

MENTAL HEALTH EDUCATION: *TEACHING PSYCHIATRIC NURSING STUDENTS THROUGH EXPERIENTIAL LEARNING*

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Abstract

Nursing programs are continually trying new approaches for enhancing the competence of their graduates. One such approach that gained popularity is experiential learning. The project reported in this paper was a learning assignment for undergraduate psychiatric-mental health nursing practical

course carried out by a team of six students. The project serves as an exemplar for a couple of community mini-mental health promotion projects implemented by students. The purpose of the exercise was to engage students in an activity that would equip them with the skill of developing and administering a mental health promotion program. Following needs assessment, a mini-mental health promotion project on promoting self-esteem and generalized self-efficacy was developed and administered to 30 students. The exercise could enhance learning and transfer of learning to the work place upon graduation. The program also helped nursing students to appreciate the mental health promotion role of nurses in the community.

Keywords: mental health education, teaching, psychiatric nursing students, experiential learning

Introduction

Nursing education programs strive to develop practitioners who will be competent to meet the demands of work upon graduation. At the same time societies are increasingly demanding that nursing education programs produce graduates who are ready to demonstrate the value of their education on the first day of their work. In countries such as Botswana, this is often a challenge because of reasons such as the need to prepare a practitioner who will be able to provide care in a variety of setting including the community and clinical area rather than a specialized nurse who may not be able to attend to diverse needs of the population. Another challenge in such environments is limited staffing at both educational and client care setting which limits meaningful coaching and mentorship for nursing students. Faced with the foregoing challenges, nursing programs are continually trying new approaches for enhancing the competence of their program graduates. One such approach that has gained attention in literature both in nursing (Smith, Emmett, & Woods, 2008) and in fields such as business and environmental health is experiential learning.

The exercise reported in this paper was a psychiatric-mental health nursing course assignment for level four students who were working in learning teams of 6-7 students. The nursing students, who will be referred to as the learning team or learners in order to contrast them with junior high school students who were program participants, were assigned to develop and administer a mini-mental health promotion program for a deserving community. Health promotion has been defined as the process of empowering people to have control over their lives for the improvement of their health (WHO, 1986) while mental health has been defined as a means by which individuals and groups can enhance their competence self-esteem, and sense of well-being (Sartorius, 1998). Mental health promotion for the exercise reported here was therefore defined as the empowerment of individuals and groups to enable them to have control over their lives for the improvement of their sense of well-being, general health status, and psycho-social functioning.

The paper starts with a brief literature review on experiential learning as a concept which is followed by justification for selecting junior high school for the project and for focusing on self-esteem and self-efficacy. A brief background about the context of the exercise is also provided; after which is a detailed description of the process or how the project was accomplished. Lastly, limitations of the project and recommendations for future work are discussed.

Experiential Learning

Experiential learning has been defined as a process in which people, individually or with others, engage in direct encounter with what they are learning, purposefully reflect upon, validate, and give personal meaning to the phenomenon (Maudsley & Strivens, 2000). Experiential learning has also been described as a learning process that capitalizes on integrating quality experience and meaningful reflection (Fowler, 2008). When used with small groups of students, experiential learning can foster critical thinking as learners encounter multiple interpretations of the same stimulus pattern (Maudsley & Strivens, 2000). Experiential learning requires that the learner be internally motivated so that he or she can meaningfully reflect on the experience and derive meaning out of it. The role of the teacher is that of external motivator who provides real or vicarious experience, prompts questions that enhance or stimulate the learner's reflection on the experience (Fowler, 2008) and provides guidance through the learning process (Schellhase, 2006). Another important role of the teacher in experiential learning is providing feedback that facilitates action and evaluation of the consequences of the action (Schellhase, 2006). Presenting the learner with the experience of what is learned enhances holistic learning as the intellect, feelings, and senses are all brought to play thus setting a foundation for valuing (Andresen, Boud, & Cohen, 1995). Being a practice discipline, nursing can benefit from employing experiential learning in the education of its practitioners in order to ease integration of theory and practice.

