Psychiatric Nurses’ Attitudes Toward Patients with Borderline Personality Disorder Experiencing Deliberate Self-Harm

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ABSTRACT

The aim of this descriptive study was to explore the attitudes of psychiatric nurses toward patients with borderline personality disorder (BPD) experiencing deliberate self-harm. A convenience sample of psychiatric nurses (N = 83) working on the adult behavioral health units of three psychiatric hospitals in Pennsylvania were surveyed about their attitudes toward BPD inpatients experiencing deliberate self-harm using the Adapted Attitudes towards Deliberate Self-Harm Questionnaire. Psychiatric nurses had positive attitudes toward hospitalized BPD patients with deliberate self-harm issues. Psychiatric nurses with more years of nursing experience and self-reported need for further BPD continuing education had more positive attitudes toward hospitalized BPD patients with deliberate self-harm issues, findings that nurse educators need to consider when planning curricula. Future studies need to examine the longitudinal effect of continuing education on nurses’ attitudes and outcomes for BPD patients with deliberate self-harm issues.

Borderline personality disorder (BPD) is a complex, pervasive, and multidimensional mental illness that is difficult to treat. The estimated prevalence of BPD varies, with smaller studies reporting that up to 2% of adults—mostly young women—are affected (National Institute of Mental Health, 2006), although a larger, major study reports that 5.9% adults (approximately 18 million) are diagnosed with BPD (Zanarini et al., 2011). Individuals diagnosed with BPD display difficulties in emotional regulation, intense bouts of anger, depression, perceived rejection, unstable relationships, and deliberate self-harm behaviors, including cutting, burning, and suicide attempts (Boyd, 2012). Providing treatment to patients diagnosed with BPD who are experiencing deliberate self-harm is challenging for psychiatric nurses, because patients with BPD often do not respond well to traditional approaches (Brazier et al., 2006) that do not address their impulsive behaviors and episodes of depression and anger. Psychiatric nurses’ attitudes may be negatively influenced by the frequent failures at effective treatment for patients with BPD. The purpose of this article is to describe psychiatric nurses’ attitudes toward patients diagnosed with BPD experiencing deliberate self-harm.

Nurses’ attitudes—self-knowledge of feelings and behaviors—are fundamental to cultivating a positive nurse-patient working relationship (Peplau, 1991), which is key to rendering quality treatment to patients with BPD (Ma, Shih, Hsiao, Shih, & Hayter, 2009; Woollastan & Hixenbaugh, 2008). Peplau’s interpersonal theory, while not directly addressing BPD, was the theoretical framework for this study because of its focus on the interpersonal aspect of the nurse-patient relationship. The interpersonal relationship is of particular importance for effective treatment with the BPD population with deliberate self-harm issues (Fallon, 2003). Literature indicates that a stigma is associated with BPD diagnosis that may affect nurses’ attitudes, and in turn influences the nurse-patient interpersonal relationship (Markham & Trower, 2003). Thus, examining psychiatric nurses’ attitudes toward patients with BPD experiencing deliberate self-harm issues provides evidence on a contributing factor to the nurse-patient with BPD relationship.

Few studies have examined nurses’ attitudes toward patients with BPD experiencing deliberate self-harm, and most have sampled nurses from the United Kingdom, Ireland, and Australia (Deans & Moecevic, 2006; James & Cowman, 2007). No studies were found with samples of nurses practicing on behavioral health inpatient units in the United States. Research is needed to determine the attitudes of U.S. psychiatric nurses toward BPD patients experiencing self-harm issues.

Self-harm is defined as the intentional, direct injuring of body tissue without suicidal intent; 80% of cases involve cutting or piercing of the skin (Klonsky, 2007). There is converging evidence that self-harm behaviors are linked to an affect-regulation function (Klonsky, 2007). Patients with BPD have difficulty regulating their intense emotions. The motivations for self-harm behaviors are complex, vary from individual to individual, and may serve different purposes at different times. Deliberate self-harm responses may be influenced by extreme stress, maladaptive coping due to lack of skills to handle emotions, feelings of emptiness and depression, psychological distress/pain, or physiological changes in the brain (Gunderson, 2011).

