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Title	An integrative review exploring the experiences of service users carrying a diagnosis of personality disorder and student mental health nurses and the time they share together
Type	Article
URL	https://clock.uclan.ac.uk/id/eprint/35498/
DOI	https://doi.org/10.1016/j.nedt.2020.104659
Date	2020
Citation	Jones, Emma, Wright, Karen Margaret and Mckeown, Michael (2020) An integrative review exploring the experiences of service users carrying a diagnosis of personality disorder and student mental health nurses and the time they share together. Nurse Education Today. p. 104659. ISSN 0260-6917
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It is advisable to refer to the publisher's version if you intend to cite from the work.
<https://doi.org/10.1016/j.nedt.2020.104659>

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AN INTEGRATIVE REVIEW EXPLORING THE EXPERIENCES OF SERVICE USERS
CARRYING A DIAGNOSIS OF PERSONALITY DISORDER AND STUDENT MENTAL
HEALTH NURSES AND THE TIME THEY SHARE TOGETHER

ABSTRACT

Objectives: This integrative review provides a collective understanding of the experiences of student mental health nurses and service users carrying a diagnosis of personality disorder and the time they share together.

Design: Published studies about the time service users and students share together were systematically selected in order to integrate their findings in a thematic analysis.

Data sources: Various databases were searched from 1984 until 2020. Specific search terms were used.

Review methods: 37 studies were included in the integrative review. The studies were from peer reviewed nursing, student, psychology and health related journals. A quality appraisal was completed using Walsh and Downe (2006) framework.

Findings: Four themes emerged from a thematic analysis of the integrative review. These were;

1. 'Psychosocial skills'
2. 'Relationships'
3. 'Environment'

With 'Impact of time' as an overarching theme.

Conclusion: A positive environment which considers time and focuses on seeing the person, as an individual can lead to the development of therapeutic relationships; a core element of the Nursing and Midwifery Council standards for nursing registration in the UK (Nursing and Midwifery Council, 2018). Students attempting to build such relationships need to be mindful of service users' and their own attachment experiences and the impact these can have on experiences of transference and countertransference, particularly for service users carrying a

personality disorder diagnosis. It is important for students to be aware of the supportive impact of positive environments and how doing '*everyday stuff*' can make a person feel human despite residing in potentially dehumanising places.

KEYWORDS

Time, service users, students, personality disorder, experiences, relationships, Nursing and Midwifery Council proficiencies

HIGHLIGHTS

- A positive environment which considers time and focuses on seeing the person, can lead to the development of therapeutic relationships; a core element of the Nursing and Midwifery Council standards for nursing registration in the UK.
- Students attempting to build such relationships need to be mindful of service users' and their own attachment experiences and the impact these can have on experiences of transference and countertransference, particularly for service users carrying a personality disorder diagnosis.
- It is important for students to be aware of the supportive impact of positive environments and how doing '*everyday stuff*' can make a person feel human despite residing in potentially dehumanising places.

BACKGROUND

The experience of the '*time*' students and service users share together in mental health services is an area that has not been specifically explored before. Other studies have explored experiences of the '*relationship*' (Aiyegbusi & Kelly, 2015; Hörberg, Brunt, & Axelsson, 2004; Jones & Wright, 2017; Walton & Blossom, 2013) but clearly assume that a relationship exists, and such studies also focus solely on the participants' experiences of the relationship rather than experiences of the wider time together. Students are both the present and future of nursing, and they often have greater contact with service users compared with registered nurses (Jones & Black, 2008; Mukumbang & Adejumo, 2014). They are new and fresh into nursing and may not have developed engrained views that some qualified practitioners have (Bowers, Alexander, Simpson, Ryan, & Carr-Walker, 2007). More importantly service users welcome interactions with students and find their presence facilitative (Morgan & Sanggaran, 1997; Mukumbang & Adejumo, 2014). The temporal nature of helping relationships and the passage of time in certain care settings has hitherto been remarked upon (Chandley, 2000) but not with respect to service users and student encounters. It is therefore important to consider experiences of the *time* service users and students share together.

'Service users', '*patients*', '*clients*', '*refusers*', '*consumers*' or '*survivors*' are all terms used to describe people who may be eligible to access or actually access health care services¹. '*Service users*' is the term we will use throughout this piece for consistency and reflecting current orthodoxy, without necessarily conferring agreement with value. Many service users of mental health services will, as part of their treatment, be given a diagnosis of a mental health problem, however, it is useful to consider mental health problems on a continuum (Boullier & Blair, 2018; DeLisi et al., 2017; Sweeney, Clement, Filson, & Kennedy, 2016).

