

Article

“They’re Really PD Today” : An Exploration of Mental Health Nursing Students’ Perceptions of Developing a Therapeutic Relationship With Patients With a Diagnosis of Antisocial Personality Disorder

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Abstract

The therapeutic relationship is of particular importance when working with patients with antisocial personality disorder, but despite this, there is a paucity of literature exploring student nurses’ perceptions of developing a therapeutic relationship with such patients. Hence, this qualitative study explored the perceptions of second-year mental health nursing students of developing a therapeutic relationship with this patient group. Student nurses from a University in the Northwest of England participated in two focus groups, to compare the perceptions of a group of student nurses who had experience in secure settings (forensic hospital) with those who had not. Four key themes emerged: *diagnosis, safety, engagement*, and finally *environmental influences*. Both groups commented on looking beyond the diagnosis and seeing the person. The student nurses cited other staff in their clinical placement areas as hugely influential in terms of the development of their perceptions of patients with antisocial personality disorder and how to relate to them.

Keywords

antisocial personality disorder, forensic, nurse education, personality disorder, secure services, student nurses, therapeutic relationship

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Background

Government Policy

The U.K. government has produced a number of documents over the past two decades focusing on the prevention and treatment of personality disorder (Bradley, 2009; Department of Health [DH], 2009; Home Office [HO] & DH, 1999; Mental Health Act, 2007; National Institute for Mental Health in England [NIMHE], 2003; NIMHE & DH, 2003). A core subject in the National Institute for Health and Care (Clinical) Excellence (NICE) guidelines for antisocial personality disorder (ASPD) is the therapeutic relationship and a further pivotal element is adequate training (NICE, 2009a). NIMHE (2003) suggests that prequalifying education for mental health professionals should both facilitate understanding and enhance knowledge and skills for working with individuals with a personality disorder. In addition, this may assist in modifying staff attitudes toward working with patients with a personality disorder (Krawitz, 2004; Shanks, Pfohl, Blum, & Black, 2011).

Personality Disorder

Personality disorders are deeply engrained abnormalities, exaggerations, or maladjustments of personal attributes with enduring characteristics that can impair behavioral and social functioning (Alwin et al., 2006; American Psychiatric Association [APA], 1994, 2013; World Health Organisation [WHO], 1992). ASPD is identified by traits that include irresponsible and exploitive behavior, recklessness, impulsivity, high negative emotionality, and deceitfulness (APA, 2013). It is categorized alongside histrionic, narcissistic, and borderline, in “cluster B” of the personality disorders, which are referred to as the dramatic and erratic cluster of personality disorders (APA, 2013). There are three “clusters” of personality disorders: A, B, and C (APA, 2013); patients with cluster B diagnoses are considered to more commonly present to services (NICE, 2009a, 2009b). ASPD is a complex personality disorder and particularly difficult to diagnose and treat (Fahy, 2012). The diagnosis of ASPD is controversial; Fitzgerald and Demakis (2007) suggest that professionals understand the term, but it is often confused with psychopathy (Anderson, Sellbom, Wygant, Salekin, & Krueger, 2014).

ASPD affects approximately 1% to 6% of the adult general population (Coid, Yang, Tyrer, Roberts, & Ullrich, 2006; Moran, 1999; Robins, Tipp, & Przybeck, 1991). However, as varying tools are used for diagnosis, the accuracy of this percentage is arguable (NIMHE & DH, 2003). Individuals with ASPD are responsible for an excessive amount of social distress, crime, and violence (Kaylor, 1999) and pose a significant burden to society in general by causing distress to others, largely as a result of the crimes they commit and their antisocial behaviors (De Brito & Hodgins, 2009; NICE, 2009a). Patients with an ASPD diagnosis can be particularly challenging to work with (Duggan, 2009; Kaylor, 1999). Nonetheless, this is a mental disorder, and requires clinicians to provide appropriate care and treatment in a nonjudgmental way (NICE, 2009). **IAQ21**

