviews were audio-recorded with participant consent, transcribed verbatim, and checked for accuracy. Responses in Filipino or mixed Filipino-English were retained in their original form during initial coding to preserve meaning, while selected excerpts were translated into English for reporting purposes. A hybrid inductive–deductive qualitative content analysis was used, beginning with repeated reading of transcripts to ensure familiarity, followed by identification of significant statements related to emotional responses, communication experiences, coping strategies, readiness, support needs, and learning reflections. These were coded into meaning units, then organized into categories and developed into themes and subthemes.

Coding was done manually using transcript matrices and coding tables. The research team compared and discussed coding outputs until consensus was reached, with guidance from

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a faculty adviser when necessary. In the deductive phase, final themes were mapped onto Peplau's four interpersonal phases—orientation, identification, exploitation, and resolution—to align findings with the theoretical framework and guide protocol development. An audit trail consisting of transcripts, coding notes, and theme development records was maintained to ensure rigor, dependability, and confirmability of the analysis.

Reflexivity

The researchers acknowledged that their background in nursing education and psychiatric nursing may influence interpretation. To reduce bias, reflexive discussions and notes were maintained throughout the study, and coding and theme development were done collaboratively to ensure findings remained grounded in participants' accounts. Any teacher–student or supervisory relationships were disclosed, and participants were assured that their responses would not affect their academic or clinical standing.

Trustworthiness and Rigor

Trustworthiness was ensured using credibility, dependability, confirmability, and transferability (Lincoln & Guba, 1985). Credibility was supported through verbatim quotations, repeated transcript review, and cross-checking of codes, while dependability was ensured via an audit trail of transcripts, coding tables, and analytic documentation. Confirmability was strengthened through reflexive notes and collaborative coding, and transferability was addressed by providing a clear description of participants, setting, simulation process, and data collection procedures.

Development of the Psychiatric Debriefing Protocol

The psychiatric debriefing protocol was developed through a systematic process beginning with a standardized patient simulation to elicit students' emotional responses, communication patterns, and perceived readiness, followed by key informant interviews exploring their experiences, coping strategies, challenges, and learning needs. Interview data were transcribed verbatim, coded, and grouped into categories that were synthesized into five major themes.

These themes were mapped onto Peplau's four phases of interpersonal relations—orientation, identification, exploitation, and resolution—to align findings with the theoretical framework. Reflective prompts were then derived from each theme and organized into a structured debriefing protocol with guiding questions and expected outcomes for each phase. The finalized protocol is recommended for expert validation and pilot testing prior to implementation.

Ethical Consideration

Ethical approval was obtained from the Bulacan State University Ethics Review Committee. Participants were informed of the study purpose, procedures, risks, benefits, confidentiality measures, and their right to voluntary participation, refusal, or withdrawal without academic consequences, and written informed consent was secured. Confidentiality was maintained through participant codes and secure data storage with restricted access. Considering the psychosis-related simulation, psychological safety was prioritized by orienting participants to the activity, allowing withdrawal or pauses if distress occurred, providing debrief and access to support services when needed, and conducting interviews in private settings to ensure comfort and minimize coercion.

Results and Discussion

The five themes were used both as descriptive findings and as developmental inputs for the psychiatric debriefing protocol. Each theme was analyzed in relation to Peplau's

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interpersonal phases and translated into debriefing objectives, reflective prompts, and expected learning outcomes.

The analysis identified five major themes with corresponding subthemes that reflected students' emotional responses, communication experiences, readiness, support needs, and reflective learning following the psychosis simulation. These themes and subthemes are presented in Table 1.

Table 1. Emergent Themes and Subthemes from Nursing Students' Experiences Following Psychosis Simulation

Themes	Subthemes
Facing the Unknown: Emotional Vulnerability and Inner Adjustment in Psychiatric Exposure	Anticipatory Emotional Ambivalence in Managing Psychiatric Patients: Anxiety, Eagerness to Learn, and Low Self-Confidence
	Emotional Self-Regulation and Control
	Emotional Vulnerability and Perceived Clinical Risk
Finding the Therapeutic Voice: Growth in Communication, Empathy, and Professional Identity	Building Trust and Rapport
	Role Clarity and Competence
Bridging Theory and Reality: Readiness, Boundaries, and Clinical Confidence	Clinical Preparedness and Skill Development
	Emotional and Professional Regulation
Strength in Connection: Support Systems as Anchors of Learning and Resilience	Structured Debriefing and Instructor Support
	Collaborative and Experiential Peer Learning
From Simulation to Transformation: Experiential Learning as a Catalyst for Insight and Professional Growth	Integration of Knowledge, Emotion, and Professionalism

Phase 1: Orientation

Facing the Unknown: Emotional Vulnerability and Inner Adjustment in Psychiatric Exposure

The findings showed that students experienced fear, uncertainty, and emotional discomfort before their psychiatric exposure. These reactions were mainly influenced by unfamiliarity with the clinical setting and concerns about patient behavior. One informant stated, *"Noong una, ang naiisip ko ay baka nananakit ang mga pasyente"* (F5) (At first, I was thinking the patients might hurt someone). Another informant expressed, *"Mas lamang yung takot ko kasi hindi mo ine-expect kung ano yung mangyayari"* (G9 to 11) (My fear was greater because you do not know what will happen).