The Significance of Mental Health promotion Among Junior High School Students

High school students were found to be the ideal group for the project. Young people aged 10-24 years constitute more than 30% of the population in Botswana and the majority of them are in schools. Schools can therefore play an important role in helping young people to establish life-long healthy lifestyles. However, evidence suggests that unhealthy lifestyles are common among Botswana school going youth.

A survey in Botswana revealed that early sexual experience with 41% of males and 15% of females aged 15-16 years have experienced sexual intercourse and that many girls dropped out of school due to pregnancy after being sweet talked into sex by older men (Meekers & Ahmed, 2000). A 2005 school-based survey revealed that 26.9% of males and 10.3% of females aged 13-15 years have had sexual intercourse, and that of those, 15.5% of boys and 5.8% of girls had two or more sexual partners; 24% of males and 17.4% of females reported drinking to the point of being drunk at least once (WHO and CDC, 2005). It has also been found that although some Botswana young girls enjoyed equal partnerships with their older male partners, some were coerced and manipulated and found it difficult to negotiate safer sexual behaviours (Nkosana & Rosenthal, 2007).

A survey on early initiation of smoking among in-school adolescents covering seven African countries including Botswana revealed that 15.5% of boys and girls aged 13-15 years had initiated smoking with the rates being higher for boys (20.1%) than females (10.9%). Close to 31% of the young people had initiated smoking at age seven years or younger. Overall, 10.2% of the survey participants were current smokers (12.9% of boys and 7.5% of females). Initiation of smoking at age younger than 14 years was associated with alcohol use, drug use, mental distress, unintentional injuries, violence, and sexual experience (Peltzer, 2011).

Botswana National Policy on Mental Health pronounces mental wellbeing as integral part of health and describes it as a condition whereby individual feel satisfied with themselves, their roles in life, and their relationships with others (Ministry of Health, 2006). The National

School Health Policy and Procedures Manual underscores the importance of physical and mental health in the learner's performance and sees learning as the responsibility of multiple stakeholders including learners themselves, teachers, health workers, and parents (Ministry of Health, 2006). With this background, the learning assignment was focused on the promotion of mental health for a group of students at a junior high school within easy reach of the university.

Self-esteem and Self-efficacy for Junior High School Students

The areas selected for a mini-mental health promotion project were self-esteem and generalized self-efficacy. Judge, Locke and Durham (1997) identified four traits which they argued, constitute core self-evaluations; and that such traits meet three criteria of evaluation-focus, fundamentality, and breadth of scope. Self-esteem was listed first because it was seen to be the most fundamental in that it represents the overall value a person places on oneself. Generalized self-efficacy was listed second to self-esteem as it estimated one's fundamental ability in coping, performing, and being successful (Judge, et al. 1997). The remaining two core self-evaluation traits were internal locus of control and emotional stability. Self-esteem and generalized self-efficacy were therefore selected for a mental health promotion project for junior high school students. Self-esteem has been defined as a self-assigned degree of worthiness as expressed in the attitudes that one holds toward himself or herself in different roles and domains of life (Mann, Hosman, Schaalma & Vries, 2004). Self-efficacy is an expectation that one can successfully perform behaviour and this is usually influenced by one's past experiences and attribution of success to chance or skill (Sherer & Adams, 1983). Clemes and Bean (1990) found that self-esteem and self-efficacy were some of the most important factors influencing school success. Self-esteem is a powerful inner influence that provides an inner guiding mechanism and that steers and nurtures the individual throughout his or her life course; and that is therefore an influential factor in both physical and mental health (Mann, et al. 2004).

Students high in self-esteem have been seen to be comfortable working with others, to make friends easily, and to be comfortable with own opinion while those with low self-esteem tend to keep to themselves, to have difficulty making friends, to be easily influenced, and to keep their frustrations and fears to themselves (Sims, 1997).

