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The impact of patients and student mental health nurses sharing time together in forensic units

Abstract

Student mental health nurses have greater patient contact than registered nurses, and this is appreciated by patients. This phenomenological study explored the impact of patients and student mental health nurses' time shared on forensic units for men carrying a personality disorder diagnosis. Phenomenology was the underpinning philosophy of this research. Patients and student mental health nurses in forensic hospitals participated in unstructured hermeneutic interviews. The time students and patients shared together was considered a gift, enabling them to feel that they were '*just people*' and valued, strongly impacting on their sense of person. The impact the students have on patients' quality of life is meaningful. When the students and patients connected, it had powerful implications for their sense of humanness and value, highlighting the reciprocal impact they each have on another and the importance of having student nurse clinical placements in forensic wards and facilities.

Implications for Clinical Forensic Nursing Practice: This article offers a unique contribution to forensic practice by exploring the experiences of the time patients and students share together in forensic units. Students, who often have the greatest contact with patients, represent the present and future of nursing, and their time is appreciated by patients. Previous research focuses on attitudes and therapeutic relationships, rather than the impact of shared contact. In addition to this, patients in forensic services with personality disorder diagnoses can be the most stigmatised group in mental health care and exploration of their experiences is lacking. These experiences must be shared.

Key words; forensic nursing, patients, personality disorder, phenomenology, student mental health nurses, therapeutic relationships.

‘If you treat an individual as he is, he will remain how he is. But if you treat him as if he were what he ought to be and could be, he will become what he ought to be and could be.’

Introduction

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 et al., 2020). Mental health field students spend a substantial amount of their time allocated to mental health focused clinical placements within their nursing programme, including forensic placements (Happell et al., 2011). Students represent the present and future of nursing, across the globe and often have greater patient contact than registered nurses (Jones & Black, 2008; Mukumbang & Adejumo, 2014), which is appreciated by patients (Andersson et al., 2020; Speers & Lathlean, 2015). This research is within forensic mental health placements, specifically forensic or secure units, which have additional physical and relational security not available in mainstream services (National Health Service, 2010: Rose et al., 2011). The services in this study were personality disorder units.

Personality disorder is a diagnosis attracting particular criticism and associated stigma; its utility has been questioned (Bolton et al., 2014; Tyrer et al., 2019), being described as the most ambiguous diagnostic category in psychiatry (Benedik & Dobnik, 2014). People who carry a diagnosis of personality disorder might have experienced trauma in their early years (Boullier & Blair, 2018). They may have difficulties in developing relationships, struggle with their emotions, feel rejected or hurt, and at times avoid people. They may feel distressed in various aspects of their life, for example, at work or with family or friends and can have difficulties coping with this (Alwin et al., 2006; Bolton et al., 2014).

‘We all have personalities, and we all have aspects of our personalities that are troublesome at times. People with personality disorder are not fundamentally different from anyone else, but might, at times, need extra help’ (Bolton et al., 2014, p. 9).

Many argue that formulation is a more useful tool than simple diagnosis (Houghton & Jones, 2016; Royal College of Psychiatrists, 2020), due to associated stigmatisation, exclusion, trauma or re-traumatisation (Johnston et al., 2018; Sheridan Rains et al., 2021). It is therefore important to explore the experiences of patients with the diagnosis and the time they share with students (Author, 2017; Author, 2021), whom they often spend the most amount of time with (Jones & Black, 2008; Mukumbang & Adejumo, 2014).

Methods

Hermeneutic phenomenology was the underpinning qualitative methodology of this research; with the aim to '*illuminate the lived experiences of the time patients and student mental health nurses share together on forensic personality disorder units for men*'. Hermeneutic phenomenology seeks to illuminate phenomena, reveal and enhance individual human experiences of understanding (Thompson, 1990) and to explore what it means to live experientially at a specific point (Dibley et al., 2020). As interpretive beings we are always already there (Heidegger, 1927/2019), we constantly construct meaning through engagement with the world (Dibley et al., 2020; van Manen, 1990). Hence the paradigm is interpretivism, aligning with the interpretive nature of nursing (Benner et al., 2009). Reflexivity was a central, constant process (Dibley et al., 2020, p. 145).

