The Perceptions of Registered Psychiatric Nurses towards clients with a diagnosis of Borderline Personality Disorder: A Literature Review
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(II)
Firstly, I would like to sincerely acknowledge and express my gratitude to my academic facilitator. The support and guidance you have provided throughout this process is genuinely appreciated. Thank you for your patience and for always responding to my many emails so promptly.

I would also like to thank the staff nurses, consultant psychiatrists and psychologists working in for their words of wisdom and advice while conducting my literature review. They are all a wealth of knowledge, always willing to share and help at every given step.

Finally, I would like to also thank my Fiancé, family and friends who have supported me during this four year degree. Their support and kind words of encouragement have helped me get to where I am now.
This literature review is submitted to Trinity College, The University of Dublin as an assignment for module NU4SO1.

I hereby declare that the work included in this literature review and associated poster are my own, unless otherwise cited.

Signed: _______________________
Name: _______________________
Date: __/__/____
This literature review examines the perceptions of Registered Psychiatric Nurses (RPNs) towards clients with a diagnosis of Borderline Personality Disorder (BPD).

The author has researched, assessed and appraised a number of existing research papers on this topic which focus on RPN’s perceptions and attitudes towards clients diagnosed with BPD. Twenty four articles including qualitative, quantitative and mixed method research designs, formed the basis for this literature review (Appendix 1 and Appendix 2).

Through thematic analysis the author identifies that there are three common themes evident within the research papers.

1. Behaviours RPNs associate with BPD,
2. Attitudes of RPNs towards clients with BPD and
3. Staff training and Clinical Supervision.

Further analysis finds that RPNs often confuse the symptoms of BPD, with negative behaviours displayed by this client group. The diagnostic criteria, as set out by the ‘Diagnostic and Statistical Manual - V’ (Appendix 3), are significantly different from the negative behaviours highlighted in the literature. The attitudes of RPNs are primarily negative and are frequently judgmental in nature. Analysed literature in many cases conclude that there is a demand for additional training and support within the profession.

This review of the literature endeavours to comprehensively examine the relevant research articles and studies exploring the perceptions and attitudes of RPNs towards clients with a diagnosis of Borderline Personality Disorder.

**Keywords:** Borderline Personality Disorder (BPD), Registered Psychiatric Nurses (RPNs), Negative Behaviours, Negative attitudes, Clinical Supervision, Staff training.
Borderline Personality Disorder (BPD) is a mental health condition affecting approximately 2% of the general population. BPD is also the most prevalent form of personality disorder (Moran 2002).

In recent times, the diagnosis of BPD can be identified as a mood and interpersonal function disorder (American Psychiatric Association 2013) with symptoms including, but not limited to, patterns of unstable relationships, issues with self-image, impulsivity, suicidal behaviour and dissociative symptoms. This diagnosis remains quite vague and as each person’s personality evolves based on biological, psychological and social factors, it is difficult to ascertain if the diagnosis is highlighting an actual identifiable mental health condition, a defective personality or in fact someone who is not complying to social norms.

The diagnosis BPD originates from the previous belief that people with this condition were ‘on the border’ between neurosis (when someone is distressed mentally, however is still able to differentiate between imagination and reality) and psychosis (the inability to differentiate between imagination and reality. They may also experience delusions- false fixed beliefs or hallucinations- seeing or hearing something that is not really there) (Stern 1938, Knight 1953).

The World Health Organisation (2010) report that BPD can develop as a result of psychological or social stressors and result in the person experiencing significantly higher levels of emotion and stress than the average person.

The diagnostic criteria has changed from the publication of the DSM IV in 2000 to the DSM V, published in 2013 (appendix 3). With the ongoing deviations to the Diagnostics and statistical manual, the
credibility of this tool are an issue with homosexuality, for example, only removed as a mental health condition in 1973.

A diagnosis of BPD, subsequently, can be a confusing time for both clinician and client. Clients often find themselves victimised and labelled with this diagnosis, with little guidance on services available or what this now means for their future. Such a diagnosis, removes the control held by individuals and alternatively attributes behaviours to the diagnosis. One of the major issues, as confusing as the diagnosis itself, is that Registered Psychiatric Nurses, the primary care givers, find it difficult to effectively deal with BPD personally and professionally.

Lewis and Appleby (1988) explored the impact a diagnosis of Borderline Personality Disorder had on how clients were received amongst mental health professionals. The results worryingly suggested that they were considered challenging, manipulative and less worthy of care than clients with a diagnosis of Depression, for example.

The research studies are currently suggesting the importance of the development of a specialised service for clients with BPD, to ensure the staff are equipped to deal with the presentations and also to ensure clients benefit from the treatment they receive. There appears, however, to be a practice theory gap. A specialist service for clients with BPD is yet to be materialised within Ireland despite our governing policy which is in effect since 2006 (DoHC 2006) suggesting this occur.

This area of mental health is of particular interest to the author as a consequence of an interaction with a young adult recently diagnosed with BPD. The client in question was of the belief that a diagnosis of Bipolar Disorder, a severe and enduring mental health problem, was a ‘better’ diagnosis to receive than BPD in terms of treatment, understanding and sympathy within the mental health services. The author observed a continuous barrage of negative
comments made within the multidisciplinary team in relation to clients with BPD and became interested in whether this was an institutional view or a common opinion openly held, among mental health nurses working with this client group.

The aim of this literature review is to explore the perceptions Registered Psychiatric Nurses have of clients with a diagnosis of Borderline Personality Disorder. Based on clinical experience, the author hypothesises that the results will be of a negative nature, highlighting the negative behaviours associated with BPD.
A broad search of the literature was conducted on Friday, November 14th to attain the available research surrounding "Nurse Attitudes towards Clients with a Diagnosis of Borderline Personality Disorder". Initially a scoping exercise was carried out on Google Scholar to establish the current terminology in use on this topic. Subsequently vast amounts of literature were returned by searching the following databases: Cumulative index to nursing and allied health literature (CINAHL), Medline, PsycARTICLES, PsycINFO and the Cochrane Library. The search terms used were: 'Borderline Personality Disorder', 'BPD', 'Staff Attitudes', 'Nurse Attitudes', 'Effects of', 'Diagnosis', 'Perceptions' and 'Emotionally Unstable Personality Disorder'. At this point inclusion and exclusion criteria were required. The cited databases were explored for relevant articles in English, where the full text was available. ‘Peer Reviewed’ was also specified as a requirement to ensure the highest standard possible of potential articles (Nicholas & Gordon, 2011). The Boolean Operator ‘AND’ was utilised to combine terms and retrieve the maximum amount of relevant literature for use within the literature review.

This broad search yielded 323 articles. At this point, the title of each article was considered relevant if it explored:

(a) Staff experiences, attitudes or perceptions of clients with a diagnosis of Borderline Personality Disorder or
(b) Clients experiences of the mental health services and/or staff, having received a diagnosis of Borderline Personality Disorder.

This search filtered the results to 19 articles.