Positive nursing attitudes are of importance when developing therapeutic relationships with patients because they are the foundation to a supportive relationship (Ma et al., 2009; Woollastan & Hixenbaugh, 2008). Hospitalized BPD patients experiencing deliberate self-harm issues are often stigmatized by mental health professionals, including psychiatric nurses who provide treatment, due to attitudes that patients with BPD are a difficult population to treat and do not respond well to treatment (Deans & Moecevic, 2006; James & Cowman, 2007). This stigma can result in a poor working relationship, negative attitudes of clinicians, compromised care, and poor recovery outcomes (Markham & Trower, 2003).

LITERATURE REVIEW

A review of literature using the keywords nurses’ attitudes, borderline personality disorder, deliberate self-harm, and...
continuing education from 2001 to 2010 was completed in the CINAHL, MEDLINE, and PsycINFO databases. Studies that addressed nursing attitudes toward patients with BPD varied in sample size, setting, and research design, and few studies sampled only psychiatric nurses. Most studies that addressed nurses’ attitudes toward the BPD population revealed negative attitudes (Cleary, Siegried, & Walter, 2002; Deans & Meocevic, 2006; James & Cowman, 2007). In their literature review, Ross and Goldner (2009) concluded that in order to neutralize negativity and stigma toward mental illness, the nursing profession and each nurse need to “de-stigmatize” through self-reflection of his or her attitudes.

In 2002, McAllister, Creedy, Moyle, and Farrugia, developed a tool, the Attitudes towards Deliberate Self-Harm Questionnaire (ADSHQ), to measure attitudes of Australian emergency department nurses toward patients exhibiting deliberate self-harm. McAllister et al.'s (2002) tool was chosen and adapted for the current study when no other tool was found to measure the concepts of BPD and deliberate self-harm. Patients with BPD have multidimensional, complex behaviors that are characterized by frantic efforts to avoid real or imagined abandonment; patterns of unstable and intense interpersonal relationships; and persistently unstable self-image; additional behaviors include (a) impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating); (b) recurrent suicidal behavior, gesture, or self-mutilating behavior; and (c) affective instability, with chronic feelings of emptiness; inappropriate intense anger; and transient, stress-related paranoid ideation or severe dissociative symptoms (APA, 2000). Of these behaviors, the DSM-IV-TR (APA, 2000) requires five to be present to determine BPD diagnosis. Some BPD behaviors, especially self-harm behaviors, have an impact on nurses’ attitudes and interpersonal relationships with patients (Markham & Trower, 2003; Ross & Goldner, 2009; Woollastan & Hixenbaugh, 2008). Nurses may feel unprepared to deal with self-harm behaviors (Cleary et al., 2002; Deans & Meocevic, 2006; McAllister et al., 2002) and frustrated since these behaviors impede positive responses and recovery of patients with BPD, interrupting their quality of life (Deans & Meocevic, 2006; Woollastan & Hixenbaugh, 2008). Positive nursing attitudes are of particular importance in working with patients with BPD engaging in self-harm because they are the foundation to development of a productive relationship that can improve patient outcomes (Ma et al., 2009; Woollastan & Hixenbaugh, 2008).

Factors that influence nurses’ attitudes include educational base (i.e., knowledge and understanding of BPD diagnosis), effective treatment modalities such as evidence-based practices, access and participation in current education programs, and adequate resources to manage and treat BPD patients (Cleary et al., 2002; Krawitz, 2004; Ross & Goldner, 2009). Education is an essential factor in changing and enhancing nurses’ attitudes (Commons Treloar & Lewis, 2008b; McAllister et al., 2002). Researchers report that education has been found to positively influence and change participants’ attitudes (Krawitz, 2004).