Ethical Considerations

National Health Service Health Research Authority ethical approval was granted (REC reference: 17/NW/0643) in addition to university ethical committee approval. All participants gave written informed consent. Ethical considerations were borne in mind, particularly due to the environment and patient group regarding restrictions, capacity and vulnerability (Rodriguez, 2012; Siriwardhana et al., 2013). Patients within such settings are detained (sectioned) using mental health legislation, may lack capacity to make decisions and hence deemed vulnerable as research participants, thus liaison with their care professionals imperative. It was important to note that

students could also be seen as a vulnerable group (Bowers et al., 2007), hence the importance of participant information sheets, consent forms, and time to consider participation (Armstrong, 2007). A risk assessment was developed and agreed with the services who supported both the service users and students.

Methods

A purposive sample of seven male patients and five student mental health nurses volunteered to participate in unstructured hermeneutic interviews across two UK forensic personality disorder units: one independent, one National Health Service [NHS]. Sampling in hermeneutics is always purposive as it is essential the participants have had the experience of interest (Dibley et al., 2020). Names were chosen for the participants, rather than numbers, to add to the reading and richness of the findings, in addition, to emphasise the human situatedness of the research (Dibley et al., 2020). Hermeneutic interviews usually comprise of one open-ended broad question such as *‘can you tell me about your time with students/ patients’* as in this study. Probe questions such as *‘can you tell me more about that’*, *‘do you have an example’* were used as needed to explore participants’ experiences in more depth to seek deeper meaning (Dibley et al., 2020).

Analysis

Analysis of the findings was through an interpretive lens with the foundation of hermeneutic phenomenology. The analysis was an ongoing and dynamic process. There is no single correct way to analyse data in hermeneutic research (Diekelmann & Ironside, 1998) . As argued by Smythe and colleagues (2008) every person will take away their own thoughts formed as a result of their past experiences and their *‘thisness’* of their own situation (p. 1393). No hermeneutic phenomenological projects are the same, nor should they be. As stated by Crowther and Thomson (2020), they are a fusion of horizons (Gadamer, 1967/1976) of the time, people and places. *‘Remaining open to the possibilities encourages uniqueness and creativity in research’* (Dibley et al., 2020, p. 48).

Transcripts were read and re-read, recordings listened to, considered, and then reflected upon and the subsequent themes developed using quotes from the participants. Illumination of the findings using Heideggerian notions is explored in Author (2022). This paper focuses on the impact experienced between patients and students in their time shared. Themes of the findings from both participant groups, patients and students, are discussed together, aligned with the exploration of the participants' time, shared together. The time shared between patients and students cannot be understood without reference to each other.

Findings

The students and patients had a significant impact on each other, learning from each other and reciprocally supporting each other. This was through sharing time together, doing everyday stuff; *'just being around'* (George, patient), *'having a laugh'*, and connecting over common interests. When students spent time with patients, the patients felt valued, human, and that they mattered even though they were in an inside world. The patients felt they had value because they could teach the students, giving them a role and worth. The students also felt they had value because they could support people and make a difference.

'Not in the numbers'

Patients noticed that students have more time to share with patients and spend less time in the office. For David (patient) being put first, not *'being at the bottom of the list'* and not *'playing second fiddle'* to something else made him feel appreciated and valued. He also reflected that he felt at the *'bottom of the list'* with other staff as there were often interruptions which reminded him he was in hospital and that reality check was a *'dampener'* on things. Yet time with students acted as an escape:

... 'you feel appreciated. Like I said, when you've got other nurses... there always seems to be doing something, 10 minutes on, I've got to check its half an hour, you were enjoying something, there and then and the next thing you know someone's checking the time, or has to go in the office and check something. It proper puts a dampener on it a

reality check of “oh yeah we’re in hospital.” But when it’s with a student, it’s kind of like, next thing you know “oh damn, I’ve been here while.” It’s kind of nice like that.’
(David, patient)

Students reflected that their time with patients may change once qualified, as students are supernumerary in the UK so able to ‘*always create time*’ and ‘*have time to do activities with them*’ (Bella, student). They commented on paperwork getting in the way, and that completing physical health competencies focused on tasks not the person.