Aveyard (2007) identified that searching the databases electronically, can often result in omitting published material which may be significant
for the results. Subsequently, a manual hand search was conducted of the reference lists and index pages of the journals. This method of searching identified a further 5 articles.

Using the Critical Appraisal Skills Programme (CASP), all the articles were reviewed for appropriate content. Of the 24 articles, there was a mix of literature reviews, quantitative and qualitative research. A number of non-research based literature were also identified as important in terms of supporting evidence and background knowledge.

Once the literature was gathered, it was established that the research developed through the period: December 1993 - February 2014. The research articles included in the literature review originated from: Australia, Canada, Greece, Ireland, Israel, New Zealand (NZ), South Africa, Sweden, Taiwan, United Kingdom (UK), and the United States of America (USA).

A review of the research articles resulted in the emergence of the following themes:

1. Behaviours associated with Borderline Personality Disorder
2. Nurse attitudes to clients with Borderline Personality Disorder
3. Staff training and Clinical Supervision

The aim of this literature review is to explore the attitudes and perceptions of psychiatric nurses, regarding clients with a diagnosis of Borderline Personality Disorder. The author also endeavours to investigate the impact such beliefs can have on the level of care provided to an already stigmatised group within society.
Behaviours Associated with Borderline Personality Disorder

This first theme, behaviours associated with Borderline Personality Disorder, materialised through eight fundamental articles when searching the literature. The methodology presented as six Qualitative interviews (Woollaston & Hixenbaugh 2008, Ma et al. 2009, McGrath & Dowling 2012, O’Connell & Dowling 2013, Stroud & Parsons 2013, Helleman et al. 2014), one Quantitative questionnaire (Markham 2003) and one mixed method research paper (Commons 2009). These papers focused on the many stereotypical behaviours and actions of clients with Borderline Personality Disorder (BPD). Such behaviours are often viewed and responded to in a negative light by Registered Psychiatric Nurses (RPNs) and appear to impact greatly on the level of attention and care provided to this client group.

As BPD can present as a unique arrangement for each individual, the often diverse combination of symptoms can result in RPNs struggling to describe BPD and the associated behaviours. The semi-structured interviews carried out by O’Connell & Dowling (2013) had a small sample size (10 Registered Community Mental Health Nurses). The participants identified behaviours such as Deliberate Self Harm (DSH) - cutting or poisoning, attention seeking and staff splitting as negative behaviours associated with BPD. Similarly to Ma et al. (2009), difficulty in engaging was also identified, and attributed to relationship difficulties; one of the symptoms of BPD as identified in the DSM V (APA 2013).

Stroud & Parsons (2013) reported “manipulative”, “challenging” and “frustrating” behaviours from this client group. These results are reflected in the work of Commons (2009). Such behaviours are described in the context of how nurses view clients with BPD and subsequently the attitudes they have towards this marginalised group. McGrath & Dowling
(2012) similarly published work describing challenging and demanding behaviours. It became evident in this study that such behaviours made it quite difficult for staff to provide a satisfactory level of care to this ostracised group based on past experience. The dwelling on past experience in a negative light may need to be addressed with more support or training for staff which will be discussed in a later theme. Staff proceeded to report ‘sabotaging behaviours’ and they were of the opinion that emotions and feelings are often exaggerated, making it difficult to get to know the person on a truly therapeutic level. Ma et al. (2009) were also of the view that it can be difficult to establish and engage on a therapeutic level with clients diagnosed as having BPD. Interestingly, however, a nurse in the study did acknowledge that on occasion the nursing staff achieve a glance at the real person behind the negative behaviours, once the presenting crisis has passed.

In a study conducted by Woollaston & Hixenbaugh (2008), suicide attempts, such as attempted hanging, were identified as a behaviour associated with BPD. In this study, clients with BPD were described as a ‘disruptive whirlwind’ and they often left ‘a trail of destruction’ behind them. Similarly in a Taiwanese study conducted a year later this was reaffirmed by RPNs (Ma et al. 2009). In these in-depth interviews, the negative behaviours were at the forefront of the results once again. Testing limits with nursing staff and manipulating other clients were also described. Such findings need to be carefully analysed however. Only 9 of the 15 participants in this study had previously cared for clients with BPD and of the 9, they each only had experience of 3-4 clients with this diagnosis. Although the findings are in line with other more reliable studies, the lack of experience may prevent an accurate description of associated behaviours. The cultural differences of participants adds a new dimension and ultimately justifies the inclusion of this study.

In a study conducted by Markham (2003), clients with BPD were considered to be more dangerous than clients with a diagnosis of
Depression or Schizophrenia. Although this rather serious association emerged from the data, the questions used to determine attitudes of staff were questionable and focused mainly on RPNs hospitality to clients in a non-professional setting through a professional lens of the diagnosis.

As all participants in the previously mentioned studies were RPNs, a timely study conducted by Helleman et al. (2014) involved the participation of clients with a diagnosis of BPD. Interestingly, they also identified engaging in disruptive behaviours including verbal aggression, deliberate self-harm and alcohol/drug use. In contrast, however, the clients involved in this study did not attribute said behaviours to the diagnosis of Borderline Personality Disorder as RPNs had in the previous studies, rather they attributed negative behavioural displays to poor contact with the nursing staff assigned to their care.

With the emerging negative behaviours associated with BPD in the literature explored, RPNs attitudes to BPD may need to be discussed in order to fully understand the behaviours (Winship 2010). Are the negative behaviours which nurses associate as part of the condition in fact a response to the unsatisfactory care provided as a result of our attitudes to a condition with a negative connotation from the beginning? The following theme explores Nurse Attitudes to clients with BPD.
The majority of the literature included in this review exemplify the negative attitudes held by RPNs towards clients with a diagnosis of BPD (Bergman & Eckerdal 2000, Bodner et al. 2002, Commons Treloar 2009, El-Adl & Hassan 2009, Ma et al. 2009, Winship 2010, McGrath & Dowling 2012, Stroud & Parson 2013). There is however, a body of research which would suggest that it is not all negative and that nurses do in fact have positive attitudes towards BPD, albeit, not continuously (Cleary et al. 2002, James & Cowman 2007, Woollaston & Hixenbaugh 2008, Hauck et al. 2013). RPNs also appear to differentiate and compare BPD to other diagnoses, in particular mood disorders and psychotic disorders such as Major Depression Disorder (MDD) and Schizophrenia (Fraser & Gallop 1993, Markham 2003, Markham & Trower 2003, Forsyth 2007, Giannouli et al. 2009).