In a study on adolescents in New Zealand, self-esteem predicted linear trends in reports of problem eating, suicidal ideation and health compromising behaviors. However, participants' reports of early sexual activity and substance use were not related to self-esteem (McGee & William, 2000). In another study conducted in Australia among sexually active 18-year old males and females, males had higher levels of self-esteem and more confident in their ability to assert their sexual needs than females, but had low confidence in their ability to resist sexual demand. Confidence in the ability to resist sexual demand was the sole predictor of safer sexual behavior with a casual partner (Rosenthal, Moore & Flynn, 2006). A review of studies on health efficacy and health behaviours revealed that self-efficacy can be enhanced and that its enhancement is associated with subsequent change in behaviour (Stretcher, 1986).

The Project's Context

Psychiatric-Mental Health Nursing Practicum is a core course done by level four nursing students in the community and in-patient settings. Practical are a premium and students' placement experience is in the community and inpatient setting. The course emphasises the development and utilisation of knowledge and skills necessary for nurses in working with

individuals, families and communities within the primary health care context. The focus is on a therapeutic process that integrates theory and practice. The students are exposed to real-life client scenarios that stimulate critical thinking skills necessary for an effective mental health nursing practice. The learning-teaching philosophy embraces active learning to facilitate internalisation of content (Hoke & Robbins, 2005) and to cultivate an ethic of responsibility. The exercise reported in this paper was an assignment for a team of six students. Students, who will be referred to as the learning team or learners in order to contrast them with junior high school students who were program participants, were assigned to develop and administer a mini-mental health promotion program for a deserving community. This project serves as an exemplar for a couple of community mini-mental health promotion projects that different groups of students implemented in the communities. Health promotion has been defined as the process of empowering people to have control over their lives for the improvement of their health (WHO, 1986) while mental health has been defined as a means by which individuals and groups can enhance their competence self-esteem, and sense of well-being (Sartorius, 1998). Mental health promotion for the exercise reported here was therefore defined as the empowerment of individuals and groups to enable them to have control over their lives for the improvement of their sense of well-being, general health status, and psycho-social functioning.

The Project Structure and Process

Purpose of the Exercise

The purpose of the exercise was to engage students in an activity that would equip them with the skill of developing and administering a mental health promotion program. The activity was also expected to earn the students a grade for the course. Specifically students were expected to identify a group in the community and to use a theory of their choice or frame of reference to guide assessment of the group for mental health needs and to select one (1) mental health need or problem and develop and implement a health promotion program to address the identified need.

Grading of the assignment gave credit to a) clarity of the rationale for the program, b) articulation of the groups' mental health needs, c) relevance of the program to the identified need, d) fitness of the plan within existing programs for the clients, e) cultural appropriateness of the strategies/approaches, and f) literature review to support the project.

Needs Assessment

The instrument for data collection consisted of three (3) sections being; Section A; covering demographic variables of age, gender and level of study; Section B consisting of 10-item Likert scale measuring self-esteem adopted from Rosenberg (1965); and Section C consisting of a 10-item Likert scale measuring generalized self-efficacy adopted from Schwarzer (1997).

Examples of self-esteem items were:

"At times I think I am as good as others,"

"I take a positive view of myself,"

"I feel I have much to be proud of."

Examples of generalized self-efficacy scale included

"I can always manage to solve difficult problems if I try hard enough,"

"I am confident that I could deal efficiently with unexpected events,"

"When I am confronted with a problem, I can usually find several solutions."

Response options for both scales were “3” for agreement with the statements presented, “2,” for unsure, and “1” for disagree. The highest and lowest possible scores were 30 and 10, respectively. The two scales have been used in several studies and have demonstrated high reliability. Simple random sampling was used to select 30 participants from a pool of 92 students. The students were also serving as peer counselors. The students were removed from others and taken to an exclusive space where they were given detailed briefing about the exercise. Verbal consent was obtained from individual participant and none of the students declined from responding to the tool. The tool was self-administered in the presence of the assessors/learners conducting the needs assessment who provided clarification where necessary.

Data analysis

Simple frequencies were run for both the demographic variables and the participants’ responses to individual items in each of the two scales. This was meant for learners to identify specific areas where students needed assistance so that the results could inform the project objectives and content. Furthermore, the sample was too small for analyses such as scales’ reliability and correlations. Findings were presented in graphs to aid examination of individual items.