Therapeutic Relationship

There is no doubt that the therapeutic relationship is fundamental to nursing and has been described as the “foundation of nursing” (A. J. O’Brien, 2001; Perraud et al., 2006; Reynolds, 2009; Welch, 2005; Wright, 2010). Peplau’s (1952) fundamental theory of interpersonal relations between the mental health nurse and patient has become the basis of mental health nurses’ practice. However, this relationship can be a challenge in some practice areas where there are variations in the mutuality of the relationship (Wright, 2010), one such setting is a forensic hospital. The therapeutic relationship is of particular importance when working with patients with a personality disorder (Bolton, Lovell, Morgan, & Wood, 2014; Livesley, 2007; NICE, 2009a, 2009b) as there is a strong association between the therapeutic relationship and the outcomes of treatment (Livesley, 2000; Meyer et al., 2002; Wenzel, Jeglic, Levy-Mack, Beck, & Brown, 2008). A supportive and validating relationship is a vital tool for working effectively with people with a personality disorder (Deans & Meocevic, 2006; Livesley, 2007; NICE, 2009a, 2009b; Thomas, 2007). A good, trusting therapeutic relationship is the basis for all treatment of the personality disorders; it can improve adherence and enhance the effectiveness of planned care (Livesley, 2007). However, developing this relationship presents an overwhelming difficulty for patients with ASPD as most do not readily trust others; they regard intimacy as weakness and, conversely, mental health nurses may feel wary of them and unable to trust them (Kaylor, 1999).

Treatment can also be negatively affected by difficulties in establishing and maintaining a therapeutic relationship, as many view patients with personality disorder as having a “tendency to deceive and manipulate others” (Fitzgerald & Demakis, 2007, p. 178) and to “push the limits” (Bender, 2005, p. 73). This then leads to negative evaluations of their relationship with this group of patients (Lingiardi, Filippucci, & Baiocco, 2005).

Lingiardi et al. (2005) found that professionals evaluated the therapeutic relationship with patients with “cluster B” personality disorders as negative (including antisocial) and that the patients were particularly impaired in relation to trust. Lingiardi et al. (2005) concluded that there were complex differences in the therapeutic relationship between the different personality disorders and determined that a relationship with a patient with a “cluster B” diagnosis was a “trickier construct” than other disorders (p. 50). However, Gerstley et al. (1989) support the view that patients with ASPD are capable of forming a meaningful therapeutic relationship with professionals and find that this relationship was significantly associated with positive treatment outcome and improvements in functioning as a consequence; however, more contemporary research is not available.

To date, there has been no research exploring staff or student nurses’ perceptions of developing a therapeutic relationship with patients with ASPD. This is therefore a unique piece of research that explores this considerable gap in the evidence base. The views of student nurses are important to educationalists and senior nurses as it enables opportunities to moderate and change the perceptions of students, thus promoting positive and meaningful relationships. Bowers, Alexander, Simpson, Ryan, and Carr-Walker (2007) believe that by exploring relationships and understanding how feelings are generated and managed in nurse education will have the capacity to inform the training of student nurses. **[AQ3]** This, in turn, enables patients to experience positive attitudes and compassionate care (Francis, 2013). As stated in the Nursing and

Midwifery Council Code of Conduct (2015), it is vital that nurses act considerately and treat people as individuals.

Research Design and Method

The aims of this research were

1. to explore second-year nursing students' perceptions of developing a therapeutic relationship with patients with a diagnosis of ASPD, and
2. to compare the perceptions of students who had experience in forensic services with those who had not.

A qualitative approach was adopted to explore the participants' perceptions. The study was, informed by social constructionism, a theoretical perspective where knowledge is seen on an objective and unbiased observation of the world (Burr, 2003). Social constructionism is interested in the interactions between people and hence is particularly relevant to this study, which aimed to explore the participants' perceptions of relationships, that is, the interactions between people.