Other studies examined nurses' attitudes toward BPD patients with an emphasis on issues of deliberate self-harm; these studies included nurses working in emergency departments and psychiatric settings in Australia. In a descriptive correlation study, Commons Treloar and Lewis (2008a) surveyed 140 mental health and emergency department practitioners, of which 69.3% (n = 97) were nurses, and found that nurses with training on BPD (n = 53) scored higher (mean = 93.15) compared with nurses without training (n = 47) (mean = 89.69). These mean scores indicated better attitudes among nurses who received education about BPD (Commons Treloar & Lewis, 2008a).

In terms of clinician characteristics and attitudes, Commons Treloar and Lewis (2008a) identified differences in attitude between gender mean scores on
Female clinicians reported a higher mean score (92.93) and more positive attitudes than male clinicians (mean score = 90.18). The authors also identified attitude differences between practice settings with mental health clinicians (mean score = 93.83), demonstrating a significantly more positive attitude toward patients with BPD who engage in deliberate self-harm compared with clinicians working in emergency medicine (mean score = 88.68) (Commons Treloar & Lewis, 2008a). The authors concluded that improvements in attitudes of mental health professionals, including nurses, can be achieved through access to specific training and education on BPD patients with self-harm issues (Commons Treloar & Lewis, 2008a).

A few studies explored staff attitudes, knowledge, and experience in the treatment and management of BPD patients (Cleary et al., 2002; Giannouli et al., Perogamvros, Berk, Svigos, & Vassamarzis, 2009; James & Cowman, 2007). James and Cowman (2007) reported that 80% of psychiatric nurses believed working with BPD patients was more difficult than working with patients with other psychiatric diagnoses; 81% believed that care to patients with BPD was inadequate. In Giannouli et al.’s (2009) study, nurses reported a gap in their knowledge about BPD disorder. In all three studies, nurses expressed willingness for more.
**Adapted ADSHQ**

**INSTRUCTIONS:** Take the time to read the following statements carefully and indicate how strongly you agree or disagree with each statement concerning the BPD patients with self-harm issues. Please answer by circling the appropriate number using the scale below. If you find any questions cause discomfort or stress, please contact your hospital’s human resource employee assistance program. *Please do not write your name on this questionnaire or on the enclosed plain return envelope.*

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Strongly Disagree</strong></td>
<td><strong>Disagree</strong></td>
<td><strong>Agree</strong></td>
<td><strong>Strongly Agree</strong></td>
</tr>
</tbody>
</table>

1. Overall, I am satisfied with the control I have in dealing with deliberate self-harm patients in my unit

2. There is really no way I can help solve some of the problems the deliberate self-harm patient has

3. I often feel helpless in dealing with the problems that deliberate self-harm patients have

4. I feel useful when working with deliberate self-harm patients

5. Self-harm patients just clog up the system

6. Knowledge of referral sources is important when dealing with deliberate self-harm patients

7. Dealing with self-harm patients is a waste of the health care professional’s time

8. I deal effectively with deliberate self-harm patients

9. Patients who deliberately self-harm have been hurt and damaged in the past

10. Ongoing education and training would be useful in helping me deal appropriately with deliberate self-harm patients

11. Risk assessment is an important skill for me to have

12. Patients who deliberately self-harm are just attention seekers

13. I feel as though I have the appropriate knowledge in counseling skills to help deliberate self-harm patients

14. Referral of deliberate self-harm patients to external consultant services for further assessment or treatment is an effective course of action

15. Self-harm patients are just using ineffective coping mechanisms

16. I feel as though I have the appropriate knowledge in communication skills to help deliberate self-harm patients

17. Providing deliberate self-harm patients information about community support groups is a good idea

18. Self-harm patients are victims of some other social problems

19. Patients who deliberately self-harm are in desperate need of help

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Figure 2. Adapted Attitudes towards Deliberate Self-Harm Questionnaire (ADSHQ). On the Adapted ADSHQ, items 2, 5, 7, 12 and 19 are worded in a negative fashion and thus scored in a reverse format. Note. BPD = borderline personality disorder. Adapted with permission from Margaret McAllister. Original ADSHQ research data published in McAllister, Creedy, Moyle, and Farrugia (2002).
education to enhance their therapeutic skills with BPD patients experiencing deliberate self-harm issues.

