A Focus Group Study Exploring Student Nurse's Experiences of an Educational Intervention Focused on Working with People with a Diagnosis of Personality Disorder

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Abstract

Introduction; Negative attitudes exist in practice towards those with a diagnosis of personality disorder. Preregistration training offers the opportunity to address this by developing understanding of the diagnosis, confidence in working with people with the diagnosis and empowering new nurses to challenge prevailing attitudes. Attempts to integrate and evaluate specific educational interventions of this nature into pre-registration nurse education have not been explored elsewhere.

Aim; To explore preregistration nurses' experience of a programme of training focused on personality disorder and their perception of its influence on attitudes, understanding of clients and their experience of practice.

Method; A qualitative study using thematic analysis of two focus groups of pre-registration mental health nursing students.

Results; Evidence of positive attitudes and confidence to supportively challenge negative attitudes in practice were found. Students showed a shift away from a focus on changing the perceived 'difficult' behaviour of a client towards an understanding of their own emotional responses to the behaviours.

Discussion; The Knowledge and Understanding Framework training shows potential for students to change attitudes and develop progressive practice working with people with personality disorder.

Implications for Practice; The integration of the Knowledge and Understanding Framework should be considered as part of preregistration training. Further research into the sustained influence of the training post registration is required.

Keywords:- Attitudes, evidence-based practice, Knowledge and Understanding Framework, personality disorder, pre-registration.

Relevance Statement

Delivering care to people with a diagnosis of Personality Disorder can be personally and professionally challenging for nurses. There is wide acknowledgement of the negative attitudes that exist towards this client group. This study explores the experience of an intensive pre-registration training programme for mental health nurses on working with people with personality disorder. It offers tentative evidence of enhancing positive attitudes and confidence amongst students to supportively challenge attitudes in practice. The results also demonstrate the fostering of a self-reflective approach to perceived 'difficult' behaviours that internally locates responsibility for emotional challenges with the practitioner rather than the client.

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Accessible summary

- What is known on the subject

- Research has consistently shown that poor attitudes exist in mental healthcare towards people with a diagnosis of personality disorder and that nurses can find working with this group of patients professionally and personally challenging.
- Power imbalances of practitioner over students exist on training placements. This can result in students being exposed to negative attitudes towards service users with a diagnosis of personality disorder and not feeling able to challenge these attitudes.
- The Knowledge and Understanding Framework (KUF) is a specialist programme of personality disorder training that has demonstrated effectiveness with qualified mental health professionals.

- What this paper adds to existing knowledge

- Although the subject of personality disorder is considered within pre-registration education, an opportunity for a more robust approach to supporting student's nurses with this complex subject area is required (Ross & Goldner 2018). Attempts to integrate and evaluate specific educational interventions of this nature into pre-registration nurse education have not been explored elsewhere.
- This paper utilised focus groups to examine the experience of the KUF training and the perceived impact on attitudes and approaches to personality disorder of a group of nursing students who had completed the KUF programme.
- The students exhibited positive attitudes towards people with a diagnosis of personality disorder and confidence to influence negative attitudes in practice. The KUF shifted the students' focus from identifying patient behaviours as problematic towards an understanding of these difficulties arising from their own emotional responses.
- This was a small study so the results should be treated with caution. There was no follow up once the students had qualified, so it is not clear whether such effects would endure long term.

- What are the implications for practice

- Training students using the KUF may foster positive attitudes to people with a diagnosis of personality disorder, and provide them with the skills to positively influence other colleagues practice.

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Introduction

There is a wide body of evidence documenting the existence of negative attitudes towards service users with a diagnosis of personality disorder (e.g. Ross and Goldner 2009; Markham 2003; Newton-Howes et al 2008). Attitudes towards service users can often result in more challenging therapeutic relationships and lack of effective interventions from clinical staff (Black et al 2011). The impact of these negative attitudes can also have a wider impact on the team culture and clinical environment. In light of this, those entering the clinical environment such as newly qualified nurses are likely to be influenced by the existing culture of practice which may result in a more negative approach to engagement (Bodner e al 2015). In addition to this, newly qualified nurses work closely with well established clinicians who have the potential to hold negative attitudes and as a result influence the approach of the newly qualified nurse. In order to support newly qualified nurses to manage the challenges of entering into new clinical environments, there is a precedent to provide a robust platform of education (Hayward, Slade, and Moran 2006).