¹ Nurses will be referred to as such, other practitioners such as occupational therapists, psychologists, therapists, psychiatrists, social workers etc. will be referred to as healthcare practitioners. When considering the key papers; nurses and practitioners grouped together will be referred to as health care practitioners.

Health care practitioners' roles are to work with the person, their strengths and needs rather than focus on a label, which may not tell you very much (Johnston et al., 2018).

Personality disorder is a diagnosis attracting particular criticism, with associated stigma; hence its usefulness has been questioned (Bolton, Lovell, Morgan, & Wood, 2014), being described as the most ambiguous diagnostic category in psychiatry (Benedik & Dobnik, 2014). Conversely, having a diagnosis of personality disorder can be useful for some in enabling access to appropriate services, helpful treatment, or welfare benefits (National Institute for Health and Care Excellence, 2016a, 2016b) or can help explain otherwise inexplicable feelings or responses (Bolton et al., 2014; Gillard, Turner, & Neffgen, 2015). A term is also needed in order for research to be clearly focused and for the evidence base to grow (Claridge & Davis, 2003). However, many argue that creating a formulation is a more useful tool than simple diagnosis (Houghton & Jones, 2016). There are movements, particularly on social media which are anti-diagnosis altogether, viewing the terminology of personality disorder as offensive; such as a community of people who use the hashtag #traumanotpd (also see PD in the bin (2018)). The term '*personality disorder*' can cause service users to be stigmatised and excluded (Eren & Şahin, 2016; National Institute for Mental Health In England, 2003), it can however, go deeper than this, causing trauma or re-traumatisation (Johnston et al., 2018). Indeed, many categories of mental distress, including the diagnosis of personality disorder can be seen as an understandable response to adverse experiences such as trauma (Boullier & Blair, 2018; DeLisi et al., 2017; Sweeney et al., 2016) leading to the development of notions of trauma informed care (Sweeney et al., 2016). Haigh and Benefield (2019) have developed a general theory of human development with wider social appeal, beginning with learning gleaned from relational and democratising tendencies in clinical work with individuals who carry a diagnosis of personality disorder. Indeed, going back to the seminal paper by Main (1957) there has been an interest in the relational challenges of caring for this service user group, yet there is absence of literature on temporal aspects of salient nursing relationships for the following 50 years.

Individuals who are studying to become registered mental health nurses across a variety of different courses in the UK spend substantial amount of their time allocated to clinical placements (Nursing and Midwifery Council, 2018) and, are, indeed, often the most visible and accessible worker to spend face to face time with service users (Jones & Black, 2008). Nursing education across the globe has unique elements, for example in some countries students study a generic nursing programme rather than in specific fields of adult, child, learning disability and mental health (as in the UK) (Palmer, Hutchings, & Leone, 2020). Students doing such courses complete mental health specific placements as part of their generic nursing programme (Happell, Moxham, & Clarke, 2011).

When student nurses are on placement, in any country, they are expected to spend time with service users and support them towards their recovery. In the UK this is part of their completion of proficiencies for registered nurses (Nursing and Midwifery Council, 2018). Annex A of the UK Nursing and Midwifery Council standards is specific for communication and relationship management skills which are congruent to the themes identified in this review.

In the time service users and students spend together they may '*interact*', '*engage*' and develop a '*relationship*'. It is also important to mention here that there may be a presumption made by other studies that every healthcare practitioner or student will develop a therapeutic/ helping relationship with every service user they spend time with, however this may not be the case. The exploration of lived experiences resonates with the lifeworld existentials; spatiality, temporality, relationality and corporality (Van Manen, 1990, 1997), which are congruent with the time shared between people, it is therefore important to recognise these shared experiences.