Findings

A total of 30 Form 1 students were interviewed; 40% males and 60% females. The mean age of participants was 13 years and the age range was 12 to 16 years. Because of the low number of respondents and some missing data, the reliability of the scales was not assessed. Analysis focused on participants’ responses to individual items rather than on the total score. Participants’ response to individual items was considered important for informing the mental health education content.

In their response to self-esteem questions, the majority of participants were not sure of their stand, with 50% of them responding “not sure,” 42% “agree” and 8% “disagree.” For example; 60% indicated that they ‘neither agreed nor disagreed to being proud of themselves, to being satisfied with themselves and feeling good when around others. A similar pattern was observed in their response to generalized self-efficacy items with 55% of the participants responding “not sure,” 38% “agree” and 7% “disagree.” For instance, 77% were not sure that they could trust their coping abilities when faced with tough situations and 73% were not sure if they could find solutions to all problems. Most reported that they would avoid a challenging situation by withdrawing, keeping themselves busy or escaping. The mean scores were 23.6 and 22,7 on self-esteem and self-efficacy, respectively and those appeared high only because of the value labels assigned to the response options as for instance, “unsure” was scored “2,” while “agree” and “disagree” were scored “3” and “1,” respectively.

In summary, the participants were uncertain of their self-esteem and confidence in their ability to tackle life challenges. In his theory of psychosocial development, Erick Erickson argued that adolescents are in a stage of identity versus role confusion whereby they face new sources of self-consciousness and self-doubt, which can put their self-esteem at risk. Schwarzer (1997) had a similar view when he observed that as adolescents become aware of how much is expected of them in areas such as school performance, they often have feelings of unworthiness. It was also observed that participants who were not sure of their level of self-esteem were also not sure of the level of their self-efficacy as evidenced by their responses to items in both scales. This observation is supported by Bandura’s (1989)

argument that self-efficacy makes a difference in how people feel, think and act; and that low self-efficacy will therefore be associated with low self-esteem. As indicated earlier on, analysis focused on individual items rather than total score, correlations were not performed.

Project Plan and Implementation

The findings of needs analysis were used as a guide for developing an implementation plan. The goal of the project implementation was to promote self-esteem and self-efficacy among the adolescents at a junior high school. Specific objectives were that the participants would: a) demonstrate knowledge on self-esteem and self-efficacy, b) identify the factors that could predispose them to low self-esteem and low self-efficacy, c) identify the consequences of low self-esteem and low self-efficacy on their general well-being and academic performance, and d) identify practical ways of boosting their self-esteem and self-efficacy.

Broad content areas included: a) how to recognize low self-esteem, b) effects of low self-esteem and low self-efficacy, and c) ways of boosting one's self-esteem. Learners developed a lesson plan that showed how they were going to share the work and how much time each would take.

The thrust of the message was that participants needed to be aware of areas in which they were doing well for their well-being and areas in which a change was needed. They also needed to be aware of resources at their disposal that they could tap to improve their well-being. Students were helped to realize that awareness needed to be followed by action and that any time could be a time for one to introspect and change for the better. Discussing causes of low self-esteem was used to show the student learners that as people, they might have gone through a life course that may make them de-value themselves but that each of them had a choice to make a commitment to move forward. The intervention was highly interactive with students being challenged to respond to questions and to ask questions. The implementation was followed by a debriefing session in which learners shared their views and feelings about the whole process and the extent to which its objectives were met.

Teachers' Management of the Learning Process

Teachers emphasized a positive emotional environment characterized by respect for and belief in learners, openness, and encouragement and support for improvement, especially during the preparatory phase. For instance, the teachers presented a welcoming environment for learners to check their understanding of the assignment, reviewed and provided feedback on the tool for needs assessment, and reviewed and provided feedback on the project objectives, the content and the teaching methods. Learners were continuously walked through the process of the mini-project until their work was in a good shape. Andresen, et al. (1995) noted that teachers need to appreciate the influence of the socio-emotive context on learning and make a deliberate effort to provide a supportive environment.