The study was presented to a group of second-year mental health nursing students ($n = 56$). Second-year students were identified as being appropriate to participate, as first-year students may not have had an understanding of the general concept of personality disorder (Bowers et al., 2007). The students were provided with study information sheets and consent forms; they had 2 weeks to consider their participation and to ask any questions. Pseudonyms were used to maintain anonymity. Twelve consent forms were returned, and all were invited to the focus groups; 5 had experience and 7 did not; 1 participant with experience did not attend the focus group. Therefore, there were 4 participants in the first group (with experience in forensic settings); their ages ranged from 21 to 37 years. In the second group, there were 7 participants and their ages ranged from 19 to 38. Only 1 participant was male and was in the group without experience; the other 10 participants were female. The students recorded on the consent form whether they had experience within forensic services or not. Those who recorded that they had not, had not had any experience in forensic services. The participants who had experience in forensic services had acquired this experience from placements they had completed in a forensic hospital during their nurse training; their placements were for 9 to 12 weeks. The students received no specific training prior to commencing their placements.

The focus groups were held within the University campus to ensure accessibility and convenience for the participants. A case example and a topic guide were used. The focus groups were digitally recorded and transcribed verbatim by the researcher. Pilot testing was completed with a separate group of students to test the case example and the topic guide. The data from the pilot group were not used in the study.

Questions

1. Do you know what antisocial personality disorder is? How many of you have worked with people with antisocial personality disorder?
 2. What are your initial thoughts about engaging with somebody with the diagnosis of antisocial personality disorder?
 3. Would knowing that a patient had a diagnosis of antisocial personality disorder make any difference to your initial connection and engagement with the patient?
 4. How do you/ would you know that your relationship with a patient with antisocial personality disorder is therapeutic?
 5. What helps you? (or might help you, if you haven't personally worked with antisocial personality disorder patients)
 6. When does it/did it feel like a struggle to maintain a therapeutic relationship with a patient with antisocial personality disorder?
 7. In an ideal world, what conditions and environments would be available to help you engage therapeutically with antisocial personality disorder patients?
 8. How might you maintain a relationship with an antisocial personality disorder patient?
 9. When is mentorship/supervision helpful in this process?
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Ethical Considerations

This research study was approved by the School of Health Ethical Review Panel of the Higher Education Establishment where this research was conducted. It conforms to the provisions of the World Medical Association (2008).

Data Analysis

The transcripts were analyzed using thematic analysis (Braun & Clarke, 2006; Lacey & Luff, 2007). Braun and Clarke (2006) identify five key areas of thematic analysis: familiarization, initial coding, searching for themes, reviewing themes, defining and naming themes, and producing the report. The researcher generated initial codes from the data and subsequently began searching for themes (Braun & Clarke, 2006). Simultaneously, the researcher's supervisor read and reread the data and identified emerging themes prior to a comparison with the primary researcher's impression of the emergent themes. When both came together, there was debate and discussion and the themes were refined; some were expanded and some collapsed. This added to the soundness of the research.

Findings

Four key themes emerged from the two focus groups. These were *diagnosis*, *safety*, *engagement*, and finally *environmental influences*.

Diagnosis

Parts to this theme included the patient's presentation and/or behavior and the perceived reason for this, the patient's history (personal and criminal), and *terminology* of the diagnosis and *individualized care*.

The participants in the first group (with experience) had an idea of what ASPD was and believed they had worked with patients with the diagnosis, compared with the second group (without experience) who had not worked with someone with that diagnosis.