‘You can’t be a robot’

A student’s approach impacted on patients, related to how the students were present with patients, how they engaged, demonstrated respect and their attitude to spending time with patients, resulting in the building of relationships or not:

‘Everything you do is important and the way you present yourself, the way you speak to people is important.’ (Oliver, student)

Julie (student) spoke of needing to have a ‘*professional image*’ but still being authentic to help the patient be themselves too. This aligned with Oliver’s thoughts about being personable and not being a ‘*robot*’:

‘Part of working in mental health is your sense of self, really, putting yourself into everything that you do. It’s, sort of, one of your tools as a mental health nurse, using your own personality to try to help people. It may help people open up. You can be anyone you want if you’re going to bake bread or whatever, but you can’t not have that human edge. You know, you can’t be a robot...’ (Oliver, student)

'Having a laugh' was an important part of being personable for all participants. Humour stood out as an essential aspect of Leo's (patient) experiences, he reflected on many funny experiences shared with students:

... 'the student nurse was crying with laughter. She had to go off to the toilet because she was crying. It was funny. I will remember that day for the rest of my life. I was laughing at her, and she couldn't stop crying. Both of them couldn't stop crying with laughter. Every time that I saw them I'd just laugh. It was funny.' (Leo, patient)

Both patients and students talked about the importance of doing *'normal stuff'* (Steven, patient) like *having a laugh*. By *'just being around'* (George, patient); just being together they were doing everyday stuff like watching television and this helped the patients feel human and *'normal'* (Jasper, patient) by escaping reality and coping in the setting. For the patients it was *'just nice'* (David, George, patients) doing everyday stuff despite being in a forensic unit. Instead of viewing the patients as a diagnosis or criminal offence, Julie (student) spoke of finding out about them as a person and Molly (student) said they deserved to be treated *'just like everybody else and have a normal conversation'*. The students saw the patients as people with whom they had common interests.

'Wounded': Time is precious

The students' placement time had various elements. Students were seen as new, open to learning and *'sponges'* (Fred, patient) (soaking up learning) which attracted a positive view as the patients felt they had less risk of ingrained negative attitudes:

'I just felt good that there was someone coming into the job who's not had his head filled full of shit about what we're about...' (Jasper, patient)

Patients reflected on the intensity of their engagement depending on the longevity of the students' placements. Students and patients were aware of the potential for attachment followed by

inevitable separation. However, the time students had was viewed as precious and there were discussions of deeper relationships even in short timeframes. The time shared just being together doing ‘*everyday stuff*’ and ‘*having a laugh*’ was a gift and made both patients and students feel valued:

‘It’s nice like that, because you know that every moment that a student is spending time with you, they’re not doing it because they have to. They’re not doing it because they have to write a note about you, they’re not doing it because they have to do this, they don’t have to do that... The only reason that they’re spending time with you is because they want to. And that feels nice, that really does feel nice.’ (David, patient)

The students spoke of missing seeing outcomes for patients, balanced with being ready to leave placement. Leo (patient) spoke of feeling ‘*wounded*’ and that it was ‘*heart breaking*’; powerful words to describe his feelings when students leave. Despite this, he felt hopeful about the future and seeing them again. Although short placements can impact patients negatively in the short term, they spoke fondly of their time with students and there was a sense of hope and lasting positive impact. Their time being limited but limitless; giving them hope:

‘Then I found out that she was leaving and I was a bit wounded, but it’s one of them, isn’t it?... it’s like sad that she’s leaving and I’m never going to see her again. But, one day, touch wood, I’ll see her somewhere... bump into her and say, “What’s happening?”’. (Leo, patient)

‘Damn well not useless now’

The students felt they had made a difference in the time they shared with patients and spoke of the reciprocal experience of sharing time together:

‘It feels really good because it’s something like it was a difficult topic he was talking about. He’d written a poem about his friend, who had taken an overdose... and had

passed away. I felt really fortunate to have him say “can you come listen to this” because it was about a very sensitive subject close to home with him. So it was nice to have that interaction... It does mean more when a service user does that... because you're building up that trust.’ (Molly, student)

The patients gave students hope for the future and an anchor to the world connecting them with other people as Jasper (patient) reflected. He said despite residing in a forensic unit for a long time and with a personality disorder diagnosis he felt he was doing okay as he was getting on well with the students. It made him think *‘I’m not that bad’*.