Some students also questioned their ability to manage patients, as reflected in the statement, *"Hindi ko alam kung kaya ko bang i-handle yung mga patients na ganoon"* (J3) (I do not know if I can handle those kinds of patients). These responses indicate that students initially feel unprepared and unsure of their capabilities in a psychiatric setting.

These findings reflect students' uncertainty and self-doubt before their first psychiatric exposure, consistent with previous reports that novice nursing students experience anxiety due to unfamiliar clinical environments and fear of making mistakes (Flynn et al., 2025). Guided

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by Peplau's orientation phase, the proposed debriefing protocol begins with reflective prompts that help students express emotional responses, challenge misconceptions about psychiatric patients, and enhance readiness for therapeutic engagement.

Phase 2: Identification

Finding the Therapeutic Voice: Growth in Communication, Empathy, and Professional Identity

The informants emphasized the importance of communication and understanding in dealing with psychiatric patients. One informant shared, *"Kapag naiintindihan mo sila, mas nagiging madali ang komunikasyon"* (E23) (When you understand them, communication becomes easier). Another stated, *"Foundation ang communication"* (H52) (Communication is the foundation).

Nursing students also recognized the need to be careful in both speech and behavior. This was shown in the statement, *"Dapat proper yung way ng pakikipag-usap"* (H54) (The way of communicating should be proper), and *"Pati sa mga galaw mo"* (H28) (Even your actions must be careful). These responses reflect an increasing awareness of how communication affects patient interaction.

These findings demonstrate students' growing recognition of therapeutic communication, empathy, and professional responsibility in psychiatric nursing. Similar findings have identified communication as essential for developing rapport and therapeutic relationships (Jones et al., 2017; Mersha et al., 2023). Consistent with Peplau's identification phase, the protocol incorporates guided reflection on communication, empathy, and the development of the therapeutic nurse role.

Phase 3: Exploitation

Bridging Theory and Reality: Readiness, Boundaries, and Clinical Confidence

Nursing students experienced difficulty applying theoretical knowledge to simulated psychiatric situations. This was evident in their struggle to manage emotions while maintaining professionalism. One informant stated, *"Halimbawa, kapag masyado na akong naaawa o masyado nang involved emotionally"* (F41) (For example, when I become too emotionally involved).

There were also concerns about making mistakes that could affect patients. This was expressed in the statement, *"Baka mamaya meron akong magawa na makapag trigger doon sa patient"* (J12) (I might do something that could trigger the patient). These responses show that students are cautious but still uncertain in handling real situations.

These findings highlight the challenge of translating theoretical knowledge into clinical practice while maintaining emotional regulation and professional boundaries. Consistent with Cantrell (2008), structured debriefing helps transform these challenges into meaningful learning experiences that build competence and confidence. Anchored in Peplau's working (exploitation) phase, the protocol emphasizes emotional regulation, professional boundaries, and confident application of psychiatric nursing knowledge.

Phase 4: Resolution

Strength in Connection: Support Systems as Anchors of Learning and Resilience

The study found that student nurses relied on their peers and instructors for support in preparation for their initial psychiatric clinical duty following psychosis simulation. One informant stated, *"Matututo ka rin sa mga kasamahan mo"* (P47) (You can also learn from your companions). Another participant shared, *"Magtanong tanong sa ibang nakapag duty na… matututunan mo"* (H47 to 48) (Ask those who have experienced duty because you can learn from them).

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Nursing students also mentioned seeking emotional support from others, as seen in the statement, *"Kumakausap sa friends"* (H35) (I talk to my friends). These responses show that students do not rely solely on themselves but also on the people around them.

The findings emphasize the importance of peer and instructor support in helping students cope with anxiety and prepare for psychiatric duty. Similar studies have shown that simulation and collaborative learning strengthen students' confidence and readiness (Yun & Kang, 2024). Reflecting Peplau's working phase, the protocol includes peer sharing and instructor-guided debriefing to reinforce coping, learning, and professional growth.