The participants discussed the terminology of the diagnosis of "antisocial" and how this was perceived:

Because of the whole word of antisocial it's like, oh "I daren't speak to them they might knock me out" . . . there's a lot of negative stigma. (Laura, FG1)

and

I think it would make you more wary of them 'cause it sounds quite serious doesn't it, like antisocial, yeah attach stuff to that it's no good. (Aileen, FG2)

The effect of the patient's criminal history and perceived risk were identified as factors for the participants in terms of their judgment. This was true for both groups and therefore not dependant on experience in forensic services:

It's definitely in the back of your mind like, when you go onto a ward . . . for the first time you get the history of people. Rightly they'll give you their risk factors, I think sometimes maybe that's more in front of your mind . . . I know it's for your own personal safety but sometimes it can cloud your judgment because you walk out with your guard up and think "I'll need to be careful here" . . . (Sally, FG1)

Both groups discussed the importance of seeing each patient as individual rather than focusing on their diagnosis;

. . . it wouldn't change how you like viewed them or that, because you have to view them on an individual basis. (Hollie, FG1)

and

. . . like don't get too bogged down with the actual diagnosis. (Paula, FG2)

Safety

The participants in the first group (with experience) talked more about issues such as professional boundaries, compared with the second group that focused more on activities as being important when engaging with patients with personality disorder.

Avoidance was a key term used in both groups, on the part of both the patient and the nurse;

. . . someone withdrawing from you, avoiding you. (Nancy, FG2)

The participants discussed themselves also avoiding the patient if they were struggling to engage. [AQ5]

Each group agreed that mentorship and training was helpful in the process of developing a therapeutic relationship with a patient with ASPD.

Although each group mentioned *boundaries* as important, it was unclear if they specifically knew what boundaries actually were:

. . . everyone always talks about boundaries but boundaries for them and boundaries for us and you stick so you both know always what your role in the whole thing is and what is expected . . . (Sally, FG1)

Engagement

Each group stated they believed it would be difficult to engage with someone with ASPD:

I think it would be difficult and I think it would take a long time to build a therapeutic relationship . . . 'cause of the history and the way they present. But I think it would be rewarding, if you had the time to do that. (Laura, FG1)

Both groups, although identifying that it would be difficult and take time, and that they would need support, remained positive and enthusiastic about aiming to develop a therapeutic relationship with patients with ASPD.

A key point the second focus group discussed throughout was *doing normal stuff* and using activities that would increase the patient's skills:

. . . people don't want to chat about what's going on with them all the time. People just want a normal conversation . . . (Nancy, FG2)

Approach was a key term that was highlighted in both groups. This was not only in terms of approach but also as influencing the participants to try harder to engage with such patients:

. . . I'd be much more wary I think of how I'd phrase things almost to try and get them engaged a bit better. (Sally, FG1)

and

. . . people don't know how to approach them. People don't know, they're frightened of winding them up. (Laura, FG1)

Both groups discussed trust as being important as part of engaging with patients with ASPD:

. . . work together and make things better but we'll start slowly, then they can trust you . . . (Rebecca, FG2)

Environmental Influences

The physical ward environment was identified as a barrier to engaging therapeutically:

In a hospital setting that relationship isn't always that easy. (Rebecca, FG2)

When discussing what an ideal environment would be, the first group identified,

“more homely,” somewhere to “just go and chill out away from everything else.” (Sally, FG1)

The second group talked about an environment that was more natural:

a natural environment that would be at the park, at the shops. (Shaun, FG2)

The second group had a focus on activities as important for engagement; following from this, they talked a lot about the “real world” (Susan & Paula, FG2) and increasing patient skills, rather than being “inside somewhere” (Paula, FG2).

Another part to the environment was considering the attitudes of staff. The participants in both groups were reflexive and questioning about this. For example,

So maybe that's why there's so difficult perceptions come from because nobody ever knew what it was, how to deal with it or anything like that. And now because people are being trained for it, now it's come to the forefront. (Nancy, FG2)

They were aware about the different attitudes of staff when working with patients with a diagnosis of personality disorder:

. . . some patients get treated differently than others. (Hayley, FG1)

Role modeling of other staff members and their attitudes toward such patients were key cultural influences. The participants highlighted the effect that these preconceived ideas may have on them, by clouding their judgment, therefore affecting their willingness to engage:

. . . there's already a negative attitude with staff. So that does rub off on you because you think it must be true and so they say like “watch out for them they've got PD . . . they'll manipulate you” . . . So you're already wary before you've even spoken to that person. (Laura, FG1)