In a qualitative study conducted by Stroud & Parson (2013) participants expressed a sense of ‘dread’ in working with BPD. This was attributed to the often complex issues staff are required to deal with in combination with the many negative associated behaviours. A lack of a framework for staff to understand negative behaviours also resulted in negative attitudes. Similarly, Commons Treloar (2009) in a mixed methods design unveiled that BPD provoked an uncomfortable personal response in the participating clinicians. They too recognised the manipulation and challenging behaviours as the leading cause of this uncomfortable relationship between staff and clients with BPD. Although this study does not differentiate whether it is nurses or other clinicians who reported this, almost 70% of the participants were nurses. Such negative responses even extend to nurses reporting that, they would in fact, avoid providing care for this group and ultimately discard expectations for a positive outcome (McGrath & Dowling 2012, Ma et al. 2009).
A significant 30% of participants in a quantitative study conducted by El-Adl & Hassan (2009) were of the opinion that clients with BPD were not in fact mentally unwell. The same participants described working with this client group as challenging and 25% described it as ‘stressful’. Likewise Ma et al. (2009) reported findings that clients with BPD were not worthy of the available services. As Ma et al. (2009) availed of a qualitative design it may be difficult to accurately compare findings.

In a much older qualitative study conducted in Sweden, the interviewees associated the lack of empathy from nursing staff with creating a negative and provoking atmosphere on the ward for clients with BPD (Bergman & Eckerdal 2000). This theory was reaffirmed in recent times and in fact expanded on. When the empathy of nurses to clients with BPD was compared to that of other mental health practitioners (psychologists), it was significantly lower (Bodner et al. 2011). The author suggests, however, that this result may be due to the psychologist’s role to primarily accept and empathise with clients in contrast to the authoritarian and limit setting role of the RPN. The author fails, however, to acknowledge that as the questionnaires were filled out by participants in the company of the research assistant, this may have impacted on the results.

In stark contrast to the concerning negative attitudes discussed above, two similar quantitative studies identified positive attitudes to clients with BPD while assessing the knowledge, experience and attitudes of nurses towards this client group (Cleary et al. 2002, James & Cowman 2007). There was a suggested optimism toward this client group, as RPNs identified clients with BPD as increasingly treatable. Nurses also recognised the importance of their role in the assessment, education and management of BPD. The survey used in James & Cowman (2007) is modelled on that used by Cleary et al. (2002), which may unfortunately explain the similarity in the positive outcomes. Also, the response rates on both studies are relatively poor (less than 50%). The questionnaires
asked respondents to talk in an abstract way about BPD and subsequently assessed the positive attitudes nurses held subjectively as opposed to the actual behaviours displayed in practice. Furthermore, participants in a study conducted by Woollaston & Hixenbaugh (2008) identified a correlation between positive attitudes and positive experiences of clients getting better. Both participants had received additional training which may have influenced this result, hinting at a need for specialist training in order to cultivate greater positive attitudes. Hauck et al. (2013) in a quantitative study exploring attitudes of RPNs identified nurses as having positive attitudes towards clients with BPD and DSH behaviours. The results yielded overall positive attitudes towards this client group, however, convenience sampling is a setback in the overall methodology of this study (Polit & Beck 2013).

Five studies within the mass of literature on nurse attitudes to BPD emerged discussing nurse’s attitudes towards BPD in comparison to Depression and Schizophrenia (Fraser & Gallop 1993, Markham 2003, Markham & Trower 2003, Forsyth 2007, Giannouli et al. 2009). All five quantitative research papers highlighted nurse’s negative attitudes towards BPD when assessed against those of other mental health issues, namely Depression and Schizophrenia.

Giannouli et al. (2009) carried out a questionnaire in Greece with a response rate of 54%. Although the daily contact the participants had with BPD was limited (8%), a large number of participants reported clients with BPD to be more difficult to work with than other disorders. Similarly, Forsyth (2007) discovered that nurses would be more likely to help clients with MDD or Schizophrenia. This study, like Giannouli et al. (2009), had an abysmal response rate of 22% despite the authors numerous attempts to increase responses. The questionnaire was not included in the published paper and so made it difficult to ascertain what stable or unstable factors associated with each condition were presented to participants in order to extract attitudes. Two studies portrayed nurses
as having decreased sympathy and optimism towards clients with BPD than MDD and Schizophrenia. The questionnaires extracted that the nurses believed clients with BPD were more in control of their condition and associated behaviours than those with MDD or Schizophrenia and subsequently less worthy of nurse time or medical treatment (Fraser & Gallop 1993, Markham & Trower 2003). Markham (2003) went one step further using a social distance scale and assessed psychiatric labels and staff qualification. Unlike Giannouli et al. (2009) the questionnaire was included, however, the questions were suggestive of how the participants may respond to people with the mentioned diagnoses in a personal setting as opposed to professionally. Interestingly, nurses reported a greater desire for social distance from clients with BPD than Schizophrenia or Depression in comparison to healthcare assistants who rated BPD in the same way as the comparing diagnoses.

This was reiterated by a number of research studies in which they attribute RPNs lack of empathy and desire for social distance to clients with BPD due to this client group having a perceived greater amount of control over their behaviours in comparison to depression or schizophrenia (Fraser & Gallop 1993, Markham & Trower 2003, Forsyth 2007, Woollaston & Hixenbaugh 2008, Winship 2010). Thus, it became clear that RPNs attitudes towards clients with BPD, when compared to other diagnoses namely depression or schizophrenia, is significantly more negative and cynical.
The third and final theme to emerge from synthesising the literature was the perceived need for additional training for staff. There was also a desire among mental health professionals to have access to clinical supervision in the work place. This theme materialised in fourteen research papers explored for the purpose of this literature review. Nine quantitative research articles (Cleary et al. 2002, Krawitz 2004, James & Cowman 2007, Forsyth 2007, Commons Treloar & Lewis 2008, El-Adl & Hassan 2009, Giannouli et al. 2009, Bodner et al. 2011, Hauck et al. 2013) and 6 qualitative (Bergman & Eckerdal 2000, Woollaston & Hixenbaugh 2008, Ma et al. 2009, Rogers 2012, O’Connell & Dowling 2013, Rogers & Dunne 2013) allowed for a seasoned research base.

In a quantitative study conducted by James & Cowman (2007) only three percent of the participants had any specific training in BPD outside of the undergraduate training and of the three percent, the additional training only consisted of a single workshop or lecture.

Having explored the negative attitudes of RPNs towards clients with BPD, it would be important to identify how to improve on this. James & Cowman (2007) shine a light on a key study conducted by Krawitz (2004) which suggested a significant improvement in attitudes of staff having partaken in post educational training in BPD. Similarly, three further studies (Commons Treloar & Lewis 2008, Commons Treloar 2009, Bodner et al. 2011) assessed the benefit of education programmes and their ability to improve RPNs attitudes towards BPD or the diagnosis itself. Such studies found promising, albeit short-term, improvements in staff attitudes. Although Commons & Treloar identified improvements, the education programmes involved reflection, information providing, active attendance and involvement making it difficult to ascertain what may have caused such an improvement.
El-Adl & Hassan (2009) similarly found that RPNs who were involved in a voluntary awareness workshop had higher levels of enjoyment and sense of purpose when working with BPD. Hauck et al. (2013) hypothesised additional training was required in order to enhance positive attitudes. This was the first US study which looked at nurse attitudes to BPD and DSH. 87% of the participants felt that additional training would help them in information giving, DSH, and adequately dealing with referrals. There is also, importantly, a willingness among staff to engage in further training to provide greater levels of care (Bergman & Eckerdal 2000, Cleary et al. 2002, Giannouli et al. 2009, Hauck et al. 2013, O’Connell & Dowling 2013).