Over the last 15 years there has been a national focus in the UK on improving services for individuals with a diagnosis of personality disorder which has included a number of national policy initiatives, clinical guidelines and departmental reviews (National Institute for Mental Health England 2003a, 2003b, National Institute for Health and Clinical Excellence 2015, National Offender Management Service 2015). As a result, extensive development within services has taken place and new approaches to engaging with service users continue to develop. During this national push for development, the National Personality Disorder Knowledge and Understanding Framework (KUF), a three-level educational framework, was commissioned to improve the response to working with service users. The framework was designed to provide a skills escalator for staff working within multi-agency contexts. The aim of the programmes was to develop practitioner knowledge, attitudes and skills in working more effectively with service users with a diagnosis of personality disorder.

Professional Attitudes towards People with a Diagnosis of Personality Disorder

There is a longstanding body of evidence documenting negative professional attitudes towards service users with a diagnosis of personality disorder (Newton-Howes et al 2008, Ross and Goldner 2009, Black et al 2011, Bodner et al 2015, Chartonas et al 2017). Research has shown mental health professionals have identified service users with a diagnosis of personality as more difficult to work with than others, and in some cases have reported avoiding service users with this diagnosis (James and Cowman 2007, Newton-Howes et al 2008,). Further to this, McGrath and Dowling (2012) found registered mental health nurses displayed negative attitudes towards service users with a diagnosis of borderline personality disorder and had mixed expectations about treatment. Nurses were also found to be the least empathic of 3 professional groups including psychologists and psychiatrists in an examination of the emotional and cognitive dimensions of attitudes towards service users with a diagnosis of borderline personality (Bodner et al 2011).

Negative attitudes towards service users can reinforce low self-esteem (James and Cowman 2007), and intensify feelings of social isolation (Fallon 2003) even in inpatient settings. Koekkoek et al. (2010) found that negative attitudes resulted in a pessimistic professional outlook and clinicians ignoring the strengths of the service user, hindering relationships and recovery. These difficulties

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are reflected in high dropout rates from treatment, 'revolving door' admissions, greater levels of unmet needs than in other client groups (Hayward, Slade, and Moran 2006) and the highest level of completed suicide amongst all major psychiatric diagnoses (Chesney, Goodwin, and Fazel 2014).

Despite the wide recognition of the impact of attitudes, alongside national strategies which have attempted to challenge this stigma (*The Personality Disorder Capabilities Framework—Breaking the Cycle of Rejection,* NIMHE 2003), there is still evidence to suggest these attitudes are prevalent. Chartonas et al (2017) reviewed attitudes towards personality disorder amongst psychiatrists as a follow up to Lewis & Appleby's study in 1988 expecting to see improvements. However, their findings revealed a similar level of negativity as identified in 1988, presenting the need for continued work to address attitudes towards this service user group (Chartonas et al 2017).

Woollaston & Hixenbaugh (2008) described the underlying reasons for these negative feelings as related to experiences of difficult interactions, and a perception of not being sufficiently skilled to work with service users with this diagnosis. In light of this, education and training has a key role in providing nurses with the underpinning knowledge and understanding to enable them to respond effectively to service users with a diagnosis of personality disorder. Evidence has shown more positive attitudes are present in nurses who had received training related to a personality disorder diagnosis and those with higher levels of experience (Commons Treloar et al 2008, Hauck et al 2013).