METHODS

Search strategy

An integrative review was chosen as the focus was across different areas (time, student mental health nurses, service users, and personality disorder) and methodologies. An integrative review utilises a systematic method and thorough search strategy (Noble & Smith, 2018). Gildberg, Elverdam, and Hounsgaard (2010) note analysing findings from a spread of methods can have limitations. However, including diverse methodologies and analysis enables a comprehensive overview of the literature and understanding of the topic area (Haracz, Ryan, Hazelton, & James, 2013; Whitemore & Knafl, 2005). The review followed appropriate principles from Joanna Briggs standards (Lizarondo et al., 2017) and completion of a Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) (Moher, Liberati, Tetzlaff, & Altman, 2009) (Table 4). Medical Subheadings [MeSH] terms were utilised to ensure the search strategy was robust. The notion of '*time*' presented a lexicological challenge in selecting appropriately alike alternative search terms (see table 3). In addition to this, if the focus had been solely on either quantitative or qualitative studies, important and enlightening papers may have been missed, hence an integrative review was appropriate. Publications from peer-reviewed journals were reviewed and a quality appraisal tool was used. Databases searched are included in table 1. Inclusion and exclusion criteria were applied to ensure focus (see table 2). Searching was conducted from 1984 to the present, this date marking the commencement in the UK the so-called Project 2000 initiative which brought nurse education into universities (Le Var, 1997; McKenna, Davis, & Williams, 2020).

Databases searched

Insert table 1 here.

Inclusion and exclusion criteria

Insert table 2 here.

Search terms

Insert table 3 here.

FINDINGS

Search Outcome

The 37 papers selected reviewed and discussed within the integrative review included: 23 qualitative papers with approaches: grounded theory (1), journal analysis (1), phenomenology (5), phenomenology discussion paper (1), interpretative phenomenology (4), content analysis (2), participatory research (1), qualitative-visual study (1) and generic qualitative methodology (7). There were 4 mixed methods, 3 cross sectional studies, 3 survey studies, 2 discussion papers, 1 qualitative review and 1 literature review. There were 15 studies completed in the UK, 5 in Sweden, 3 in South Africa, 4 in America, 3 in Australia, 1 in Canada, 1 in Turkey, 1 in the Netherlands, 2 in Denmark and 2 in Norway. The discussion and literature review papers (4 from the 37) were included in a separate key paper and quality appraisal process to ensure the robustness of the quality appraisal of this review, however they have been included in the discussions of themes as they provide interesting information that is important to review. The studies date from 1996 to 2020 with the majority being published between 2010-2019.

Eighteen of the studies were completed in mental health services (non-secure) not focused on personality disorder. 16 were focused on secure care: 3 of which looked specifically at personality disorder, another 2 papers also had service users with a diagnosis participating or practitioners who were working with service users with a diagnosis of personality disorder. 6 studies involved student nurses. 18 studies interviewed service users. 24 studies explored the

therapeutic relationship either initially or it was identified as a theme. An additional 11 refer to interactions, communication or engagement. Only 1 paper specifically explored time as a concept however this came up in the results of 8 other papers.

Data Analysis

To ensure rigour, the three authors of this paper were involved in the thematic analysis (Braun & Clarke, 2006) of the papers identified by the integrative review. This included a reflexive process throughout, including discussions of inclusion (Jensen & Laurie, 2016).

Study eligibility flow diagram (PRISMA) (Moher et al., 2009)

Insert table 4 here.

Key papers table

Insert table 5 here.

Quality Appraisal

Quality appraisal is a process whereby the methodology, research design and findings from research studies are assessed critically for their quality, clarity and comprehensiveness of reporting (Petticrew & Roberts, 2006). Walsh and Downe (2006) critical appraisal framework, based on a review of available quality frameworks and recognition of the complexities of meta-synthesis, was utilised to review the research studies shortlisted (see table 6). This framework is designed primarily for the critical appraisal of qualitative studies, but is useful as part of an integrative review, being concise, robust, and flexible.

Others have been criticised for being either too lengthy (Sandelowski & Barroso, 2002; Spencer, Ritchie, Lewis, & Dillon, 2003) or lacking in robustness (Critical Appraisal Skills Programme, 2014). It is, however, important to note, that there is no standardised tool free from limitations (Walsh & Downe, 2006).

Each of the papers included in the review were appraised using the Walsh and Downe (2006) summary framework. We chose not to utilise the specific grading criteria (Downe, Simpson, & Trafford, 2007), feeling it was important to apply common sense (Sandelowski & Barroso, 2002) and take caution not to reject studies purely on a grading system (Pawson, 2006). We did, however, make a broad judgement of 'high', 'medium' or 'low' quality. In addition to this, due to the large area reviewed, some studies were discussion papers and quantitative papers and it was important not to dismiss them as their conclusions were of relevance.

Quality appraisal table

Insert table 6 here.