Bergman & Eckerdal (2000) identified that RPNs are of the opinion that they lack the appropriate knowledge and skill base to effectively deal with BPD and the associated attributes and behaviours. On the contrary, the participants for Cleary et al. (2002), believed they were appropriately knowledgeable, however, they identified an un-fulfilled need for specialist services and additional training for such professionals. It is worth noting that unlike Bergeman & Eckerdal (2000), one third of the participants in the 2002 study as mentioned, had received additional training, which may contribute to the result of the RPNs feeling adequately knowledgeable.

Rogers (2012) and Rogers & Dunne (2013) enhanced the previous research by exploring the opinions of clients with BPD in relation to the services provided. Clients divulged that they thought staff were unsure of how to effectively look after them, and that there was a form of confusion amongst staff as to what works effectively. The participants reported an improvement in the care they received whilst in a specialist service, however, which suggests the additional training for specialist services results in better care outcomes (Rogers 2012). Caution is required on such results, however, as the author was involved in the specialist services and the participants were aware of this. Client’s freedom to speak about the specialist services may have been impeded.
The need for clinical supervision was signposted by O’Connell & Dowling (2013). The participants, a small group of community based psychiatric nurses, believe that in aiming for effective recovery focused care, supervision is pivotal. Additional training in risk assessment and suicide were also highlighted. The work of Woollaston & Hixenbaugh (2008) echo this. One participant discussed the effect a suicide of a client with BPD had on them. This highlights the need for additional training in suicide as discussed above, but also the appropriate use of clinical supervision and peer support. Ma et al. (2009) identifies a role for RPNs in supporting each other emotionally while looking after a challenging group such as clients with BPD.

Although there is little hard and fast evident to prove the effectiveness of additional training programs, the many research articles which have hinted towards an improvement in attitudinal habits highlights the need for additional research into what training is most beneficial and to what level is there a perceived improvement.
The purpose of this literature review was to critically explore the literature base for Registered Psychiatric Nurse’s perceptions of clients with a diagnosis of Borderline Personality Disorder. It is evident from the literature that the care provided to clients with BPD remains substandard and a neglected area of expertise, as a direct result of the perceptions and attitudes of RPNs working in Mental Health.

This review of the literature suggests that RPNs have a difficulty in defining Borderline Personality Disorder. Rather than defining this disorder by the appropriate diagnostic criteria, they often refer to the client group by the associated negative behaviours which they have experienced previously, such as manipulative, challenging and demanding. Testing limits and splitting staff were also identified as behaviours associated with Borderline Personality Disorder. Interestingly, suicide attempts were identified as a behaviour associated with Borderline Personality Disorder rather than a behaviour resulting from heightened distress associated with BPD. Clients with BPD also identified as having engaged in the mentioned negative behaviours, however, attributed these actions to the negative atmosphere on the ward and the poor quality contact with the RPNs.

A large number of RPNs appear to have negative attitudes and opinions of clients with BPD. These negative opinions and beliefs subsequently affect the level of care provided to clients. Clients with BPD are often seen as less worthy of time and treatment to their fellow clients with diagnoses such as depression or schizophrenia. RPNs reported to find this client group as difficult to work with and often had low expectations for a positive care outcome. There was a limited pool of research suggesting that some RPNs do enjoy working with this client group and
they identified getting to know the clients on a deeper level once the crisis they were experiencing had passed. There was also a desire among RPNs for greater social distance from clients with BPD when compared to Depression and Schizophrenia.

There was a willingness and desire among RPNs to engage in further training on Borderline Personality Disorder. There appeared to be a severe lack of specialist services in this area, with RPNs often attributing the poor level of care they provided down to the lack of education and training they had previously received. Many RPNs felt that clients with BPD should be treated in a specialist service as opposed to regular mental health services, however, they are currently not available. The need for RPNs to support each other emotionally and a desire for the introduction of clinical supervision were highlighted. Although there is limited evidence to suggest to what level of significance an improvement is gained from additional training, it is worth identifying. It is suggested, however, that with additional education and training, RPNs negative attitudes decreased and the level of therapeutic engagement improved.

To conclude, the hypothesis of the author was confirmed that RPNs perceive clients with BPD in a negative light and subsequently the level of care is impacted. The many associated negative behaviours are focused on as opposed to the symptoms at hand. The need for additional support and training in this field is apparent.
RECOMMENDATIONS

There is a persistent need for additional research into the benefits of additional training with regard to staff perceptions and attitudes towards clients with a diagnosis of Borderline Personality Disorder. Forsyth (2007) attempted to measure the correlation between staff’s empathy/anger levels with BPD and non-compliance on therapy work. The findings and methodology of this quantitative questionnaire may be of benefit to future researchers in an attempt to measure the benefit of a training program as it would look at emotional responses, attributions and RPN’s desire to help.

There is a need to explore the long term benefits or disadvantages of labelling someone with a diagnosis of Borderline Personality Disorder. It would be beneficial to establish if giving such a diagnosis helps or hinders the individual. It is suggested that the diagnosis itself allows the clients to identify as having diminished control over their actions, which in the long term may affect the quality of life they go on to live.

There is an opening to establish the effects of Clinical Supervision on the level of care provided.