Following the implementation of the project, a debriefing meeting was held with learners to allow them a period of reflection. Each of them was given a chance to share with others how the implementation went on, what was good, what did not go on very well, what they learned, and how such encounters could be improved in the future. The learners' own evaluation of the project was incorporated into the teachers' evaluation. Another area considered was the degree to which team work was exercised. Learners were given an opportunity to dialogue with one another and to reach a consensus on the experience, its value, and how it related to

theory. As it has been argued, experience alone without reflection may not be educative (Andresen, et al. 1995).

Making conclusions about their experience could enhance the learners' success in similar activities in the future. Baker, Jensen, and Kolb (2002) noted that following reflection, each learner pieces his or her thoughts together to come up with abstract concepts about the experience that will serve as a guide for future experiences. There were layers of interactivity for the learners involving learner to learner, learners to teacher, and learners-to project participants and the guidance and counselling teacher who participated in validating the need for the exercise and linking the learners with students or program participants. Learners improvised with what was available when they could not get ideal resources they needed. For instance, a tree shade within the school compound was used for reflection. Learners and the teacher sat on the lawn as there were no chairs. The variability and uncertainty of the real-world situation provided learners with an opportunity to appreciate the messiness of the real-world that they would encounter upon graduation (Gentry, 1990). For instance, lack of ideal meeting space for both project implementation and de-briefing was not an uncommon situation in any service delivery in Botswana.

The learning was learner-directed with each learning team allowed to identify mental health needs of its target population and to make a decision about what area to focus on. Smith, et al. (2008) noted that teachers need to refrain from playing 'expert knowers' and let students direct their learning and derive personal meanings out of the experiences. Operating within a university system that emphasizes grades and defined cut-off dates for tests and assignments, learners were given the assignments well in time so that there would be time for them to draft, revise and re-do their work until the desired competencies were met. There was therefore flexibility and accommodation of each learning team's or learner's needs because of the recognition that learning hand-outs that do not actively engage learners in their own learning may not really help people to grow as well-balanced individuals with a good potential to face work life and life in general with a sense of responsibility and appreciation. Learners' experiences interacting with the content was therefore considered more valuable than the grades that classified them into categories. To meet both the institutional and learner needs, ample time and support were given to the learners to interrogate the content and stipulated dates for submission of grades were honoured. Although grades could determine where each learner stood, the impact of the experiences that learners went through was not easy to measure; and could only be felt by individual learner.

The responsibility of identification of the community and the actual health promotion program was left with the learners as a deliberate effort to foster development of team decision making and problem solving skills. What was learnt could later be transferred to similar situations upon the team's graduation. It was the requirement of the assignment that the mini-program be informed by a needs assessment. The need assessment was meant to expose the students to the fact that nursing intervention does not occur in a vacuum; that rather, such interventions are based on clients' needs. The second goal that needs assessment fulfilled was providing students with practical work with some basic research concepts that they had learned at level three of their program. For instance, students went through a literature review to come up with definitions of concepts they were working with and how such had been measured, developed a data collection tool for needs assessment, administered the tool, analysed the data and presented the findings in tables and graphs, and came up with conclusions that informed learning objectives for a program that they developed.

On evaluation of the exercise, the students appreciated the experience and what they learned out of it. The tasks that they had engaged in, such as development of the needs assessment data collection tool, data analysis and presentation of the findings in graphs had challenged both their intellect and creativity. Students also appreciated learning that nursing interventions are not a one-size-fits-all for all clients even if the problems being targeted may be similar; but rather interventions need to be informed by specific needs of a given client population at a given time.

The task of developing client-centered project objectives proved to be an area that may seem easy but quite challenging in executing. The mini-project also presented a practical demonstration of the concept of multi-sectoral approach in the primary health care movement; the inter-care between health and education became clearer than it was at the classroom level. Literature review of self-esteem and self-efficacy and its contextual application to the project helped them to appreciate the complementary roles of teachers and nurses in children's growth and development. They were able to appreciate the need for empowering young people by helping them to believe in themselves so they could be in a better position to face the responsibilities and challenges at different stages of the life course.