DISCUSSION

In reviewing the key papers, a thematic analysis process identified four distinct but inter-related themes under which the reviewed studies will be discussed.

1. 'Psychosocial skills'
2. 'Relationships'
3. 'Environment'

'Impact of time' (overarching theme connecting 1-3)

Thematic map

Insert table 7 here.

Theme 1: Psychosocial skills

The articles reviewed described a range of psychosocial skills all practitioners and therefore students need to practice. These skills include: maintaining thoughtful professional boundaries, and the development of self-awareness to monitor and manage the impact of countertransference and interpersonal style (Bowen & Mason, 2012; Kurtz & Turner, 2007; Scheick, 2011). Managing the impact of countertransference is of particular importance when supporting service users with a diagnosis of personality disorder (Kurtz & Turner, 2007). A high proportion of service users carrying a personality disorder diagnosis are supported in secure services, as well as local inpatient settings (National Institute for Health and Care Excellence, 2016a, 2016b). Bowen and Mason (2012) and Kurtz and Turner (2007) differentiate skills needed in secure services compared to non-secure services (Cleary, Hunt, Horsfall, & Deacon, 2012), emphasising skills to manage security, such as maintaining boundaries, rather than communication and personal skills, referred to in Cleary et al. (2012) review of acute adult services. However, Ketola and Stein (2013) found that if student nurses developed such listening, communication and self-reflection skills on their placements they were able to be empathic of service users thus enhancing the time spent together, which enabled the students to grow, personally and professionally.

Bowen and Mason (2012), although having a large sample of nurses completing their survey, did not explore the thoughts of service users about the skills needed by practitioners, as is missing from the other studies in this theme. Bowen and Mason (2012) also group '*personality disorder*' with '*psychopathy*' a questionable decision, though they do explore their rationale for this in the background. Kurtz and Turner (2007) further address requisite skills, as compared to Bowen's study, to explore necessary supportive systems in order for practitioners to cope, including coping with reported feelings of vulnerability. This includes good multidisciplinary

working and group supervision utilising a reflective approach. Reflective discussion was recommended in Oostvogels, Bongers, and Willems (2018) study to enhance compassionate behaviour of practitioners working with service users with a personality disorder diagnosis.

Yildiz (2019) highlight students' need for supervision due to their encounter of communication barriers when caring for service users and experiencing the effects of countertransference. Having the skills to manage the impact of various interpersonal dynamics is common across both Kurtz and Turner (2007) and Scheick (2011) papers. Scheick (2011) complex mixed methodological study specifically considers the impact of countertransference in mental health services and how self-awareness and mindfulness are key areas for students to explore. In using a template designed by the author the students' ability to self-monitor countertransference was enhanced and had a positive effect on their learning and thus their practice.

Theme 2: Relationships

The second theme identified was Relationships. Such human relations are made through our communications and interactions with others in our lifeworld (Van Manen, 1997). Building relationships within mental health care, and especially in working with people with a personality disorder diagnosis, is vital. The articles' reviewed considered aspects of relationships such as attachment styles and seeing the person. Aiyegbusi and Kelly (2015) and Evans, Murray, Jellicoe-Jones, and Smith (2012) discuss the importance of practitioners being aware of attachment styles of the service users they are supporting, when building relationships. Aiyegbusi concluded that training should be accessed by practitioners to build resilience and increase awareness of attachment processes, which will enhance understanding of the service user. Indeed, developing an understanding of the service users is also important for student nurses (Johansson & Martensson, 2019). Aiyegbusi integrated a Delphi study with a phenomenological approach with service user and practitioner

participants. Some research phenomenologists would propose that phenomenology should not be part of a mixed method approach which risks detracting from the authentic nature of lived experience (Moran, 2000). However Mayoh and Onwuegbuzie (2015) argue that phenomenological methods work extremely well as a component of mixed methods research. Jenkins and Coffey (2002) also completed a mixed methodology approach highlighting the importance of the therapeutic relationship in often complex situations and how education and preparation should include reference to the value of this relationship. McAllister and McCrae (2017) ask for more emphasis of therapeutic engagement in nurse education. Rask and Brunt (2006) also recommend priority for skills training to promote effective interactions, aligning with theme one.