Highlighting the negative attitudes and perceptions of RPN’s may also help staff become more aware of their actions and become more conscious of the responses to clients with Borderline Personality Disorder.
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<th>Abbreviation</th>
<th>Full Term</th>
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<tr>
<td>BPD</td>
<td>Borderline Personality Disorder</td>
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<tr>
<td>DSH</td>
<td>Deliberate Self Harm</td>
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<td>DSM</td>
<td>Diagnostic and Statistical Manual</td>
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<td>ICD</td>
<td>International Classification of Diseases</td>
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<td>MDD</td>
<td>Major Depressive Disorder</td>
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<tr>
<td>RPN</td>
<td>Registered Psychiatric Nurse</td>
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<td>WHO</td>
<td>World Health Organisation</td>
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<tr>
<td>Author(s) and Title</td>
<td>Study Aims &amp; Objectives</td>
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<tr>
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<tr>
<td>Author(s): Dominic Markham, Peter Trower</td>
<td>Aim: To investigate how the psychiatric label Borderline Personality Disorder (BPD) affected staff perceptions and casual attributions about patient’s behaviour.</td>
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<tr>
<td>Author(s) and Title</td>
<td>Study Aims &amp; Objectives</td>
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| **Author(s):** Wei-Fen Ma Fu-Jin Shih Szu-Mei Hsiao Shaw-Nin Shih Mark Hayter  
**Title:** ‘Caring Across Thorns’- Different care outcomes for Borderline Personality Disorder (BPD) patients in Taiwan.  
**Year:** 2009 | **Aim:** To explore the contributing factors and effects of Taiwan’s Mental Health Nurses’ decision-making patterns on care outcomes for patients with Borderline Personality Disorder | **Research Design:** Qualitative Research Descriptive  
**Initial Sample:** 15 Mental Health Nurses  
**Sample utilised:** 15 Mental Health Nurses |  | **Data Collection Method:** Semi-Structured, face to face, in-depth Interviews | **Data Analysis Method:** Qualitative Data Analysis (QDA) | **Relevant Findings:** The informants caring outcomes for clients with BPD were involved with the following five themes:  
1. Shift from Honeymoon to chaos stage  
2. Nurses’ expectations for positive vs. negative outcomes  
3. Practicing routine vs. Individualised care  
4. Adequate or Inadequate support from healthcare team members  
5. Differences in care outcomes |
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<td>Author(s):</td>
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<td>Research Design: Quantitative Research</td>
<td>Initial Sample:</td>
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<tr>
<td>Philip D. James</td>
<td>Aim: To describe the experiences and attitudes of nurses who deliver nursing care to clients with Borderline Personality Disorder.</td>
<td>157 Clinical Nurses working in Dublin, Ireland</td>
<td>Data Collection Method: Questionnaire</td>
<td></td>
<td>- The majority of nurses have regular contact with clients with BPD. More frequent contact on inpatient units than in the community.</td>
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<tr>
<td>Seamus Cowman</td>
<td>Initial Sample:</td>
<td>Sample utilised:</td>
<td>Data Analysis Method:</td>
<td></td>
<td>- 80% of nurses view clients with BPD as more difficult to care for than other clients.</td>
<td></td>
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<tr>
<td>Title: Psychiatric nurses’ knowledge, experience and attitudes towards clients with Borderline Personality Disorder (BPD)</td>
<td>157 Clinical Nurses working in Dublin, Ireland</td>
<td>65 Clinical Nurses working in psychiatric services in Dublin, Ireland</td>
<td>SPSS (Version 11)</td>
<td></td>
<td>- 81% believe that the care they receive is inadequate.</td>
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<td>Year: 2007</td>
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<td>Sample utilised:</td>
<td>Statistical Analysis</td>
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<td>- Lack of services is most cited as the reason for the inadequate care, and the development of a specialised service is reported as the most important resource to improve care.</td>
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<td>Author(s) and Title</td>
<td>Study Aims &amp; Objectives</td>
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<td>Paul Fallon</td>
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<td><strong>Title:</strong></td>
<td><strong>Aim:</strong> To analyse the lived experiences of the participants’ contact with psychiatric services. To describe the impact various modalities of service have had on individual service users. To utilize the user’s perspective of service to discuss the perceived role and function of mental health service provision to people with a Borderline Personality Disorder.</td>
<td><strong>Research Design:</strong> Qualitative Research</td>
<td><strong>Initial Sample:</strong> 7 clients with Borderline Personality Disorder  <strong>Sample utilised:</strong> Four females Three Males Aged: 25-45 years old</td>
<td><strong>Data Collection Method:</strong> Unstructured Interviews</td>
<td><strong>Data Analysis Method:</strong> -Grounded Theory -Open and Axial Coding -Constant comparative method -Selective coding</td>
<td><strong>Relevant Findings:</strong> -Living with BPD -The Service Response -Relationships -‘Travelling through the system’</td>
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<td>Author(s) and Title</td>
<td>Study Aims &amp; Objectives</td>
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<td>Author(s): Amanda J. Commons Treloar Andrew J. Lewis</td>
<td><strong>Aim:</strong> To assess the impact of attending targeted clinical education on borderline personality disorder on the attitudes of health clinicians towards working with deliberate self-harm behaviours.</td>
<td><strong>Research Design:</strong> Quantitative</td>
<td><strong>Initial Sample:</strong> 99 Registered Practitioners</td>
<td><strong>Data Collection Method:</strong></td>
<td><strong>Data Analysis Method:</strong></td>
<td><strong>Relevant Findings:</strong></td>
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<tr>
<td><strong>Title:</strong> Targeted clinical education for staff attitudes towards deliberate self-harm (DSH) in borderline personality disorder (BPD): randomized controlled trial</td>
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<td><strong>Sample utilised:</strong> 99 Registered Practitioners from two Australian health services and one New Zealand Health Service</td>
<td><strong>- Demographic Questionnaire</strong></td>
<td><strong>- Univariate Analysis</strong></td>
<td>- There was a significant improvement in attitude ratings working with DSH behaviours in BPD clients following attendance at the educational program.</td>
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<td><strong>Year:</strong> 2008</td>
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<td><strong>- Attitudinal Questionnaire</strong></td>
<td><strong>- Multivariate Analysis</strong></td>
<td><strong>- One way ANCOVA’s</strong></td>
<td>- The education program consisted of: Research findings on attitudes to BPD, prevalence rates, clinical guidelines to working with BPD, theoretical framework to understanding the behavioural presentation of DSH in clients with BPD, reflection time, active attendance and specific knowledge. Subsequently difficult to discern main factors responsible for the attitudinal improvement.</td>
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<td>Author(s) and Title</td>
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| Author(s): B.L. Rogers  
Title: ‘I think we’re all guinea pigs really’: a qualitative study of medication and borderline personality disorder  
Year: 2012 | **Aim:** To explore the experience of service users with being treated with medication for the Borderline Personality disorder diagnosis. | **Research Design:** Qualitative Research | **Initial Sample:** 7 Service Users under a specialist service for Borderline Personality Disorder  
**Sample utilised:** 7 Service Users | **Data Collection Method:** Semi-Structured Interviews | **Data Analysis Method:** Thematic Analysis | -Clients involved in the study reported that the diagnosis of BPD negatively impacted on the care they received with staff either refusing treatment or focusing on medications.  
-They reported a lack of understanding among staff of the diagnosis, and that it impacted on their attitudes-negative attitudes.  
-Reported staff to be dismissive, unsympathetic and insensitive.  
-Feel like guinea pigs as staff do not know how to treat them. Confusion amongst staff about what actually works.  
-Reported an improvement in care within specialised services. |
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<th>Author(s) and Title</th>
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<tr>
<td>Author(s): K. Woollaston P. Hixenbaugh</td>
<td><strong>Aim:</strong> To explore nurses’ relationships with BPD patients from their own perspective.</td>
<td><strong>Research Design:</strong> Qualitative Research</td>
<td><strong>Initial Sample:</strong> 6 Mental Health Nurses&lt;br&gt;<strong>Sample utilised:</strong> 4 male mental health nurses 2 female mental health nurses</td>
<td><strong>Data Collection Method:</strong> Semi Structured Interviews</td>
<td><strong>Data Analysis Method:</strong> Thematic Analysis Line-by-line Coding Paragraph Coding</td>
<td><strong>Relevant Findings:</strong> ‘Destructive Whirlwind’- nurses report their perception of clients with BPD as a powerful, dangerous, unrelenting force that leaves a trail of destruction. -Nurses experience BPD in a negative manner. -Can be attributed to the unpleasant interactions and also the feeling that they lack the necessary skills to work with this group. -Study shows that nurses want to improve their relationships with BPD patients.</td>
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<td>Author(s) and Title</td>
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| **Author(s):**      | **Aim:** To evaluate the effects of the label Borderline Personality Disorder (BPD) on staff attitudes and perceptions. | **Research Design:** Quantitative Research | **Initial Sample:** 50 Registered Mental Health Nurses and 21 Health Care Assistants | **Data Collection Method:** Questionnaire | **Data Analysis Method:** -Parametric Analysis -Two-way ANOVA’s -Dependent Sample t tests -Pearson correlations | -Nursing staff express high levels of social rejection towards patients with a diagnosis of BPD in comparison to those with a diagnosis of Schizophrenia/Depression.  
-Registered Mental health Nurses reported clients with BPD higher on the dangerousness scale in comparison to the same groups.  
-Staffs beliefs regarding patient’s dangerousness resulted in a desire to maintain social distance from this client group. |
<p>| Dominic Markham    | <strong>Title:</strong> Attitudes towards patients with a diagnosis of ‘borderline personality disorder’: Social rejection and dangerousness | <strong>Sample utilised:</strong> 50 Registered Mental Health Nurses and 21 Health Care Assistants |        |                        |                     |                  |</p>
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<td>Ruth Gallop</td>
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<td><strong>Title:</strong></td>
<td>Masquerading of nurses'</td>
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<td>Confirming/Disconfirming Responses to Patients Diagnosed with Borderline Personality Disorder</td>
<td>Aim: To establish whether or not nurses actually interact differently with clients with Borderline Personality Disorder than other disorders.</td>
<td>Initial Sample: 17 Nurse leaders 164 Patients</td>
<td>Data Collection Method: Group Discussion Rating Scales: Heineken’s Confirmation/Disconfirmation Rating Instrument Colson’s Hospital Treatment Rating Scale</td>
<td>Data Analysis Method: Analysis of Variance Scheffe Test</td>
<td>Relevant Findings: In actual practice situations, nurses respond to BPD patients in a less empathic manner than clients with other diagnosis.</td>
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<td><strong>Aim:</strong></td>
<td>To develop two</td>
<td><strong>Research Design:</strong> Quantitative</td>
<td><strong>Sample:</strong> 57 Clinicians: 25 Psychiatric Nurses 13 Psychologists 19 Psychiatrists</td>
<td><strong>Data Collection Method:</strong> Questionnaire</td>
<td><strong>Data Analysis Method:</strong> Inferential Statistics Analysis. The tests run were: Multivariate analyses of Variance (MANOVAs), Three stepwise regression analyses and C2 Test with Continuity Correction</td>
<td><strong>Relevant Findings:</strong> -Nurses had more antagonistic judgements towards BPD patients. -Although there are negative opinions, nurses still acknowledge the complexity of BPD and understand the need for different disciplines to combine efforts in their treatment. -Nurses expressed less empathy towards BPD patients in comparison to other practitioners. -Increased level of training and motivation to learn other therapeutic methods to work with BPD resulted in a reduction in negative emotions.</td>
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<td><strong>Author(s) and Title</strong></td>
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<td><strong>Author(s):</strong> Forsyth A.</td>
<td><strong>Aim:</strong> To investigate the effects of the diagnoses of borderline personality disorder and major depressive disorder, together with reasons for client non-compliance with therapy tasks, on mental health workers’ helping, empathy and anger reactions.</td>
<td><strong>Research Design:</strong> Quantitative</td>
<td><strong>Initial Sample:</strong> 120 Healthcare Workers  <strong>Sample utilised:</strong> 26 Healthcare Workers</td>
<td><strong>Data Collection Method:</strong> Questionnaire</td>