Limitations of the Exercise

Rather than following experiential learning in its pure form as has been discussed in the literature, the project reported here limited itself to concrete experience and reflection (Baker, Jensen, & Kolb, 2002) as those principles were applied in the course. It has been noted that there are several applications of experiential learning, one of which is field courses (Oxendine, Robinson, & Willson, 2004) as was the case in the exercise reported here. The steps followed in the field work application of experiential learning were introducing learners to the assignment, exposing them to an experience, allowing them to reflect on the experience, and through discussion, allowing them to formulate concepts and hypotheses. Experimentation with the newly formed concepts and further reflection on experimentation (Oxendine, et al. 2004) were left out because of the limited time within which students were expected to be exposed to the experience of working with communities for the promotion of mental health and the experience of working with institutionalized psychiatric patients.

The University of Botswana School of Nursing had not deliberately adopted the experiential learning approach. As such, some other contextual elements of the learning environment may have been incongruent with experiential learning theory. For instance, even though negotiations were done with the high school for students' experiences and availed the guidance teacher to assist the learning team to access the students and to identify their students' mental health promotion needs, no formalized agreement had been made between the university and the high school.

Recommendations

As a way to address the self-esteem issue in secondary schools there is need for teachers to conduct self-esteem classes with students. Use of self enhancement groups is recommended. Topics like challenging negative thoughts, teaching goal setting, identifying success could be given. Noticing, analyzing and celebrating success could help the students to build positive self-perceptions, and can also create a positive emotion. Use of praise, being honest and realistic and also providing opportunities for mastery of experiences can help build self-efficacy among students.

It is evident from literature that building self-esteem empowers individuals. It is recommended that the Guidance and Counseling Departments in high schools strengthen

their efforts to empower students with life skills as this could help combat problems cited in the literature that include early sexual experience and teenage pregnancy, intergenerational sex, and early tobacco and alcohol use. Student peer counselors can lead in the formation of committees that conduct orientation and risk sensitization and prevention programs especially for new students.

The nursing school at the university could strengthen its contribution to promoting mental health of students by developing a fully-fledged experiential learning program in selected schools with which memoranda of agreements have been signed. This could help incorporate experiential learning in budgeting and the public schools could also slot the nursing school in their annual programs.

Conclusion

The project reported here was a partial fulfillment of a psychiatric mental health nursing course requirements. Experiential learning was used to fulfill learning needs and to provide service in the client's natural environment. Experiential learning provides learners with a real world opportunity for service provision under the guidance of both the teacher and the service practitioners. Teachers provided a supporting environment and allowed learners to direct their learning. Literature review guided the selection of a junior high school setting and self-esteem and generalized self-efficacy as ideal topics for mental health promotion. Further, a needs assessment was carried out on 30 students to guide project objectives and content.

The needs assessment revealed that students were not certain about their levels of self-esteem and their ability to tackle life challenges in general. A mini-mental health promotion project focused on promoting self-esteem and generalized self-efficacy to high school students. The project exposed learners facilitating the project to literature on self-esteem and self-efficacy, development of data collection tool, data collection, data analysis, and interaction with participants as they were implementing the project. The experiential learning exercise could enhance learning and the transfer of learning to the work place upon the learners' graduation. It could also help nursing graduate to appreciate the mental health promotion role of nurses in the community. The exercise could also sensitize high school teachers on the importance of attending to high school students' developmental needs.

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References

Andresen, L., Boud, D & Cohen, R. (1995). Experience-based learning. In G. Foley (Ed.). *Understanding adult education and training* (2nd ed.). Sydney: Allen & Unwin, pp. 225-239.

Baker, A. C., Jensen, P.J & Kolb, D.A. (2002). *Conversational Learning: An Approach Approach to Knowledge Creation*. Westport: Quorum.

Bandura, A. (1989). Regulation of cognitive processes through perceived self-efficacy *Developmental Psychology*. 25(5), 729-735.

Clemes, H & Bean, R. (1990). *How to Raise Children's Self-Esteem*. Los Angeles, CA: Price Stern Sloan, Inc.

Fowler, J. (2008). Experiential learning and its facilitation. *Nurse Education Today*, 28, 427-433.