Bacha, Hanley, and Winter (2019) conclude that services should be focused more upon care rather than power and control. Equally, Evans et al. (2012) and Gildberg et al. (2010) found that being mindful of relationship security including managing risk and maintaining boundaries was significant. Evans et al. (2012) do, nonetheless, discuss the impact of seeing the person and being present when spending time with service users, which is also highlighted by Salzmänn-Erikson, Rydlo, and Wiklund Gustin (2016), Shattell, Starr, and Thomas (2007) and Walsh (1999). Unlike Walsh, Langley and Kloppe (2005) interviewed both service users and practitioners to ensure experiences were gained from both parties involved in the relationship. They highlighted trust as being a foundation for any relationship. Cameron, Kapur, and Campbell (2005) stress the importance of getting to know individuals, in addition to considering countertransference, for optimising therapeutic relationships between service users and nurses, improving interpersonal experiences.

Three of the studies explored student nurses experiences of the therapeutic relationship, including the importance of talking about '*normal stuff*' (Johansson & Martensson, 2019; Jones & Wright, 2017; Looi, Savenstedt, & Engstrom, 2016). It has been noted more broadly that service users often value ordinary talk and interaction (Cleary et al., 2012), and this may even

be associated with distinct therapeutic gains (Lakey & Orehek, 2011). New sociological interest in the mundane materialities of care emphasises the importance of such, often taken for granted, aspects of the everyday, and their impact on relationships (Brownlie & Spandler, 2018; McKeown, 2019). Jones and Wright (2017) found that students' perceptions of building a relationship with service users carrying a personality disorder diagnosis was impacted upon by other practitioners. However, despite other practitioners '*clouding their judgment*', the students saw the importance of seeing the person rather than the diagnosis. The students in Johansson and Martensson (2019) study also saw the value of getting to know the service user to create good relationships, which can only be done by spending time together.

Theme 3: Environment

The impact of the environment on interactions is important within mental health care to ensure service users feel valued and that students and practitioners have the time to spend with service users. In this sense, the environment comprises an amalgam of material and psychosocial attributes, or 'lived space' (spatiality) (Van Manen, 1997). Service users in two focus groups in the Long, Knight, Bradley, and Thomas (2012) study highlighted the importance of hope, engagement in treatment and developing a sense of self-worth as essential to a positive treatment milieu. Shattell, Andes, and Thomas (2008) found that a key environmental element relevant to nurses was the therapeutic relationship, as discussed in theme two, however the service users in the study did not discuss the relationship at all. The service users found that their caring experience was derived from other service users in their environment rather than nurses. Their experiences of the mental health unit were not described to be a '*therapeutic milieu*'; service users felt bored, that their needs were unmet, and the environment was not only ineffective but harmful. These findings align with Mollerhoj and Os Stolan (2018) study, in the theme '*Impact of time*' (below), where service users felt dehumanised. In Horberg, Sjogren, and Dahlberg (2012) study, service users were lacking meaningful relationships and having to adapt to demands of practitioners, viewed as '*non-*

caring', despite a compassionate approach being a central component to the Nursing and Midwifery Council proficiencies for UK nurses (Nursing and Midwifery Council, 2018).

Though the respective caring environments are complex, internationally there are certain common features, spanning US (Shattell et al., 2008) Australia (Cleary & Edwards, 1999), UK (Chandley, 2000; Long et al., 2012; Reavey et al., 2019) and Sweden (Horberg et al., 2012). Cleary and Edwards (1999) found both service users and nurses identified that because nurses are busy, other pressing tasks take time away from relational support. These findings intersect with Chandley (2000) enquiry into the impact of the experience of passage of time in a secure hospital for service users and practitioners; with the time practitioners spend with service users objectified as a commodity. In Looi et al. (2016) and colleagues' Swedish study the provision of nursing care based on therapeutic relationships need not be a challenging task, but it takes place in a complex environment with a propensity to make easy things complicated. Reavey et al. (2019) concludes that by increasing a greater sense of physical movement and liberty there can be improvements in the therapeutic landscape, and thus reversal of any effects of narrowing service users' sense of agency. Environments and activities in these environments should be designed based on mapping of relations and service users' experiences.