From Simulation to Transformation: Experiential Learning as a Catalyst for Insight and Professional Growth

The informants recognized the value of simulation in preparing them for their initial psychiatric clinical duty following psychosis simulation. One informant stated, *"Malaking tulong ang simulation… natutunan ko ang mga pagkakamali na magagamit ko sa actual psychiatric duty"* (E30 to 31) (The simulation helped a lot because I learned from my mistakes and can apply them in actual duty).

Students also became more aware of their strengths and weaknesses. This was shown in the statements, *"Aware ako kung gaano ako ka hindi prepared ngayon"* (H59) (I became aware of how unprepared I am) and *"Mas naging aware ako sa shortcomings ko"* (H61) (I became more aware of my shortcomings).

Students viewed psychosis simulation as an opportunity to recognize their strengths, identify learning needs, and connect classroom knowledge with future clinical practice. Similar benefits have been reported in previous mental health simulation studies (Fawaz et al., 2024; Olasoji et al., 2023). Consistent with Peplau's resolution phase, the proposed protocol concludes with structured reflection, self-evaluation, and action planning to consolidate learning and strengthen readiness for psychiatric clinical duty (Fowler, 2021; Terry et al., 2025; Yun & Kang, 2024).

Proposed Peplau-Based Psychiatric Debriefing Protocol

The proposed Peplau-Based Psychiatric Debriefing Protocol for Nursing Students was developed to provide clinical instructors with a structured guide for debriefing third-year nursing students after standardized patient simulation and before their initial psychiatric clinical duty. Anchored on Peplau's Interpersonal Relations Theory, it is organized according to the four phases: orientation, identification, exploitation, and resolution—wherein each phase is aligned with study-generated themes and translated into debriefing objectives, facilitator prompts, expected outcomes, and evaluation indicators. The protocol aims to help students process emotional responses, strengthen therapeutic communication, integrate theory with practice, recognize professional boundaries, and prepare a personal readiness plan for psychiatric clinical duty.

The protocol is intended for third-year nursing students with no prior psychiatric clinical experience and is facilitated by psychiatric nursing faculty, clinical instructors, or trained debriefing facilitators. It is conducted immediately after simulation and before clinical duty, with a duration of 30–45 minutes and a group size of 5–10 students. Delivery is through guided group debriefing with optional written reflection, ensuring psychological safety, confidentiality, and nonjudgmental sharing of experiences. Evaluation is based on a facilitator checklist covering emotional expression, coping strategies, communication skills, theory application, boundary awareness, and readiness indicators. Developed from qualitative findings, the protocol is recommended for expert validation and pilot testing prior to implementation. A detailed presentation of the Proposed Peplau-Based Psychiatric Debriefing Protocol for Nursing Students is provided in Table 2.

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Table 2. Proposed Peplau-Based Psychiatric Debriefing Protocol for Nursing Students

Protocol Element	Description
Protocol title	Peplau-Based Psychiatric Debriefing Protocol for Nursing Students
Purpose	To guide clinical instructors in facilitating reflective debriefing that helps nursing students process emotions, strengthen therapeutic communication, connect theory with psychiatric nursing practice, identify professional boundaries, and prepare for initial psychiatric clinical duty.
Target users	Third-year nursing students scheduled for initial psychiatric clinical duty, especially those without prior direct psychiatric patient care experience.
Facilitator	Psychiatric nursing faculty member, clinical instructor, or trained simulation/debriefing facilitator.
Timing	Conducted immediately after standardized patient simulation and before initial psychiatric clinical duty.
Recommended duration	30–45 minutes.
Recommended group size	5–10 students per debriefing group.
Mode of delivery	Guided group debriefing with optional individual written reflection.
Facilitator guidelines	Establish psychological safety, maintain confidentiality, encourage nonjudgmental reflection, allow both positive and negative experiences to be shared, recognize emotional responses, and provide reassurance when needed.
Theoretical anchor	Peplau's Interpersonal Relations Theory, specifically the phases of orientation, identification, exploitation, and resolution.
Evaluation method	Facilitator feedback checklist documenting whether students expressed emotions, reflected on coping strategies, discussed therapeutic communication, connected theory to practice, identified boundaries, recognized support systems, and demonstrated readiness insights.
Validation process	The protocol was developed from qualitative findings and is recommended for expert validation and pilot testing before full implementation.

The phase-based procedure of the protocol is presented in Table 3, showing how each theme was mapped onto Peplau's phases and translated into debriefing objectives, procedures, reflective prompts, expected outcomes, and evaluation indicators.