<td><strong>Data Analysis Method:</strong> SPSS Computer Package  Three-Way Analysis of Variance</td>
<td><strong>Relevant Findings:</strong>  - Nurses are more likely to help service users with a diagnosis of MDD compared with those with BPD.  - A diagnosis of BPD results in more anger, less helping and empathy compared with a diagnosis of MDD.</td>
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<td>Author(s) and Title</td>
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| **Author(s):** Giannouli H. Perogamvros L. Berk A. Svigos A. Vaslamatzis Gr.  
**Title:** Attitudes, Knowledge and Experience of nurses working in psychiatric hospitals in Greece, regarding borderline personality disorder: a comparative study.  
**Year:** 2009 | **Aim:** To determine the knowledge, attitudes and experience of psychiatric nurses regarding clients with BPD and to compare nurses working in Psychiatric hospitals with those in Psychiatric clinics of General hospitals.  
**Research Design:** Quantitative  
**Initial Sample:** 127 Mental Health Nurses  
**Sample utilised:** 69 Mental health nurses (34 from Psychiatric hospital and 35 from psychiatric clinics in general hospitals) |  
**Data Collection Method:** Questionnaire |  
**Data Analysis Method:** SPSS – Version 13  
Pearson’s Chi-Squared Test |  
**Relevant Findings:**  
- Only 24.6% aware of specialised services for BPD patients.  
- 85% believe the management of BPD patients is moderate-difficult.  
- Only 4.3% reported receiving specific training in relation to the care of BPD patients.  
- Staff are willing to engage in an education seminar to improve inpatient management.  
- Staff in psychiatric hospitals have the same experience, attitudes and knowledge as those in psychiatric clinics in general hospitals. |
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| **Author(s):** Hauck J. Harrison B Montecalvo A.  
**Title:** Psychiatric Nurses’ Attitudes Toward Patients with Borderline Personality Disorder Experiencing Deliberate Self-Harm.  
**Year:** 2013 | **Aim:** To explore the attitudes of Psychiatric nurses toward patients with borderline personality disorder (BPD) experiencing self-harm. | **Research Design:** Quantitative | **Initial Sample:** 165 Psychiatric Nurses within 3 Psychiatric Hospitals  
**Sample utilised:** 83 Psychiatric Nurses | **Data Collection Method:** Questionnaire | **Data Analysis Method:** SPSS Version 17  
Pearson Correlation Analysis  
ANOVA’s | **Relevant Findings:**  
- Psychiatric nurses exhibited positive attitudes towards hospitalised BPD patients with Self-Harm issues.  
- Psychiatric nurses, with more years of experience and a self reported need for continuing education, had more positive attitudes towards hospitalised BPD patients. |
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| **Author(s):** O’Connell B. Dowling M.  
**Title:** Community Psychiatric Nurses’ experiences of caring for clients with borderline personality disorder.  
**Year:** 2013 | Aim: To explore the experience of psychiatric nurses who work in the community caring for clients with borderline personality disorder (BPD). | **Research Design:** Qualitative | **Initial Sample:** 15 Registered Community Psychiatric Nurses  
**Sample utilised:** 10 Registered Community Psychiatric Nurses. | **Data Collection Method:** Semi-Structured Interview | **Data Analysis Method:** Thematic Analysis | Relevant Findings:  
- Nurses understanding of BPD and their experiences of caring for individuals with the condition were varied.  
- An increasing desire amongst nurses for education was evident.  
- Although working with this clientele can be challenging, the nurses also reported the rewards of seeing progress, however slow.  
- The lack of clinical Supervision for the community mental health nurses was highlighted as important for effective recovery orientated care. |
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| Author(s): Cleary M. Siegfried N. Walter G | Aim: To obtain a baseline data to provide direction for developing planned education and determining staff willingness to participate in such training regarding the management of clients with a diagnosis of borderline personality disorder. | Research Design: Quantitative | Initial Sample: 516 Mental Health Staff  
Sample utilised: 229 Mental Health Staff | Data Collection Method: Questionnaire | Data Analysis Method: SPSS Analysis | Relevant Findings:  
-80% of staff found working with clients with BPD to be moderate to very difficult.  
-84% found them to be more challenging than other groups.  
-Although most staff believed they were knowledgeable and confident in managing these clients, they also indicated difficulties posed by these clients and perceived a need for further education and training in this area. |
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| **Author(s):** Helleman M. Goossens P. Kaasenbrood A. Van Achterberg T. **Title:** Experiences of patients with borderline personality disorder with the brief admission intervention: A Phenomenological Study. **Year:** 2014 | **Aim:** To describe the lived experiences of patients with borderline personality disorder with the use of a brief admission. | **Research Design:** Qualitative | **Initial Sample:** 27 Patients **Sample utilised:** 17 Patients; 16 female and 1 male | **Data Collection Method:** Descriptive Phenomenological Interview | **Data Analysis Method:** Thematic Analysis | **Relevant Findings:**  
- Clients felt that contact with nurses enabled them to connect with themselves and subsequently avoid self-harming behaviours/attempted suicide.  
- Patients sometimes felt they could not approach nurses. This lack of contact led to feelings of tension, abandonment, rejection, loss and anger.  
- As a result, disruptive behaviours such as verbal aggression, self-harm and alcohol/drug use could occur.  
- Patients also described feeling ignored, misunderstood and being met with anger. |
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| **Author(s):** McGrath B. Dowling M.  
**Title:** Exploring Registered Psychiatric Nurses’ Responses Towards Service Users with a Diagnosis of Borderline Personality Disorder.  
**Year:** 2012 | **Aim:** To explore registered Psychiatric Nurses interactions and level of empathy towards service users with a diagnosis of Borderline Personality Disorder. | **Research Design:** Qualitative | **Initial Sample:** 31 Registered Psychiatric Nurses  
**Sample utilised:** 17 Registered Psychiatric Nurses | **Data Collection Method:** Semi-Structured Interview | **Data Analysis Method:** Thematic Analysis | **Relevant Findings:** - Four themes emerged: 1. Challenging and Difficult 2. Manipulative, destructive and threatening behaviour. 3. Preying on the vulnerable resulting in splitting staff and other clients. 4. Boundaries and structure. - Low levels of empathy evident in majority of participants. - Evidence to support the need for training and education for nurses caring for clients with BPD. |
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| **Author(s):**     | **Aim:** To explore the experiences of service users with a diagnosis of Borderline Personality Disorder to facilitate the ongoing development of the SPDS. To contribute to the awareness of lived experiences of service users with a diagnosis of BPD by presenting the feedback obtained in the focus group. | **Research Design:** Qualitative | **Initial Sample:** 65 Service Users  **Sample utilised:** 7 Service Users; 5 Women and 2 Men. | **Data Collection Method:** Semi Structured Focus Groups | **Data Analysis Method:** Thematic Analysis (Braun & Clarke 2006) | **Relevant Findings:**  
- Service users described a lack of understanding among staff of BPD.  
- Staff appears to perpetuate fears of rejection and abandonment amongst clients by making rejecting comments.  
- Clients believe specialist training should be provided to staff on BPD. |
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| **Author(s):** Bergman B. Eckerdal A. | **Aim:** To investigate caregivers’ experiences and beliefs of working with Borderline Personality Disorder in a psychiatric organisation. | **Research Design:** Qualitative | **Sample:** 29 Caregivers | **Data Collection Method:** In Depth Interviews | **Data Analysis Method:** Comparative Method (Glaser & Strauss) | **Relevant Findings:**  
- Clients often find the environment of the ward can be negative and provoking if the nursing staff does not show enough empathy.  
- Working with clients with BPD can often arouse frustration, powerlessness and anger amongst staff.  
- A suggestion is made to improve documentation to in turn lead to better communication and a better knowledge of how to relate with the client with BPD.  
- The importance of Supervision and emotional support for staff is highlighted. |
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| **Author(s):** El-Adl M. Hassan S. **Title:** The Borderline Patient: Mental Health Clinicians’ Experience and Views. **Year:** 2009 | **Aim:** To examine clinicians experiences while working with individuals with BPD and ways of supporting them. To Identify training needs. | **Research Design:** Quantitative | **Initial Sample:** 269 Mental Health Personnel **Sample utilised:** 185 Mental Health Personnel | **Data Collection Method:** Questionnaire (Cross Sectional Survey) | **Data Analysis Method:** Not Mentioned | **Relevant Findings:**  
- Managing individuals with BPD is described by clinicians as challenging.  
- Clinicians have identified the need for additional training.  
- Community nurses who had engaged in an awareness workshop reported higher levels of enjoyment, security, acceptance and purpose when working with clients with BPD.  
- A number of nurses involved in the study believed people with BPD were not mentally ill.  
- The need for a specialist service and subsequent training is advisory. |
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| Author(s): Commons Treloar A.  
Title: A qualitative Investigation of the clinician experience of Working with Borderline Personality Disorder.  
Year: 2009 | Aim: To illustrate the difficulties found within the literature with regard to negative attitudes towards clients with Borderline Personality Disorder. | Research Design: Mixed Methods | Initial Sample: 140 Clinicians  
Sample utilised: 103 Clinicians | Data Collection Method: Questionnaire | Data Analysis Method: Thematic Analysis | Relevant Findings:  
- Clinicians report clients with BPD to be manipulative, can make you feel inadequate, frustrated, angry and powerless.  
- Only a small minority of clinicians received specific BPD training.  
- There is a basic understanding amongst professionals that though communication is poor, ultimately they may express communication differently such as self-harm. |
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<th>Research Design</th>
<th>Sample</th>
<th>Data Collection Methods</th>
<th>Data Analysis Method</th>
<th>Relevant Findings</th>
</tr>
</thead>
</table>
| Author(s): Horn N. Johnstone L. Brooke S. | **Aim:** To explore user experiences and understanding of being given a diagnosis of Borderline Personality Disorder. | **Research Design:** Qualitative | **Initial Sample:** 5 Service Users **Sample utilised:** 5 Service Users | **Data Collection Method:** Semi Structured Interviews | **Data Analysis Method:** Interpretive Phenomenological Analysis Thematic Analysis | **Relevant Findings:**  
- The label; help or hindrance. People don’t want to be defined by the diagnosis.  
- The feelings of rejection clients felt from services in turn led to them rejecting the services- vicious cycle.  
- Clients felt that staff would treat all people with BPD the same and not take into consideration the individuality of each case. |
<table>
<thead>
<tr>
<th>Author(s) and Title</th>
<th>Study Aims &amp; Objectives</th>
<th>Research Design</th>
<th>Sample</th>
<th>Data Collection Methods</th>
<th>Data Analysis Method</th>
<th>Relevant Findings</th>
</tr>
</thead>
</table>
| Author(s): Krawitz R. | **Aim:** To assess the effect of a two day training workshop on clinician attitudes to working with people with Borderline Personality Disorder | **Research Design:** Quantitative | **Initial Sample:** 910 Clinicians | **Data Collection Method:** Questionnaire | **Data Analysis Method:** One Way ANOVA’s | **Relevant Findings:**
| **Title:** Borderline Personality Disorder: Attitudinal Change Following Training | | | **Sample utilised:** 418 Clinicians | | | - The training workshop was effective in achieving positive attitude change in clinicians working with BPD.
<p>| <strong>Year:</strong> 2004 | | | | | | - The workshop aimed to equip clinicians with a practical framework to develop on their competence and improve their effectiveness with working with people with BPD. |</p>
<table>
<thead>
<tr>
<th>Author(s) and Title</th>
<th>Study Aims &amp; Objectives</th>
<th>Research Design</th>
<th>Sample</th>
<th>Data Collection Methods</th>
<th>Data Analysis Method</th>
<th>Relevant Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Author(s):</strong> Stroud J. Parsons R.</td>
<td><strong>Aim:</strong> To gain a fuller understanding of how community psychiatric nurses make sense of the diagnosis of BPD and how their constructs of BPD impact their approach to this client group.</td>
<td><strong>Research Design:</strong> Qualitative</td>
<td><strong>Initial Sample:</strong> 4 Community Psychiatric Nurses</td>
<td><strong>Data Collection Method:</strong> Semi Structured Interview</td>
<td><strong>Data Analysis Method:</strong> Interpretative Phenomenological Analysis</td>
<td><strong>Relevant Findings:</strong> Staff often attempted to ascribe meaning to the client’s presentation ‘in the moment’. When they had a framework to explain behaviour, participants were more likely to express positive attitudes.</td>
</tr>
<tr>
<td><strong>Title:</strong> Working with Borderline Personality Disorder: A small-scale qualitative investigation into community Psychiatric nurses’ constructs of Borderline Personality Disorder</td>
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<tr>
<td><strong>Year:</strong> 2013</td>
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</tbody>
</table>
**APPENDIX 2: SUMMARY TABLE FOR LITERATURE REVIEWS AND SYSTEMATIC REVIEWS**