Impact of time

Service users emphasise the importance of trust, empathy, understanding of historical experiences, and positive perceptions and interactions in their experiences of care. Bressington, Stewart, Beer, and MacInnes (2011) and Lord, Priest, and McGowan (2016) both refer to the impact a positive social environment can have for service users (Shattell et al., 2008) which ultimately aids in the development of therapeutic relationships (Long et al., 2012) and higher levels of satisfaction of their care. Other factors that enhanced service users' satisfaction were honesty, care and interest from practitioners (MacInnes, Courtney,

Flanagan, Bressington, & Beer, 2014) and a recovery-focused approach that conveyed hope and sense of common humanity by dual sharing of self (Borg & Kristiansen, 2004). In contrast to such approaches, Wright, Haigh, and McKeown (2007) refer to dehumanising factors affecting those carrying a personality disorder diagnosis. This aligns with the experiences of service users in secure services, as explored by Mollerhoj and Os Stolan (2018) who found that service users in secure services specifically, can feel dehumanized and monstrous, and other commentators on secure care have noted practitioners may react in ways that reflect such constructions of the monstrous other (Jacob, Gagnon, & Holmes, 2009). Interestingly Borg and Kristiansen (2004) use the term '*humanity*' as does Walsh (1999). In this context, humanity implies factors such as just being with people, sharing common ground, being human, and respectfully recognising and responding to difference (Rashed, 2019; Wright et al., 2007). The respective authors suggest such basic human concern for service users and associated support and interaction should be at the forefront of any student, nurse/ practitioner and service user encounter, as referred to by Mollerhoj and Os Stolan (2018) and Eldal et al. (2019) who's participants were service users. The service users in Eldal's study stated the impact of being recognised as a person. Walsh interviewed nurses, not service users, limiting full understanding of the encounter as only exploring one side of the relationship.

The service users in Borg and Kristiansen (2004) study discuss developing relationships based on '*common factors*', which is also noted in the theme relationships (Jones & Wright, 2017). Service user participants in the Schafer and Peternelj-Taylor (2003) study offered a multidimensional view of time. The time nurses spent with them was perceived as indicating a measure of their personal value. They also felt time was used by the practitioners to assert their power, mirroring aspects of Chandley (2000) findings regarding temporality. Certainly, Van Manen (1997) offers reflection that the way we experience constraints and demands imposed by time can influence how we feel.

Muller and Poggenpoel (1996) found that interactions with nurses promoted '*good mental health*' in the service users. The majority of the above studies were focused on service users' experience of care from nurses, explored mainly with interviews, with the exception of MacInnes et al. (2014) and Bressington et al. (2011) who completed surveys. Although useful as a research approach, it may be useful to combine surveys with other more qualitative methodologies to allow for an exploration of issues in detail (Munro & Baker, 2007). Particularly when exploring a person's experiences, interviews can enable participants to voice their experiences (Marshall & Rossman, 2011; Peyrovi, Yadavar-Nikraves, Oskouie, & Bertero, 2005).

Mukumbang and Adejumo (2014) explored service users' experiences of being cared for by student nurses, which considered how they identified the students, for example by their badges or if they introduced themselves; and their perceptions of them whether positive or negative because of this. Their experiences varied greatly, though self-introduction was seen as important. Mukumbang and Adejumo (2014) highlight that previous studies exploring interactions between service users and students have focused on the experience of students rather than service users.

CONCLUSIONS

This integrative review highlights that matters of trust, empathy, understanding of historical experiences, positive perceptions and interactions with students and healthcare practitioners are deemed important for all service users, not just those who carry a personality disorder diagnosis. The impact of the environment on those interactions can have both negative and positive implications, especially relational components of the environment. In addition to this, the skills needed for students, in services, including being mindful of professional boundaries, and impact of countertransference and interpersonal style are also evident in the literature.

A positive environment with consideration of time and focus on seeing the person, can lead to the development of therapeutic relationships with service users carrying a diagnosis of personality disorder. Student nurses attempting to build such relationships need to be mindful of service users and their own attachment experiences, as well as the impact these can have on experiences of countertransference. It is important for student nurses and healthcare practitioners to be aware of the supportive impact of positive environments and how doing ‘everyday stuff’ can bolster recognition and identity; making a person feel human in potentially dehumanising places.

This review marshals contributions to knowledge, potentially illuminating of student preparation/ education in appropriate skills. Such impacts are relevant for wider nursing education, particularly given the focus on communication skills and relationship building in the Nursing and Midwifery Council proficiencies in the UK, and thus, this review has broader reach than the specific groups identified (service users carrying a personality disorder diagnosis and student mental health nurses). In addition, the review identifies no papers that have addressed the lived experiences of students and service users and the time they share together on personality disorder units, suggesting an area in need of enquiry. Further research could aid the protection of vulnerable novice practitioners and ultimately improve the experience and outcomes of care for service users.

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