There were strong links between connections made through doing *‘everyday stuff’*, *‘having a laugh’*, sharing experiences, and having value even in the often-dehumanising place of the forensic unit. The participants appreciated playing pool, scrabble and cards. They bonded with each other through connections about common interests and recognised each other as *‘just people’* (Fred and Jasper, patients). This was important for the patients:

... ‘we're not these big, bad mental patients, we're just people... We're just people that really suffer with emotions, and feel things a lot more than a lot of other people, and that's not just bad... if you're low, feel really low, or if you're happy, or it feels a good passion, we feel it really strongly...’ (Jasper, patient)

Teaching students was a key element for David, Jasper and Fred (patients) in them feeling valued. This gave them a purpose and a role. They taught the students about their diagnosis of personality disorder and felt this made a difference to the students’ perceptions of patients they may spend time with, in the future:

‘It’s one thing where I like talking to students because I feel like I can make more of a difference. Aside learning that, I can’t really make too much of a difference of what has happened to me, but I can try and make a difference of what happens. So whether that’s

myself or someone else or whatever else. It's the one thing that motivates me, particularly at times of difficulty, because it's that little bit of hope'. (David, patient)

Fred (patient) said that teaching students increased his confidence and helped him feel worth something, as a person rather than a patient. Sharing time with students supported Fred to reflect on his traumatic experiences and feel more positive:

'I don't think there's a patient here that's never ever been told in their life as a youngster, "You're useless." I mean, "You can't do anything." We wouldn't be here, we wouldn't have personality disorders if we never got all the wee things happen or done to us as kids. To actually step back and actually, "You know what, you might have been useless but you're damn well not useless now.".' [teaching students] (Fred, patient)

Discussion

Engaging in everyday activities, connecting and having a laugh were essential elements in the time patients and students shared. The students were the instigators of activities, engendering a calming atmosphere in the forensic units. However, such engagement in activities is often limited (Brown & Reavey, 2019; Cutler et al., 2021) due to resource issues and risk aversion, or reliance on specific individuals (McKeown et al., 2020; Tomlin et al., 2019). As students in the UK are 'supernumerary' (Nursing and Midwifery Council, 2018), there is less pressure on resources. Disappointingly, Julie and Bella (students) both said that they would miss such everyday activities with patients once they qualify, as they will be in the office completing paperwork, as found in other international studies (Brooks et al., 2018; Brownlie & Spandler, 2018; Coffey et al., 2017; Cutler et al., 2020; Kingston & Greenwood, 2020; McKeown et al., 2020). Registered nurses spend relatively little time with mental health patients, compared with student nurses and untrained staff (Baker et al., 2019), dating back to the 1970s (Cormack, 1976).

Although the students felt they had more time due to being supernumerary, they reflected that completing professional competencies limited time with patients. Proficiency in specific physical health skills were useful for mental health nurses in the UK during the COVID 19 pandemic (Nursing and Midwifery Council, 2020), for the students, however, having to meet such competencies reduced quality time with patients. Certainly, there have been concerns raised over the erosion of mental health nurse identity in the UK and move to generic models of nurse education focused on task and procedural proficiencies rather than the relational (Connell et al., 2022; Warrender et al., 2023). Such a move has been poorly experienced in countries such as Australia (Hurley & Lakeman, 2021; Lakeman & Molloy, 2018).