<table>
<thead>
<tr>
<th>Author(s) &amp; Title</th>
<th>Research Question/Purpose</th>
<th>Search Strategy/Inclusion/Exclusion Criteria</th>
<th>Search Terms</th>
<th>Detail of Literature/Study Selection</th>
<th>Quality Assessment (where applicable)</th>
<th>Data Synthesis (where applicable)</th>
<th>Findings/Conclusions relevant to the review</th>
</tr>
</thead>
<tbody>
<tr>
<td>Author: Winship G. Year: 2010</td>
<td><strong>Aim:</strong> To explore registered mental health nurses attitudes towards clients in acute mental health inpatient settings with a diagnosis of Borderline Personality Disorder</td>
<td><strong>Inclusion:</strong> Limited to clients in acute mental health inpatient settings. All ages English language</td>
<td>Not identified</td>
<td><strong>Themes:</strong> 1. Social Rejection linking to social distance 2. Behaviours associated with BPD 3. Negative attitudes and perceptions</td>
<td>Majority of samples were small- may not be representative of population</td>
<td>Thematic Analysis</td>
<td>-Attitudes of RMN’s are very negative towards this client group. -Socially distant and rejecting of clients with BPD. -Need for additional training highlighted -Requirement for additional research.</td>
</tr>
</tbody>
</table>
Diagnostic Criteria for BPD – DSM IV