<u>The Personality Disorder Knowledge and Understanding Framework</u>

The national Personality Disorder Knowledge and Understanding Framework, commissioned in 2009 by NHS England and the National Offender Management Service, was developed to influence understanding and attitudes towards people with a diagnosis of personality disorder in a range of sectors. The three-level programme including awareness training, an undergraduate and master's degree has been delivered extensively over the UK during the past 7 years with over 50,000 students accessing the awareness training alone. The Educational programme includes a combination of face to face experiential learning and six online interactive learning modules. The Online modules provide the theoretical content to support learning and include a wide range of video, audio and interactive content to support the learning process. The face to face sessions are delivering through a co-facilitation model with both clinical and service user trainers acting collaboratively. The content focuses on offering a psychological understanding of the behaviours often displayed in people with a diagnosis of personality disorder and guidance on how this perspective should influence the practitioner's therapeutic priorities and communication style. Psychological concepts such as schemas, transference and countertransference are introduced and applied to clinical scenarios. These are considered at both an individual and organisational level, considering how team dynamics and organisational culture may also influence the person's response and behaviour. Evidence from the field indicates that staff undertaking the training show an improvement in knowledge and perceived capability in engaging with service users in addition to a reduction in negative attitudes (Davies et al 2014, Lamph et al 2014, Bettles et al 2015). In addition to this, the KUF has been evidenced to develop effective team approaches to working with service users with a diagnosis of personality disorder (Bettles, Rich & Bourne 2015).

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This paper will report on an educational initiative which engaged students in an intensive programme of learning utilising the KUF model. This encompassed a range of approaches aimed at promoting a bio/psycho/social understanding of the behaviours associated with a diagnosis of personality disorder. In addition to this, students were encouraged to reflect on their own views and perspectives regarding personality disorder and how this may influence their practice. The immediate experience of the intervention was evaluated through a focus group discussion which was conducted at the end of the intervention. The aim of this initial delivery was to establish the experience of integrating the existing KUF training within the theoretical component of pre-registration training for mental health nurses. The expectation being that student nurses would perceive themselves as better equipped with the knowledge and skills required to work with some of the complexities associated with service users with a personality disorder. Furthermore, it was felt that entering the clinical environment with established knowledge might support newly qualified nurses to hold onto a positive approach when faced with more negative cultures. Although the subject of personality disorder is considered within pre-registration education, an opportunity for a more robust approach to supporting student's nurses with this complex subject area is required (Ross & Goldner 2018). Attempts to integrate and evaluate specific educational interventions of this nature into pre-registration nurse education have not been explored elsewhere.

Aim

To explore preregistration nurses' experience of a programme of training focused on personality disorder and their perception of its influence on attitudes, understanding of clients and their experience of practice.

Method

Students undertaking the mental health field of the graduate entry nursing (GEN) programme at the host HEI received the KUF training. This was completed as part of the theoretical element of the programme and spanned over six sessions which were sequenced before and after their clinical placements. Students were at the beginning of their second year which represented the midpoint of the programme. To be considered as part of the evaluation of the intervention, students had to attend all sessions and engage with the online learning associated with the training.

The experience of the teaching and learning approaches adopted in the KUF were evaluated through qualitative methods. Focus groups were facilitated with students directly after the training which aimed to gather their perspectives on how they felt the training might influence their attitudes and approach to working with people with a diagnosis of personality disorder. All eligible students were invited to take part via email. It was emphasised that participation was voluntary and all students who volunteered would be included. Two focus groups were conducted with 8 students in each group which represents 59% of the 27 students who were eligible to take part (n=16). The remaining eligible students chose not to take part.

A focus group is defined as "a group of individuals selected and assembled by moderators to, from personal experience, discuss and comment on, the topic that is the subject of the research." (Powell

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& Single 1996 pg499). Within focus groups, attempts are made to understand the meaning behind the actions and beliefs of the participants (Bryman 2004). This is based on the assumption that individuals in isolation from each other do not undertake the process of understanding social phenomena. Instead, it is something that occurs in interaction and discussion with others. This process is of particular relevance to the current evaluation due to the interest in how a dominant societal discourse is played out within group discussions. Additionally, it is likely that the focus group discussion would mirror to some extent, discussions that occur amongst students and staff teams in everyday life. It is therefore viewed as more representative of natural talk than that captured in an individual interview (Wilkinson 1998). The focus group provided an opportunity for the students to reflect in more depth about the learning process and any changes they experienced in their knowledge and attitudes.