In conclusion, psychiatric nurses’ attitudes toward BPD patients are often described as negative but can improve with education. There are few studies on attitudes of psychiatric nurses’ toward care of patients with BPD experiencing deliberate self-harm, and these studies have been conducted outside the United States. No published research examining U.S. psychiatric nurses’ attitudes toward hospitalized BPD patients with deliberate self-harm issues was found in the literature.

STUDY PURPOSE
The purpose of this study was to explore attitudes of psychiatric nurses working in the United States toward hospitalized BPD patients with deliberate self-harm behaviors. The research questions were:

- What attitudes do psychiatric nurses hold toward BPD patients with deliberate self-harm behaviors?
- What is the relationship between educational level, gender, and years of service and psychiatric nurses’ attitudes toward BPD patients with deliberate self-harm behaviors?

METHOD
Design
This study used a descriptive, correlational design in which a convenience sample of psychiatric nurses working on behavioral health inpatient units completed an anonymous survey on attitudes toward hospitalized BPD patients with deliberate self-harm behaviors.

Sample and Setting
The target population included 165 psychiatric nurses working on the adult (ages 18 to 65) behavioral health inpatient units at three Pennsylvania psychiatric hospitals. Inclusion criteria were: (a) any direct-care psychiatric nurses on any shift, (b) working full or part time on adult behavioral health inpatient units. Exclusion criterion was nurses who worked exclusively for a staffing agency.

Measures and Instruments
Demographic and educational factors were determined using an author-developed 9-item, self-report tool, the Demographic and Educational Needs Information Questionnaire (Figure 1).

Psychiatric nurses’ attitudes toward BPD patients with self-harm were determined using an adapted version of the ADSHQ (McAllister et al., 2002). The ADSHQ consists of 33 items using a 4-point Likert scale, ranging from 1 (strongly disagrees) to 4 (strongly agrees). There are no neutral responses on the questionnaire, and 14 items are worded in a negative fashion to reduce bias. The range of scores on the ADSHQ is 33 to 132, with higher scores indicating more positive attitudes.

McAllister et al. (2002) identified four dimensions or subcategories of the questionnaire, assigning items to each category. These consisted of Dimension 1, “Perceived confidence in assessment and referral of clients” (items 12, 17, 19, 20, 24, 28, 29, and 30), and Dimension 2, “Ability to deal effectively with deliberate self-harm patients” with (items 1, 5, 8, 15, 23, and 26). Dimension 3, “Empathetic approach,” consists of items 2, 11, 14, 21, and 25, and Dimension 4, “Ability to cope effectively with legal and hospital procedures,” includes items 6, 9, 16, 22, 31, and 32. Reliability of the total ADSHQ scale and the four factors was relatively low (Cronbach’s alpha coefficient = 0.4237) and suggests that the scale captures four uncorrelated dimensions of attitudes toward deliberate self-harm. The scale reliability of each individual dimension using Cronbach’s alpha coefficient was much higher: Dimension 1 = 0.7129, Dimension 2 = 0.7381, Dimension 3 = 0.6747, and Dimension 4 = 0.5706 (McAllister et al., 2002).

The Adapted ADSHQ measured items in the first three dimensions of the ADSHQ (McAllister et al., 2002). Dimension 4 items, which were not included in this samples’ scope of practice and did not reflect attitudes—this study’s focus—were excluded. The Adapted ADSHQ was composed of 19 items and had a possible range of scores from 19 to 76, with higher scores indicating a more positive attitude (Figure 2).