The participants were able to identify the effect that these influences could have and were keen that they aimed to pick up the “good habits” of staff:

So you learn the good and the bad. And hopefully you'd notice the bad rather than pick it up. (Paula, FG2)

and

. . . on placement, you hear personality disorder “that’s difficult, difficult, they’re difficult.” “You don’t want to work with them” . . . now we’ve learnt more about personality disorder so I’m hoping that I won’t be like that when I’m in placement . . . a lot of people have this preconception that people with personality disorder are hard work. (Susan, FG2)

The participants in each group identified some of the pejorative statements they had heard staff say about patients with personality disorder. “They’re really PD today,” was one of the statements particularly disliked by the students as it utilized the abbreviation of personality disorder, “PD,” as a negative characteristic of the individual. Other pejorative statements that they heard included “they’re difficult,” “watch out for them they’ve got PD they’re just, they’ll manipulate you,” “oh so PD,” “oh another PD,” “are you sure you want to go work on there?” “oh my god, you don’t want to go work on there . . . its’ awful, it’s full of PDs,” “you don’t want to work with them,” “I’m not having them,” and “oh they’ve only got personality disorder ’cause they’re hard work.”

Discussion

This study reinforced the perspective of Anderson et al. (2014) regarding the controversial nature of ASPD. There was also an element of confusion evident in this study, with participants in both groups discussing their confusion about the diagnosis that generated the group discussion of the negativity applied to the terminology of “antisocial personality disorder.” The criminal history and the perceived risk were also identified as influencing their judgment. This is similar to findings of previous studies that found that nurses can find it difficult working with patients who have offended (A. D. Jacob & Holmes, 2011; Rose, Peter, Gallop, Angus, & Liaschenko, 2011).

The findings from this study support Rose et al.’s (2011) view that forensic nurses are socialized to view the patients as dangerous, but the student nurses in this study denied that their care would be distanced or impeded as a consequence. Despite concerns about patients’ criminal histories and apparently confusing terminology, both focus groups emphasized the importance of seeing the individual. Wright and Jones (2012) also discuss the importance of this when working with patients with personality disorder, to recognize their individuality rather than their diagnosis and history. The key for enhancing therapeutic relationships is to get to know the whole person (Shattell, Starr, & Thomas, 2007), as the participants in this study discussed. This is especially true in forensic services, where nurses need to see the individual, and consider diagnosis and offences in context (Thorpe, Moorhouse, & Antonello, 2009). A key focus of the NICE guidelines (2009a, 2009b) is person-centered care and the development of an optimistic and trusting relationship, which can only be achieved through individualized care.

ASPD is identified by traits that include irresponsible and exploitive behavior, recklessness, impulsivity, and deceitfulness (APA, 2013). It is likely that patients with ASPD use illicit substances and alcohol, which also increases their risk of violence (NICE, 2009a). As identified in this study, the participants associated patients with ASPD with violence or “acting out.” Students can feel unprepared, unsure of what to say, have a fear of making a situation worse or of making mistakes (Cooke, 1996; Landeen, Byrne, & Brown, 1992). They can feel anxious from having a lack of confidence, lack of skills, or feelings of inadequacy (Kameg, Mitchell, Clochesy,

Howard, & Suresky, 2009; Suikkala & Leino-Kilpi, 2001). It appears that these concerns are exasperated for students working with patients with a diagnosis of ASPD, therefore effecting the development of therapeutic relationships. J. Jacob, Gagnon, and Holmes (2009) argue that working with patients in forensic services can provoke feelings of fear and that this fear affects the therapeutic relationship. Feelings such as fear and consequently avoidance are responses that working with patients with personality disorder evoke in staff and indeed the services in which care is delivered (Evans, 2007). Paradoxically, avoidance was named in this study as a strategy for coping with patients with ASPD. This is an interesting finding as treatment avoidance is common on the part of the patient (NICE, 2009a).