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

(1) Frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behaviour covered in Criterion 5.

(2) A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation

(3) Identity disturbance: markedly and persistently unstable self-image or sense of self

(4) Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, Substance Abuse, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behaviour covered in Criterion 5.

(5) Recurrent suicidal behaviour, gestures, or threats, or self-mutilating behaviour

(6) Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)

(7) Chronic feelings of emptiness

(8) Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)

(9) Transient, stress-related paranoid ideation or severe dissociative symptoms

American Psychiatric Association (2000)
Diagnostic Criteria for BPD – DSM V

The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose borderline personality disorder, the following criteria must be met:

A) Significant impairments in personality functioning manifest by:

   Impairments in self functioning (a or b)

   a) Identity: Markedly impoverished, poorly developed, or unstable self-image, often associated with excessive self-criticism; chronic feelings of emptiness; dissociative states under stress.

   b) Self-direction: Instability in goals, aspirations, values, or career plans. AND

   Impairments in interpersonal functioning (a or b)

   a) Empathy: Compromised ability to recognize the feelings and needs of others associated with interpersonal hypersensitivity (i.e. prone to feeling slighted or insulted) perceptions of others selectively biased toward negative attributes or vulnerabilities.

   b) Intimacy: Intense, unstable, and conflicted close relationships, marked by mistrust, neediness, and anxious preoccupation with real or imagined abandonment; close relationships often viewed in extremes of idealization and devaluation and alternating between over involvement and withdrawal.

APA Rationale for Revised A Criteria for Personality Disorders and the Levels of Personality Functioning

B) Pathological personality traits in the following domains:

   Negative Affectivity, characterized by:

   a) Emotional lability: Unstable emotional experiences and frequent mood changes; emotions that are easily aroused, intense, and/or out of proportion to events and circumstances.

   b) Anxiousness: Intense feelings of nervousness, tenseness, or panic, often in reaction to interpersonal stresses; worry about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful, apprehensive, or threatened by uncertainty; fears of falling apart or losing control.

   c) Separation insecurity: Fears of rejection by – and/or separation from – significant others, associated with fears of excessive dependency and complete loss of autonomy.
d) Depressivity: Frequent feelings of being down, miserable, and/or hopeless; difficulty recovering from such moods; pessimism about the future; pervasive shame; feeling of inferior self-worth; thoughts of suicide and suicidal behaviour.

Disinhibition, characterized by:

a) Impulsivity: Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing or following plans; a sense of urgency and self-harming behaviour under emotional distress.

b) Risk taking: Engagement in dangerous, risky, and potentially self-damaging activities, unnecessarily and without regard to consequences; lack of concern for one’s limitations and denial of the reality of personal danger.

Antagonism, characterized by:

a) Hostility: Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults.

APA Rationale for Criteria B and the Proposed Trait System

C) The impairments in personality functioning and the individual’s personality trait expression are relatively stable across time and consistent across situations.

D) The impairments in personality functioning and the individual’s personality trait expression are not better understood as normative for the individual’s developmental stage or socio-cultural environment.

E) The impairments in personality functioning and the individual’s personality trait expression are not solely due to the direct physiological effects of a substance (e.g. substances of abuse or medication) or a general medical condition (e.g. severe brain injury).

American Psychiatric Association (2013)
REFERENCES