Focus group data were transcribed verbatim and fully anonymised to remove participant information and references to any areas of clinical practice. Transcripts were read independently by four members of the team who met to devise a tentative analytical framework. The team comprised of those who had delivered the educational intervention and those who were independent to the implementation aspect of the project. One member of the research team (BT) analysed the transcripts utilising the analytical framework and prepared a preliminary analysis of findings. NVivo 11 was utilised to facilitate the organisation and transparency of this process. Data which was not attributed to categories identified in the analytical framework were scrutinised and additional subthemes were created to account for these. The preliminary analysis was used as the basis for an in-depth discussion among all members of the research team. This process represents a combination of deductive and inductive data analysis which enabled a collaborative and transparent approach in-line with philosophy of the educational intervention itself (Tee et al., 2007; Stickley et al 2010).

Ethical approval to conduct this educational evaluation was not required due to the approach being regarded as educational development as opposed to research. However, ethical guidelines in line with declaration of Helskini 7th revision (WHO 2013) were adhered to although no formal ethics approval was required. Students were provided with appropriate information regarding the intention to evaluate the training and provided an opportunity to opt out of the evaluation. Written consent was gained to publish the findings with a view to informing approaches to the integration of personality disorder training within pre-registration training.

Results

The structure of themes identified within the data are presented in figure 1. Three overarching themes were identified. Theme 1, 'Therapeutic priorities' includes aspects of care the students identified as being a point of focus that separated into eight sub-themes. Theme 2, 'KUF as an alternative view' described 6 sub-themes covering ways in which students felt the training they had received empowered them to approach personality disorder in a different manner to that typically experienced in practice. Models for understanding the client were described by students in theme 3, 'Psychological understanding of the person', which contained three further sub-themes. Of these, 'Implications of past experiences on relationships' was sub-divided further into 'Personal' and 'Towards professionals', both of which contained further sub-themes. A total of 22 themes at the bottom level of each overarching theme were coded within the transcripts.
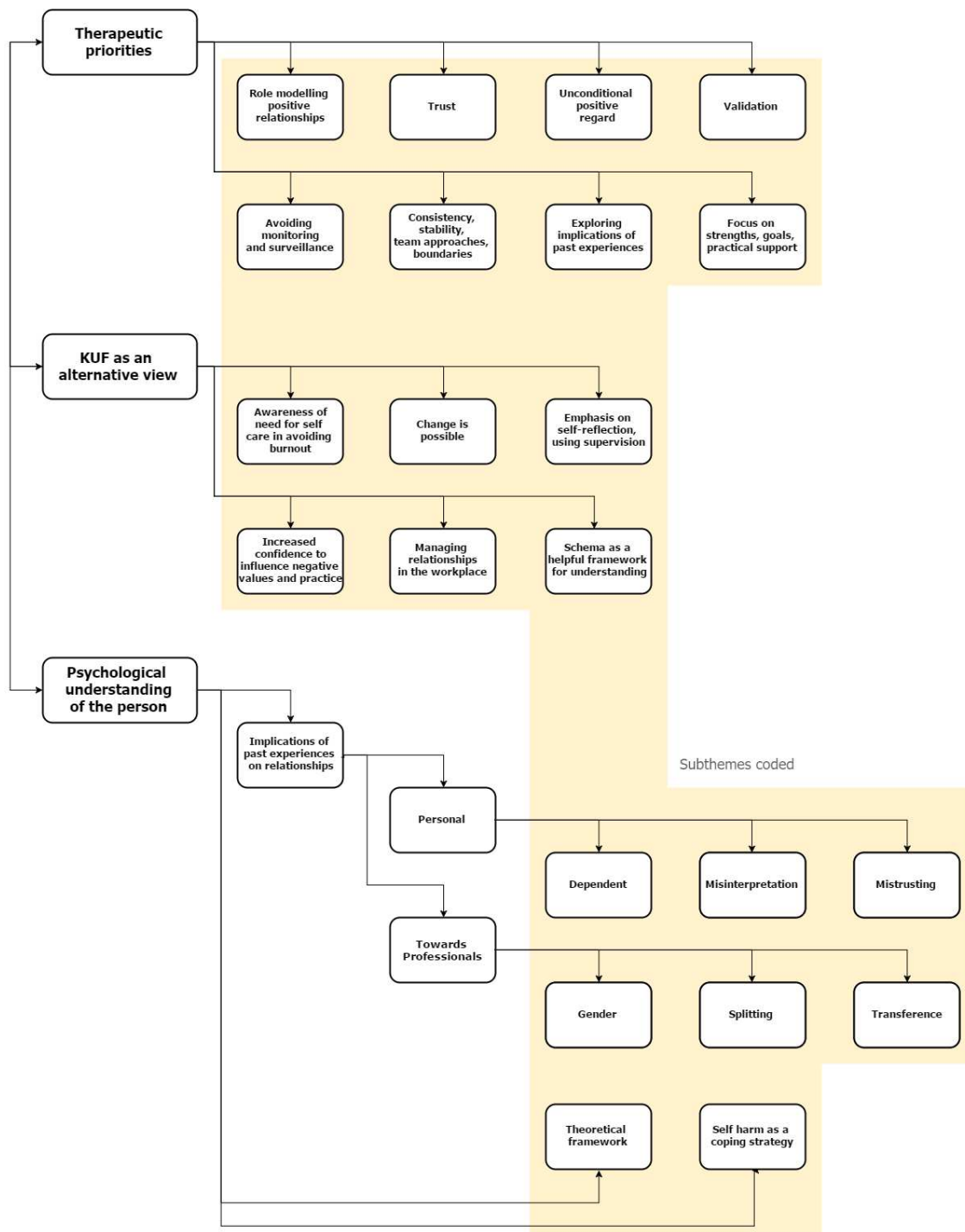
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Figure 1. Relationship Between Themes