Gentry, J. W. (1990). What is experiential learning? In Gentry, James W (ed.). *The guide to stimulation gaming and experiential learning*, pp. 9-20. New York: Nicholas/GP Publishing.

Hoke, M. M & Robbins, L. K. (2005). The impact of Active Learning on nursing students' clinical success. *Journal of Holistic Nursing*, 23: 348- 355.

Judge, T. A., Locke, E.A & Durham, C.C. (1997). The dispositional causes of job satisfaction. A core evaluations approach. *Research in organizational Behavior*, 19,151-188.

Mann, M.M., Hosman, CM.H., Schaalma, H.P & de Vries, N.K. (2004). Self-esteem in a broad-spectrum approach for mental health promotion. *Health Education Research*, 19(4): 357-372. DOI: 10.1093/her/cyg041.

Maudsley, G & Strivens, J. (2000). Promoting professional knowledge, experiential learning and critical thinking for medical students. *Medical Education*, 34, 535-544.

McGee, R & Williams, S. (2000). Does low self-esteem predict health-compromising behaviours among adolescents? *Journal of Adolescence*, 23, 569-582. doi: 10.1006/jado.2000.0344

Meekers, D & Ahmed, G. (2000). Contemporary patterns of adolescent sexuality in urban Botswana. *Journal of Biosocial Science*, 32(4): 467-485.

Ministry of Health (2006). *Botswana National School Health Policy and Procedure Manual*, Botswana Government Printers, Gaborone, Botswana.

Ministry of Health (2003). *National Policy on Mental Health*. Botswana Government Printers, Gaborone, Botswana.

Nkosana, J. & Rosenthal, D. (2007). The dynamics of intergenerational sexual relationships: the experience of school girls in Botswana. *Sexual Health*, 4(3), 181-187.

Oxendine, C., Robinson, J., & Willson, G. (2004). Experiential learning. In Michael Orey (ed.), *Emerging perspectives on learning, teaching, and technology*. Accessed from http://epltt.coe.uga.edu/index.php?title=Experiential_Learning

Peltzer, K. (2011). Early smoking initiation and associated factors among in-school male and female adolescents in seven African countries. *African Health Sciences*, 1(3), 320- 328.

Rosenberg Self Esteem Scale (1965). Accessed from <http://www.yorku.ca/rokada/psycetest/rosenbrg.pdf>

Rosenthal, D.D., Moore, S & Flynn, I. (2006). Adolescent self-efficacy, self-esteem and sexual risk-taking. *Journal of Community & Applied Social Psychology*, 1(2), 77-88.

Sartorius, N. (1998). Health promotion strategies: Keynote address. *Canadian Journal of Public Health*, 79 (supp.2, 3-5).

Schellhase, K. C. (2006). Kolb's experiential learning theory in athletic training education: a literature review. *Athletic Training Education Journal*, 2(Apr-Dec), 18-27.

Schwarzer, R. (1997). General perceived self-efficacy in 14 cultures. Accessed from: <http://www.yorku.ca/faculty/academic/schwarze/world14.htm>

Sherer, M & Adams, C.H. (1983). Construct Validity of the Self-efficacy scale. *Psychological reports*. 53: 899-902.

Sims, P. (1997). *Awakening Brilliance: How to Inspire Children to Become Successful Learners*. Marietta, GA: Bayhampton Publications.

Smith, L. M., Emmett, H & Woods, M. (2008). Experiential learning driving community based nursing curriculum. *Rural and Remote Health*, 8: 901. Accessed from: <http://www.rrh.org.au>.

Stretcher, V. J., DeVellis, M. B., Becker, M. H & Rosenstock, I. M. (1986). The role of self-efficacy in achieving behavior change. *Health Education & Behavior*, 13(1), 73-92.

World Health Organization (WHO) (1986). Discussion document on the concept and principle of health promotion. *Health Promotion*, 1, 72-76.

World Health Organisation (WHO) and U.S. Centers for Disease Control and Prevention (CDC) (2005). *Global School-Based Student Health Survey: Botswana 2005 Fact Sheet*. Gaborone, Botswana. Accessed from http://www.who.int/chp/gshs/2005_Botswana_Fact_Sheet.pdf