<table>
<thead>
<tr>
<th>TABLE 1</th>
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<tbody>
<tr>
<td><strong>CHARACTERISTICS OF THE SAMPLE (N = 83)</strong></td>
</tr>
<tr>
<td><strong>Variable</strong></td>
</tr>
<tr>
<td>Age (in years)</td>
</tr>
<tr>
<td>Years of psychiatric nursing service</td>
</tr>
<tr>
<td>Gender</td>
</tr>
<tr>
<td>Women</td>
</tr>
<tr>
<td>Men</td>
</tr>
<tr>
<td>Self-reported need for further education on BPD</td>
</tr>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>Educational level</td>
</tr>
<tr>
<td>Associate degree</td>
</tr>
<tr>
<td>Diploma</td>
</tr>
<tr>
<td>Bachelor’s degree</td>
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<tr>
<td>Master’s degree</td>
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Note: BPD = borderline personality disorder. Percentages may not total 100 due to rounding.
of the nurses did not provide information. Data analysis for this item was omitted.

**RESULTS**

**Demographics of the Sample**

Of the 165 questionnaires distributed, a total of 83 (50.3%) were completed and returned. The participants, all RNs who provided direct nursing care on hospital inpatient units, consisted of 90.3% (n = 75) women and 9.6% (n = 8) men, with a mean age of 47. The average length of psychiatric nursing service was 9.9 years, with a current educational level of associate degree (n = 34, 41%), diploma (n = 23, 27.7%), bachelor’s degree (n = 22, 26.5%) and master’s degree (n = 4, 4.8%). The majority of nurses (n = 72, 86.7%) reported that further education on BPD patients with self-harm issues would be helpful (Table 1). The majority of participants identified at least one specific topic that would enhance their nursing care to BPD patients with self-harm issues. The Cronbach’s alpha coefficient of the Adapted ADSHQ total mean score was 0.708, an acceptable level (Burns & Grove, 2009). The Cronbach’s alpha coefficient of the Adapted ADSHQ Dimensions 1, 2, and 3 were 0.930, 0.862, and 0.847, respectively.

Regarding the first research question, “What attitudes do psychiatric nurses hold toward BPD patients with deliberate self-harm behaviors?”, the total mean score of the Adapted ADSHQ was 53.93 (range = 42 to 71). Mean scores of Dimensions 1, 2, and 3 were 24.25 (range = 17 to 29), 15.54 (range = 7 to 23), and 14.14 (range = 8 to 19), respectively (Table 2).

Regarding the second research question, “What is the relationship between educational level, gender, and years of service and psychiatric nurses’ attitudes toward BPD patients with deliberate self-harm behaviors?”, a Pearson correlation found no significant relationship between years of psychiatric nursing experience and ADSHQ total score (r = 0.107, p > 0.05) and Dimensions 1 (r = 0.093, p > 0.05) and 3 (r = -0.122, p > 0.05). However, a significant correlation was found with years of service and Dimen-

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**Table 2**

**Mean Scores of the Adapted ADSHQ**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Mean (SD, Range)</th>
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</thead>
<tbody>
<tr>
<td>Total score</td>
<td>53.93 (5.321, 42 to 71)</td>
</tr>
<tr>
<td>Dimension 1 score (Perceived confidence in assessment and referral of clients)</td>
<td>24.25 (2.457, 17 to 29)</td>
</tr>
<tr>
<td>Dimension 2 score (Ability to deal effectively with deliberate self-harm patients)</td>
<td>15.54 (2.810, 7 to 23)</td>
</tr>
<tr>
<td>Dimension 3 score (Empathetic approach)</td>
<td>14.14 (2.193, 8 to 19)</td>
</tr>
</tbody>
</table>

*Note: ADSHQ = Attitudes towards Deliberate Self-Harm Questionnaire. Items from Dimension 4, “Ability to cope effectively with legal and hospital procedures,” did not reflect this study’s focus (nurses’ attitudes) and thus were excluded.*

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**Data Collection**

Approval was obtained from the Institutional Review Board of the participating university, and then permission to perform the study was obtained from each hospital’s research committee, administration, nurses’ unions, and each participant. Questionnaires were hand-delivered by the first author to each hospital and distributed to all eligible RNs through the hospital internal mail system. Recruitment included informational meetings, flyers placed in RN mailboxes, and e-mails sent to RN participants. The Adapted ADSHQ and Demographic and Educational Information Questionnaire were distributed to 165 RNs at three central Pennsylvania psychiatric hospitals (two state run and one private).