In this study, using avoidance, being wary, and gaining support from their mentors were identified as self-protection methods, that is, ways in which the student nurses kept themselves safe within a perceived environment where the patient with ASPD increased the risk to them as individuals. This is compounded by teams who find difficulty in working with patients with personality disorder (Murphy & McVey, 2010) as avoidance is seen as a key indicator of this. Such protective factors included the maintenance of good professional boundaries, which are vital for working with patients with personality disorder (Murphy & McVey, 2010) but may be set at a default level that seeks to protect the worker (Wright, Haigh, & McKeown, 2007).

In addition to supervision, nurse education was seen as helpful in improving student nurses' perceptions of working with people with ASPD. Training is highlighted by NIMHE (2003) as vital in working with patients with a personality disorder and as key to ensuring that personality disorder services are effective. It has been shown to be effective in improving staffs' attitudes (Krawitz, 2004) and enabling staff to feel more confident to treat patients with personality disorder (Shanks et al., 2011). However, there are major gaps in personality disorder training (Duggan, 2007; Hayward & Moran, 2007), including developing skills with relation to boundary setting. [AQ6] As the students in this study highlighted, it is important to establish agreed professional boundaries while also continuing to promote therapeutic work (A. D. Jacob & Holmes, 2011; Kozar & Andrew, 2007; Peternelj-Taylor & Yonge, 2003). The development of therapeutic relationships can be hindered by the roles given to the nurse, including that of an enforcer of security and safety (Schafer & Peternelj-Taylor, 2003).

In this study, each group believed it would be difficult to engage with someone with ASPD and discussed the need to develop trust, be approachable, and have time to utilize activities to develop relationships. A key point discussed was "doing normal stuff" and using activities that would increase the patient's skills. The therapeutic relationship can have positive effects on treatment (Gerstley et al., 1989; Polascheck & Ross, 2010), and Livesley (2007) argues that it is the basis of care for working with patients with a personality disorder. Services need to ensure that they are able to engage positively with patients to develop therapeutic relationships (Livesley, 2007).

Both groups discussed the importance of having the time to engage and develop the therapeutic relationship. This presents a problem for student nurses who may only be allocated to placements for short periods (Callaghan, Cooper, & Gray, 2007). Shattell et al. (2007) states that developing a therapeutic relationship with patients is only acquired with time. It takes time to develop trust, which is essential in working with patients with a personality disorder (Langley & Klopfer, 2005; Westwood & Baker,

2010). Students may not always get this opportunity, as the participants discussed in this study.

Wright and Jones (2012) highlight the importance of doing things that are not service led to develop shared interests. Stickley and Freshwater (2006) also argue for allowing time for normal conversation. Patients with ASPD are often not accepting of treatment, making engagement difficult; it is therefore vital that professionals utilize additional strategies (NICE, 2009a). However, it is important that doing “normal stuff,” as the students in this study discussed, is therapeutic and does not stray into boundary crossing as there are clear differences in the social and professional relationships (Paternelj-Taylor & Yonge, 2003).

In discussing engagement and how they would approach patients, both groups discussed trust as being important. Langley and Klopper (2005) identify trust as a crucial part to the development of therapeutic relationships. There are a number of sources that state trust is vital for working with patients with personality disorder (Langley & Klopper, 2005; Westwood & Baker, 2010). However, as Lingardi et al. (2005) found, patients with ASPD were particularly impaired with regard to trust and interpersonal relationships. The participants in this study identified that developing a relationship with a patient with ASPD would be difficult. They discussed the difficulties staff can have in knowing how to approach such patients.

Having a suitable environment and atmosphere is vital in developing positive therapeutic relationships (Johansson & Eklund, 2004). However, forensic settings can be difficult environments as they are influenced by not only health care systems but also criminal justice systems (Thorpe et al., 2009). Rose et al. (2011) argue that the perceptions of mental health services and the use of the therapeutic relationship in them are not reflective of forensic services, which are different. Both groups, those that had experience in forensic services and those that had not, discussed their concerns about the effect of inappropriate physical environments and the potentially negative impact that this can have on the building of relationships.