Molly (student) and David (patient) spoke about students' own experiences being valuable. Julie and Oliver (students) reflected on having a '*professional image*' but still being yourself to help patients feel comfortable and engage in conversation. Nurses can be viewed as detached if not sharing personal experiences (Adnøy Eriksen et al., 2014; Warrender, 2020) or just trying to glean information (Cheetham et al., 2018). However, there are associated risks with sharing personal experiences. Exposing oneself as vulnerable may be discouraged as being over-involved and unprofessional (Hem & Heggen, 2003; Warrender, 2020). Peplau (1988) stated that self-disclosure specifically, as an element of use of self, was generally inappropriate. However, vulnerability is an authentic showing of self and can consolidate the mutual value of relationships (Angel & Vatne, 2017; Daniel, 1998).

Johansson and Martensson (2019) argue that although there can be a limit to how much students can or choose to reveal about themselves, especially relevant within forensic settings; it is important to offer something to create affiliation and demonstrate genuineness. Oliver (student) spoke about not being a '*robot*', using your personality as a student, as you are the '*tool*' to help people, which included helping patients feel comfortable. This aligns with Rogers' (1951) concept of the use of self and Jackson and Stevenson (2008) study where student nurses used their personalities as the *tool* to support patients. Similarly, Turner (2011) and Warrender (2020) state it is important to have a range of tools in a nurse's therapeutic toolbox.

Though there are tensions and implications of self-disclosure like stigma and associated risks, particularly in forensic services (Adnøy Eriksen et al., 2014; Warrender, 2020), its use in mental health care is invaluable (Warrender, 2020). There are positive impacts on relationships where shared experiences can be a point of connection (Oates et al., 2017).

Patients need to feel listened to (Romeu-Labayen et al., 2020; Sheridan Rains et al., 2021) which according to Browning and Waite (2010) is the oldest and most influential tool of healing (Benner, 1984/2001). Hence psychosocial skills are vital for student nurses globally (Author, 2021; Horgan et al., 2018).

Patients have little control over the direction of relationships with students, as they cannot be reciprocally negotiated due to set placement duration. Patients in this study said how it was '*sad*' (Jasper, patient) when students finished and how they felt '*wounded*' (Leo, patient). Ending relationships can leave patients feeling abandoned or rejected (Sheridan Rains et al., 2021), even retraumatised (Wright, 2021). Patients miss students when they are not present and feel something is lacking or empty (Andersson et al., 2020). Due to this, patients may self-protectively choose to engage in shallower interactions because their time with students will end (Reed & Hall, 2018). Students may also choose to distance themselves from patients due to short placements (Menzies, 1960). Patients with personality difficulties can experience fragmentation of lived time, where they can be in the present without depth, resulting in being unable to draw on their past experiences to explain the present (Fuchs, 2007). Hence, managing the ending of relationships is essential (Mann, 1973; Peplau, 1988; Reed & Hall, 2018; Shefler, 2000; Sheridan Rains et al., 2021). The students highlighted being clear from the start when their placement ends to prepare patients for ending their time together (Ashton, 2016).

Previous research has explored longer student placements and found they enable a better chance of developing relationships with patients (Johansson & Martensson, 2019). As stated by Askola et al., (2016) and Scanlon (2006) relationships in forensic settings can take time and do not form instantly. Patients in forensic settings have been described as difficult to engage and build relationships with (Clarke et al., 2016), however, patients overwhelmingly valued engaging with

students in this study, who were perceived as having *more* time to spend with them. This was in relation to more ‘*quality time*’ (George, patient), students being able to allocate a greater proportion of available time, and having less time pressure (Cleary et al., 2012). In contrast with other research (Askola et al., 2016; Johansson & Martensson, 2019; Timmons, 2010), the participants in this study developed strong connections quickly despite the short time frame. So, although the student participants spoke of wanting longer placements, this may have invoked similar patient views of *regular* staff due to changes in role. Perhaps the bounded nature of placement time meant the available time was appreciated as of value. Students’ time is treasured and used to make a difference. This may be why students are viewed more positively than other staff.