KUF as an Alternative View

The most prevalent sub-theme within this overarching theme was 'increased confidence to influence practice'. Students recalled experiences in practice which supported reports in the literature of prevalent negative attitudes towards those with a diagnosis of personality disorder ('Max', 'Sophia'),

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though these experiences were encouragingly not universal ('Marjana'). It was evident that the KUF training had both instilled positive attitudes in students and cultivated the confidence to challenge negative attitudes amongst registered practitioners:-

> *"negative attitudes in practice might be your only view of personality disorder and it's important in changing that for the next generation of nurses so that they don't have that view. You can say stuff to members of staff about personality disorder and why people have got it to put a more positive light on it"*
> 'Isla'

> *"not change the world immediately tomorrow but little by little we can share some more positivity"*
> 'Eleanor'

The established literature described service users with a diagnosis of personality disorder openly being told that clients with other diagnoses had 'real' and 'serious' difficulties, indicating they were less worthy of support. However, students in this study felt that clients with a personality disorder required greater levels of support than other diagnoses.

Positive views were not however held by all students - the perceived challenges and associated anxieties of working with this group were still expressed:-

> *"So far in placement I just want to stay away from them to be honest."*
> 'Stan'

Students also described that, although they had extra confidence to address negative attitudes, inter-professional challenges and issues of professional power remained a barrier to them speaking up in practice.

> *"how I can challenge it in the workplace? because I know every placement I've been on there's always been a bit of stigma about personality disorder, you need to sit down and say well I don't really agree with what you said there. But I just feel like I will hear "you're just a student"*
> 'Sophia'

There was also evidence of students considering their understanding of themselves, and how this self-knowledge could benefit qualified staff that they met on placement who struggled to work experienced difficulties working with these clients.

> *"my mentor is very stressed by these interactions and he didn't know what to make of them. But just to reflect with him and say do you think you're feeling like this because you might be protecting yourself because a part of you knows you've got to manage this?"* 'Eleanor'

Students were in general more confident in their ability to influence others and evidenced supportive, non-challenging ways of going about doing this, but the student-professional power

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dynamics remained a restraint in practice. Underlying reasons for this confidence were revealed in comments in the themes with the second and third highest prevalence, 'transference' and 'emphasis on self-reflection and using supervision'.