Table 3. Phase-Based Debriefing Procedure and Reflective Prompts

Peplau Phase	Related Theme	Reflective Prompts	Evaluation Indicators
Phase 1: Orientation	Facing the Unknown: Emotional Vulnerability and Inner Adjustment in Psychiatric Exposure	"What emotions did you feel before or during the simulation?" "What initial fears or expectations did you have about psychiatric patients?" "What situations made you feel anxious or uncertain?" "How did you try to manage these emotions?"	Students openly express fear, anxiety, uncertainty, or expectations related to psychiatric exposure. Students identify coping strategies used during simulation.
Phase 2: Identification	Finding the Therapeutic Voice: Growth in Communication, Empathy, and Professional Identity	"What communication strategies did you use?" "How did you attempt to build trust and rapport?" "What did you learn about empathy?" "What did you learn about your role as a future psychiatric nurse?"	Students discuss communication experiences, demonstrate awareness of empathy, and identify the importance of trust and rapport.
Phase 3: Exploitation	Bridging Theory and Reality: Readiness,	"What nursing knowledge helped you during the simulation?" "When did you feel	Students connect theory with practice, reflect on preparedness,

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Peplau Phase	Related Theme	Reflective Prompts	Evaluation Indicators
	Boundaries, and Clinical Confidence	prepared?" "When did you feel inadequately prepared?" "How would you maintain professional boundaries with psychiatric patients?" "What skills do you still need to improve?"	and discuss strategies for emotional regulation and professional boundaries.
Phase 4: Resolution	Strength in Connection: Support Systems as Anchors of Learning and Resilience; From Simulation to Transformation: Experiential Learning as a Catalyst for Professional Growth	"What are the most important lessons you learned from the simulation?" "How did peers or instructors help you process the experience?" "What support do you need before psychiatric duty?" "What will you do differently during actual psychiatric clinical duty?"	Students recognize peer and instructor support, demonstrate professional growth, and identify specific actions for future psychiatric practice.

The facilitator feedback checklist may be used after each debriefing session to document whether students demonstrated the intended outcomes of the protocol. The checklist includes indicators related to emotional expression, coping reflection, therapeutic communication, empathy, rapport-building, theory-practice connection, preparedness, professional boundaries, support systems, and professional growth. Since the protocol was developed from qualitative findings and has not yet been tested for effectiveness, future research should conduct expert validation and pilot implementation to determine its acceptability, feasibility, and impact on students' readiness, confidence, and emotional preparedness. The full facilitator feedback checklist is provided in Supplementary Table S4, and a detailed presentation of the Phase-Based Debriefing Procedure and Reflective Prompts is presented in Supplementary Table S5.

Limitations of the Study

This study was limited to 20 third-year nursing students from one university, which may limit transferability. The findings were based on students' responses after simulation and may not fully represent experiences during actual psychiatric clinical exposure. The proposed protocol was developed from qualitative findings but was not yet subjected to expert validation or pilot testing. Future studies should validate the protocol with psychiatric nursing experts and evaluate its effects on anxiety, communication confidence, readiness, and reflective learning outcomes.

Conclusion

This study developed a psychiatric debriefing protocol for third-year nursing students anchored on Peplau's Interpersonal Relations Theory. Grounded in students' experiences during psychosis simulation, the protocol provides a structured, phase-based framework to facilitate reflection, strengthen emotional preparedness, enhance therapeutic communication, and support readiness for initial psychiatric clinical duty. By translating students' learning experiences into guided debriefing activities, the protocol offers a practical resource for nursing educators to promote reflective learning and clinical preparedness. Although the protocol presents a theory-informed approach to psychiatric debriefing, further expert validation and pilot testing are recommended to establish its acceptability, feasibility, appropriateness, and readiness for implementation in nursing education.sss

Recommendation

Based on the findings of this study, nursing institutions are encouraged to consider implementing the developed psychiatric debriefing protocol before and after psychiatric clinical duty to promote structured reflection, emotional preparedness, therapeutic communication, and clinical readiness among third-year nursing students. Nursing schools may further strengthen students' preparation through comprehensive orientation programs that

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incorporate seminars, psychosis simulation, and case discussions to enhance understanding of psychiatric conditions and therapeutic care. Clinical instructors and nursing educators are likewise encouraged to provide continuous emotional and academic support through guided debriefing, reflective activities, and peer-supported learning to foster students' confidence and professional development. Nursing students are also encouraged to actively engage in self-directed learning, reflective practice, and simulation-based activities while seeking guidance from instructors and peers to strengthen both their academic and emotional preparedness for psychiatric clinical practice. Finally, future researchers are recommended to conduct expert validation and pilot testing of the developed protocol and evaluate its acceptability, feasibility, appropriateness, and effectiveness across different nursing schools and clinical settings to further establish its applicability in nursing education.

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