This piece of research qualitatively explored the participants’ perceptions of the therapeutic relationship rather than focusing on *attitudes* as emphasizing a word such as perception encourages participants to think more holistically (Puchta & Potter, 2004). This study did find that attitudes were a key factor in the participants’ willingness to engage with and develop a therapeutic relationship with patients with a diagnosis of ASPD. However, this related to the influence of other staff members’ attitudes, not the participants’ and, as discussed above, the participants discussed the importance of seeing beyond the label. People with mental health problems, particularly personality disorder, often experience stigma (Bolton et al., 2014; Mason, Hall, Caulfield, & Melling, 2010; NIMHE & DH, 2003) and strong negative attitudes (Bowers, 2002; McVey & Saradjian, 2010; Newton-Howes, Weaver, & Tyrer, 2008). **AQ71** Happell and Gough (2009) are among a number of authors who highlight the positive effect that clinical experience can have on students’ practice and can be the most important factor in influencing the development of positive attitudes (Happell, 2008a, 2008b; Happell, Robins, & Gough, 2008; Henderson, Happell, & Martin, 2007; A. J. O’Brien, Buxton, & Gillies, 2008; Surgenor, Dunn, & Horn, 2005). Happell and Gough (2009) highlight that clinical experience for students can have a positive effect on their practice and can be the most important factor in influencing the development of positive attitudes (Happell, 2008a, 2008b; Happell et al., 2008; Henderson et al., 2007; A. J. O’Brien et

al., 2008). A study from the United Kingdom also found that placements were effective in improving students' attitudes (Nolan & Chung, 1999). This is in contrast to the findings of this study; although a small study compared with those mentioned above, it has explored this topic in an alternative way, providing rich new data. This study found that the impact of placement staff can have a negative effect on the willingness to engage with and build a therapeutic relationship with a patient with ASPD. There are a number of sources responsible for shaping the student nurses and their attitudes, their academic education, the patients they work with on clinical placement, and, as this study found, also the professionals in their placement areas (Andrews, 2007; Ferrari, 2006; Suikkala & Leino-Kilpi, 2001).

Conclusion

Despite concerns about patients' criminal histories and questions around the terminology of the diagnosis, each group in this study stated the importance of seeing beyond this and seeing the individual. This is also identified in the evidence base as being vital (Bolton et al., 2014; NICE, 2009a; A. L. O'Brien, 2001; Shattell et al., 2007; Thorpe et al., 2009; Wright & Jones, 2012).

There were some similarities in terms of the findings from this study in comparison with the findings of previous studies. A key difference identified was the influence of clinical placements on students' attitudes. Previous studies have shown a positive effect of clinical placements on students' attitudes toward patients (Happell, 2008a, 2008b; Happell & Gough, 2009; Happell et al., 2008; Henderson et al., 2007; A. J. O'Brien et al., 2008). However, this study found that there can be negative effects from placement experiences on students' attitudes toward patients. Further exploration of the impact of staff influence on student nurses during clinical placements is needed.

There has been limited research into patients' perceptions of the therapeutic relationship with student nurses (Horberg, Brunt, & Axelsson, 2004), and no known research completed exploring the perceptions of patients with ASPD of developing a therapeutic relationship with students. Therefore, although this study adds to the current body of knowledge, further exploration is needed.

Limitations

A limitation of this study is the small sample size of students from one university, which reduces the ability to generalize the findings (Sim, 1998). However, this qualitative study provides rich new data on an area that has not been explored, giving it credibility. Also, as the participants in the study volunteered to attend, they may have been more open-minded toward the patient population than others. The researcher kept a reflexivity log to prevent personal assumptions or biases influencing the research project (Lacey & Luff, 2007) and arranged regular meetings with the research supervisor to review both the research and the researcher's response to the research.

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