Within these sub-themes students demonstrated an awareness of the potential for past experiences of clients to cause emotions to be projected onto them, but more regularly, they recognised their own responses to clients as originating in their own attitudes and values:-

> *"if you can't tolerate someone else's behaviour in you it's something in yourself…. again that's a different difficult reflection you have to look at yourself and see what is it about you, is it something that you're suppressing is it stuff that you've not dealt with"*
> 'Sophia'

> *"I think reflecting on yourself looking at my bad points and sometimes when it might be issues I've got rather than one other people have"*
> 'Isla'

Students could clearly link the KUF training to the emergence of this awareness:-

> *"having come to this training I've got more of an operationalized understanding of various skills about transference…..and just now I've got the language for it it's something that can I can use it"*
> 'Ruby'

Students also reported illuminating incidents of self-reflection enabled by the training they had received. For example, 'Daisy' reported an incident of experiencing unpleasant emotions associated with a service user which self-reflection influenced by the training allowed her to understand and generalise to her wider clinical practice and beyond:-

> *I like to I think it's interesting to work out why you have those feelings towards somebody…..now I can stop and I can I can try and pinpoint what it is about them that grates on me and I never really realised that certain people, not people with personality disorder, but there's people in general service users that I've come away thinking I don't like them. Before the training I thought I don't like them and that's the end of it and whereas now I think why don't I like them? what is it about what is it about me that I can't cope with that behaviour?*
> 'Daisy'

The student demonstrates the ability to reflect on their experience and concluded that the challenging emotional response is a product of their own experience rather than something caused by the service user.   These experiences were echoed by others who reported similar self-reflective experiences, where they understood the difficulties they experienced as intrinsically rather than extrinsically generated:-

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" my difficulty was always that …..it was actually seeing myself in that person too much so I think that is the difficulty"
'Ruby'

Psychological Understandings of the Person

The psychological understanding of 'Mistrusting' as an implication of past experiences arose as the next largest sub-theme. Students were very aware that clients were likely to feel that "people can't be trusted" ('Grace') and that clients "may be suspicious or mistrusting of new people" ('Martha'). The link was clearly made between these feelings and past experiences in relationships:

"so she may not really trust that anything is stable or secure in life and that perhaps anyone she gets close to tries to push them away before they abandon her which maybe is some of her relationship difficulties"
'Eleanor'

'Role modelling positive relationships' explored the way in which students recognised the damaging relationships clients had experienced in the past and the therapeutic value of providing a counterpoint to those:-

"you've got to start building those positive relationships she can then start to understand adaptive ways of behaving"
'Eleanor'

Therapeutic Priorities

The following three themes fell under the overarching theme of 'therapeutic priorities'. 'Focus on strengths, goals and practical support' described a positive, values driven and solution focussed approach to the client. This approach opposes the emphasis on deficits that professionals often follow:-

"she's got a history in education that suggest she's clever and at some point wanting to be in higher education….. she's got life goals and aims of achieving that you could use, tap into"
'Isaac'

It also describes practical support that can be offered but students again showed awareness of how a clients' history could impact on this basic area of care:-

"If you go in there as a student nurse you have a tendency to want to fix things, the tendency that you fall into the same category as others that have let her down and her reaction to that is disloyalty and push you away…. it could be easy to get into that sort of cycle with her again"
'Marjana'

'Consistency, stability, team approaches' were identified as a further therapeutic priority:-

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"consistency and boundaries are very important. What you said earlier about being honest, for example, you're only going to be there for a certain amount of time it's setting the scene isn't it so she knows what to expect"
'Isla'

Students again demonstrated their advanced level of understanding, by combining different areas of learning and applying them to this area:-

"It's important to make sure you all got the same stance as well to avoid splitting and her getting different reactions from different members of staff because that's not going to provide her with the consistency that she (the client) needs"
'Grace'