**Data Analysis**

SPSS version 17.0 was used for data analysis. Missing data in distributions were initially examined through SPSS descriptive and frequency statistics. Reliability of the Adapted ADSHQ total score and each dimension was calculated using Cronbach’s alpha coefficient. A Pearson correlation analysis was conducted to determine whether a significant relationship existed between years of service and age and attitude (ADSHQ total and each dimension scores). Relationships for nurses’ gender and the need for further education were analyzed through an independent sample t test. An analysis of variance (ANOVA) was performed on the RNs’ current educational level to determine whether there was a significant difference in ADSHQ total score and the subscores of Dimensions 1, 2, and 3. An ANOVA was performed on independent variables, current educational level, and frequency of patient contact to determine whether there was a significant relationship of these variables and the Adapted ADSHQ.

There were no missing data on the completed Adapted ADSHQ. However, the Demographic and Educational Information Questionnaire contained missing data in certain fields: recent educational training on BPD patients with issues of self-harm (n = 48), age (n = 3), and gender (n = 2).

**Missing Data Analysis**

Each questionnaire was checked for missing data. Data entry adjustments were made for missing data on gender and age. Gender and age were assessed to have a pattern of missing at random. Where data was missing on gender, the values missing followed the gender ratio in the study, so female gender (n = 2) was assigned, which maintained the existing data gender ratio of female to male (90%:10%), respectively. The missing data in age were handled by replacement of the mean, since the distribution was not skewed (Munro, 2005). Regarding the question about most recent continuing education training on BPD patients with issues of self-harm, more than 50% (n = 48)
sion 2 ($r = 0.217, p < 0.05$). The correlation of years of psychiatric nursing service to total ADSHQ score and scores of Dimension 1, 2, and 3 are reported in Table 3. An ANOVA was performed on the relationship between RNs’ current educational level and attitudes to determine whether there was a significant difference in ADSHQ total score and the subscores of Dimensions 1, 2, and 3. In terms of current educational level, no significant differences were found in ADSHQ total score as a result of the current educational level, $F(3, 79) = 1.48, p = 0.23$, and its dimensions. Total scores of the Adapted ADSHQ and its dimensions did not differ significantly based on gender, $t(81) = 0.949, p = 0.35$.

**Post Hoc Analysis**

After analysis of independent variables, post hoc analyses were performed on other independent variables including age, frequency of patient contact, and need for further education. There was no correlation of age to Adapted ADSHQ total score ($r = -0.09, p = 0.334$) and its dimensions. No significant differences were found in the Adapted ADSHQ total score, $F(3,79) = 0.911, p = 0.440$, and its dimensions as a result of frequency of patient contact. A $t$ test was conducted to examine the relationship between nurses’ attitudes of BPD patients with self-harm issues and their reporting that further education was needed to enhance nursing care. Significant differences were found in the Adapted ADSHQ total score, $t(81) = -4.20, p = 0.0$, and Dimensions 1, $t(81) = -0.396, p = 0.003$, and 3, $t(81) = -4.53, p = 0.0$.

**DISCUSSION**

This is the first study reporting the attitudes of U.S. psychiatric nurses working on behavioral health inpatient units toward BPD patients experiencing deliberate self-harm. We found that the psychiatric nurses’ attitudes were relatively positive: Factors such as years of service in nursing and self-reported need for further education were significantly correlated to positive attitudes toward BPD patients.

We found that the attitudes of these psychiatric nurses toward hospitalized BPD patients experiencing deliberate self-harm—compared with those reported by McAllister et al. (2002) for Australian nurses and Bodner, Cohen-Fridel, and Iancu (2011) for Israeli nurses—leaned toward being positive. The higher scores among the psychiatric nurses in the current study may be influenced by their clinical setting, specialty, and years of service.