Despite difficulties in managing the limited time on placements, the students wanted to complete their nurse education to help others and make a difference, aligned with other studies internationally (Awty et al., 2010; James & Chapman, 2009; Salzmann-Erikson et al., 2016; Welch, 2001). This was the participants’ main drive for starting their nurse education. Participants in the study of Awty et al. (2010), as well as Hollie (student) in this study, reflected that it could be themselves or a family member who could struggle with their mental health. This motivated them to want to help others, a core value of focusing on people.

The students were available to patients and by spending time with them and demonstrating investment, conferred feelings of value (Shattell et al., 2007). Time with students acted as an escape for the patients. Staff can disrupt such precious moments, however (Crowther et al., 2015), and interruptions can be a reminder of institutional life, as reflected by David (patient) particularly. Through shared experiences and being together, patients felt recognised as people, not patients. It gave them a sense of humanness and togetherness when institutions take such fundamental concepts away (Goffman, 1961/1990). Supportive and encouraging interactions that the patients described, helped them feel their own worth (Rask & Brunt, 2007).

Students’ impact on patients was stated emphatically across all units for all patients. There were, of course, elements of more negative experiences, for example appearing disinterested. Indeed students’ presence can be stressful for some (Andersson et al., 2020), though these were unusual and

overshadowed by the overall positive impact of students. Patients in forensic services are often not given a voice (Peternelj-Taylor, 2004; Rydenlund et al., 2019), however, in this study, the students appeared to facilitate patients' voice and worth. The students improved the quality of life for patients, as found in other studies (Pitkänen et al., 2006). As Jasper (patient) remarked, the students gave him an anchor to the outside world and a sense that he was 'okay' because he was '*getting on with them*', '*having a laugh*' and connecting.

Patients can feel labelled and viewed as people with limited futures without *being* (Awty et al., 2010). The students recognised their humanness and supported them in seeing their possibilities. Deegan (1996) wrote how nurses create opportunities for patients' personal growth and support them moving forwards to new possibilities. Good relationships with skilled staff who convey hope are key (Askola et al., 2018; Horgan et al., 2020; Sheridan Rains et al., 2021; Stevenson & Taylor, 2020).

The sense of supporting others to see their possibilities also related to the patients' helping students. Patients felt a sense of pride when students they had supported became nurses. As explored in other pieces of research globally, patients feel they can influence the future workforce (Happell et al., 2019; Happell et al., 2019; Lesser & Paleo, 2016; Stickley et al., 2010). Patients in this study could see the impact of their teachings, their possibilities, in addition to the possibilities in the students they taught. Students were learners with time to share with patients which was valued because they were not paid, as compared to other paid staff, busy and not perceived as learners due to their roles. Patients can prefer to talk to students as compared to *regular* staff, because students want to learn (Andersson et al., 2020).

Patients became teachers; an alternative identity giving them a role, purpose and feelings of worth, aiding their empowerment and opening possibilities. Rather than tying patients to set identities, they offered creation and innovation of another (Foucault, 2000) . Teaching shifted the power balance for the patients (Breeze et al., 2005). Such role reversals from helper to helped benefit students, as it challenges notions of labels (Hanson & Mitchell, 2001; Speers & Lathlean, 2015). Students can view themselves as learners in classrooms and nurses in practice, hence role reversals in practice can be illuminating for students, due to the different learning environments (Rush, 2008). Seeing patients in

alternative identities disrupts traditional power constructs, and is essential for developing more reflective and empathic students (Perry et al., 2013).

Practice assessors or mentors and the staff team are important for students settling into their new placements; essential for a student's sense of belonging (Levett-Jones & Lathlean, 2008; Tremayne & Hunt, 2019) resulting in more positive experiences and higher levels of confidence (Cleary et al., 2012; James & Chapman, 2009). Whilst limited evidence surrounds the impact patients can have on helping students settle in (Tremayne & Hunt, 2019), providing such help gave patients a role and perceived value. As a result of this, it can enhance placement experiences and student development (Cleary et al., 2012).