Discussion
The attitudes held by the established profession towards people with a diagnosis of personality disorder, which are widely reported in the literature (Black et al 2011), were confirmed by these student participants. It was evident that their clinical placements and prior work experience had exposed them to examples of both subtle and overt discrimination in relation to response to distress, access to support and application of derogatory language. Evidence suggests that attitudes which appear to be ingrained at a cultural level will have an influence on the student's perceptions over time (Bowers et al 2007). However, students who had participated in the KUF education intervention appeared to be maintaining a very different stance. It was evident that they were critical of widely held beliefs, but also had understanding of the personal, organisational and political forces which influenced these. The presence of poor attitudes amongst staff was viewed as the individuals employing defensive strategies to protect themselves from the personal challenges people with a diagnosis of personality disorder might trigger in them. Furthermore, they recognised the potential for their professional registration to be threatened when working with people who engage in behaviours which society views as unacceptable, unpredictable and therefore present high levels of risk.

In relation to this position, students appeared to shift their focus away from the skills required to manage the "difficult" behaviours presented by the person with personality disorder to a focus on the skills required to understand the implications of their own response and reaction to these behaviours. This represents a transition from previously reported beliefs which emphasise the need for the person with personality disorder to change their behaviours (Bodner et al 2011). In this scenario the responsibility is externalised whereas the students were clearly internalising the responsibility to understand and adapt themselves. This outcome demonstrates that through an appropriate educational intervention, students can be supported to review their own internal dialogue related to service users with this diagnosis. The KUF is designed to enable students to consider their own internal world and how this may influence their approach to working with service users. This creates a scenario where service users are no longer viewed as difficult to engage or challenging to work with, as the student now considers how they need to adapt their own approach to engage the service user effectively. This is valuable learning to support engagement with all service users, not only those with a diagnosis of personality disorder (Lamph et al 2014).

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Key elements addressed within the training such as self-reflection and supervision were perceived as essential tools in enabling effective working within practice settings. Similar outcomes have been identified when implementing the KUF within clinical settings, where reflection was viewed as enabling validation of staff feelings (Bettles, Rich & Bourne 2015) Interestingly, the framework utilised to offer a psychological understanding of the challenges people with personality disorders face in terms of sustaining relationships, self-destructive behaviours and responding to boundaries was viewed as a valuable tool for understanding themselves and the dynamics which are played out within teams. This provides valuable learning regarding the importance of providing a framework for students to understand complexity within their own experiences alongside working with colleagues and service users (Ross 2009).

Students reported a desire to challenge the established practice of colleagues and question organisational norms which undermined the possibility of therapeutic engagement. However, they were highly conscious of their student status and the limited power this gave them to influence others. This is an area that needs further consideration in the delivery of this training in the future. Providing more focus on enabling students to develop skills in managing this dynamic is crucial to empower them to appropriately challenge negative attitudes in practice settings (Duffy et al 2012; O'Mara et al 2014).

This educational evaluation is limited by its scale which restricts the claims we can make regarding the impact of the educational intervention. Additionally no baseline data was collected so we are unable to measure the direct effect. Whilst it is apparent that specific features of the KUF training were perceived to be influential in their perspectives, we are unable to assess the impact of other variables such as personal or family experience. Furthermore, the degree to which these attitudes have been sustained once students qualify as registered nurses and work continuously within this culture is unknown. This suggests a longitudinal approach to evaluation would be beneficial to inform future work. In light of these limitations we are able to tentatively recommend the wider roll out of an increased focus on psychological perspectives of personality disorder into pre-registration nurse education as an implication for future mental health nursing practice. The significance of the co-facilitation model with a person with experiences of living with a diagnosis of personality disorder appears to be an important element of the educational framework. In this case the person was recruited and trained by a national organisation and we would recommend this level of preparation and support is essential to maintain the psychological safety of both the facilitators and the students.

Conclusion

Integrating the KUF within pre-registration mental health nurse training provided students with an opportunity not only to explore further understanding of personality disorder, but to understand themselves as clinicians. Enabling these students to question and explore approaches to working with complexity has the potential to provide them with a valuable set of skills to commence their work as a newly qualified nurse. Utilising a psychological framework was perceived to facilitate the consideration of service users in a more psychologically informed way, with the additional benefit of encouraging them to consider their own internal dialogue and the influence of this in their work. The anticipated outcome being, that these newly qualified nurses will feel able to challenge negative attitudes alongside presenting new ways of thinking about and understanding service users with this diagnosis. As identified above, the evaluation itself is limited by its scale, however it provides a framework for continuing this work within pre-registration training with a view to creating more positive working practices within the future generations of mental health nurses.