Patient involvement in nursing education and the impact on nursing students' attitudes, knowledge and skills have been widely reported (Downe et al., 2007; Happell et al., 2019; Horgan et al., 2018; Kuti & Houghton, 2019). Most studies have explored patient experiences of education in university settings (Horgan et al., 2018), rather than within practice settings, despite patients playing an essential role in students learning in practice (Suikkala et al., 2018). Andersson et al. (2020) explored patients' experiences of receiving care from students, stating that research has primarily focused on student nurse learning from a student or supervisor perspective; few studies have investigated patient experiences, as this study illuminates. Patients have valuable perspectives surrounding nurse education, though their involvement in practice is not well established (Andersson et al., 2020; Suikkala et al., 2018). This does, of course, need consideration of patients' mental health when they are teaching students (Lathlean et al., 2006).

Patients believe teaching students can make better nurses (Happell et al., 2014). This is particularly true with regard to teaching students about personality disorder (Finamore et al., 2020), as strongly reflected in this study. Andersson et al. (2020) found patients gain power and well-being through encounters with students, as a consequence of them being inquisitive about their experience of mental health problems. Patients often become involved in student education for altruistic reasons (Suikkala et al., 2018). Such teaching contributions are not only beneficial for the patients, but also enable unity between patients if taking on this role together. For encounters to be genuine, they should

be mutually reciprocated relationships (Andersson et al., 2020; Ekebergh et al., 2018). Due to the reciprocal relationships between participants in this study, connections were built, which became lasting memories, for Leo (patient) especially. Such reciprocal relationships should be a priority in forensic services (Bennett & Hanna, 2021).

Strengths and Limitations

Potential bias is often raised as a weakness of interpretive phenomenological studies, however, in hermeneutic studies this '*bias*' or human factor is the interpretation of the research and a core component and its greatest strength (Lewis-Hickman, 2015). Robust research rigour and uniqueness of this research are its key strengths. Reflective logs, discussions and robust data collection and analysis, created sound research rigour. The sample size is appropriate for a phenomenological study that did not seek to answer how much or how many (Dibley et al., 2020). This was an exploratory study not intended to be generalisable (Priest, 2002), however the findings together with those of other studies have possible implications for forensic mental health nursing and its development, which include enabling patients carrying a personality disorder diagnosis to have valued roles and opportunities. Nevertheless, this is one study in forensic services for men and may not be fully representative of other areas and therefore further research would bring added insights into this minimally researched area.

Recommendations

- Include student placements on all forensic facilities where possible.
- Provide opportunities for patient involvement in student learning; explore giving patients identified roles while protecting the spontaneity of such experiences. Use of research-based and value-based models to inform care, perhaps based on therapeutic community principles to enable patients to experience such valued roles and relationships (see Blake & Taylor, 2022).

- Forensic nurse managers to enable registered nurses to spend more time with patients (see Bose, 2009).
- Enhance liaison between universities, student unions and practice to ensure students have access to activities to build hobbies to support connection with patients over common interests.
- Research exploring patients' experiences of student nurse education and learning in forensic practice settings.

Conclusion

The time patients and students shared enabled a powerful sense of value, through recognition of humanity and shared learning. Students felt they had made a difference and patients felt they had value through teaching students, giving them an alternative identity.

Time was a gift. The impact of the time they shared together was immeasurable. Despite missing the students when they left, patients felt happy for them, spoke of being hopeful for them in the future as nurses and treasured their shared memories. As the Goethe quote beginning the article depicts, the way students *treated* the patients, opened up and illuminated their possibilities to them. Our desire to relate to others and experience of trusting relationships can enable mutual recognition of humanness and strengthen a person's sense of self and their identity, ultimately giving them hope, which is essential in forensic settings and for patients with a personality disorder diagnosis. The students recognised the humanity in the patients and connected with them on the same level, which needs to be a core focus in nursing education globally. Sharing time with students enabled patients to alter their identity from '*mental patient*' to David, Fred, George, Jasper, Leo, Mike and Steven, and teacher. Supporting patients to become teachers, moves away from custodial and risk-averse approaches to a collaborative and person-centred focus. For Fred (patient), despite traumatic experiences, labels and residing in an institution, they became '*damn well not useless now*'.

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