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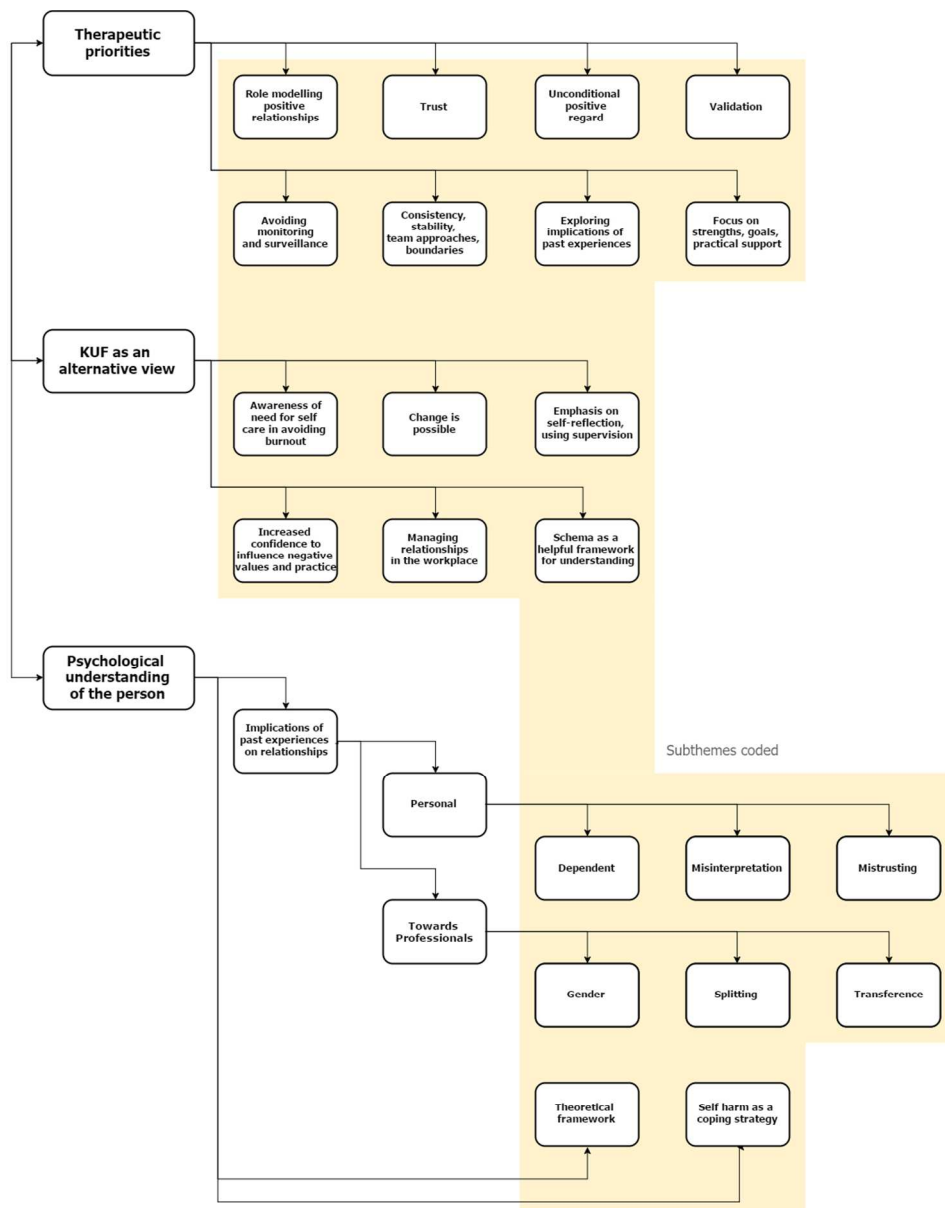
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Figure 1. Structure of themes identified within the data

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