The Adapted ADSHQ is a new tool adapted from the ADSHQ. The ADSHQ does not have standard scores that determine level of attitude, although higher scores indicate a positive attitude toward patients experiencing deliberate self-harm (McAllister et al., 2002). The Adapted ADSHQ reflects these qualities of the ADSHQ. Psychiatric nurses with positive attitudes (i.e., higher scores on the Adapted ADSHQ) may have enhanced nurse-patient relationships, which is crucial in providing quality nursing care. Conversely, if nurses’ scores are lower, the nurse-patient relationship and quality of care may be compromised.

Our study findings demonstrate that U.S. psychiatric nurses had higher mean scores on Dimensions 2 (mean = 15.54) and 3 (mean = 14.14) in comparison to participants in McAllister et al.’s (2002) study (mean scores = 14.87 and 11.02, respectively). The higher score in Dimension 2 indicated that nurses in this study perceived themselves as working more effectively with BPD patients with self-harm issues compared with participants in McAllister et al.’s (2002) study. Also, in this study, the higher score in Dimension 3 indicated that nurses perceived themselves as more empathetic (positive) toward BPD patients with self-harm issues compared with participants in McAllister et al.’s (2002) study. Interestingly, the mean scores on Dimension 1 (nurses’ perception of their ability to assess BPD patients) from both studies were similar. Thus, psychiatric nurses across these two settings had similar attitudes about their assessment of BPD patients.

This study surveyed only psychiatric RNs working on hospital inpatient units. The psychiatric nurses’ higher scores in Dimensions 2 and 3—compared with McAllister et al.’s (2002) study of emergency department clinicians—support that service setting/specialty is a factor that contributes to attitudes. The difference in service setting/nursing specialty was also identified in Commons Treloar and Lewis’ (2008a) study, which surveyed nurses in psychiatric and emergency department settings. They concluded that service setting was a factor that influenced attitude toward BPD patients with self-harm issues.

**Years of Psychiatric Nursing Service and Need for Education**

Psychiatric nurses’ years of service and self-reported need for further education were significantly correlated to positive attitudes toward BPD patients. Years of psychiatric nursing service was significantly correlated to Dimension 2 of the Adapted ADSHQ, “Ability to deal effectively with deliberate self-harm patients.” As psychiatric nurses’ experiences with BPD patients with self-harm issues increased, the nurses believed they were more effective in dealing with this

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**TABLE 3: Correlation of Years of Service to Adapted ADSHQ Scores**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Total Score</th>
<th>Dimension 1 Score</th>
<th>Dimension 2 Score</th>
<th>Dimension 3 Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pearson correlation</td>
<td>0.107</td>
<td>0.093</td>
<td>0.217</td>
<td>-0.122</td>
</tr>
<tr>
<td>Significance (2-tailed)</td>
<td>0.334</td>
<td>0.401</td>
<td>0.049</td>
<td>0.271</td>
</tr>
</tbody>
</table>

*Note. ADSHQ = Attitudes towards Deliberate Self-Harm Questionnaire.*
KEYPOINTS

1. Positive therapeutic attitudes are essential for psychiatric nurses in providing care and enhancing outcomes for patients with borderline personality disorder (BPD).

2. In this convenience sample of psychiatric nurses working in U.S. behavioral health hospitals, years of service and self-reported need for further education were significantly related to nurses’ positive attitudes toward patients with BPD experiencing deliberate self-harm issues.

3. The willingness of nurses to learn about and enhance their nursing care of BPD patients with deliberate self-harm issues was evident in this study’s findings.

4. This study’s findings suggest that educators need to assess nurses’ attitudes and current continuing education programs on BPD.

Do you agree with this article? Disagree? Have a comment or questions? Send an e-mail to the Journal at jpn@healio.com.

STUDY LIMITATIONS
This study used a quantitative method to collect data on attitudes, and thus attitudes not reflected on the Adapted ADSHQ were not captured. The response rate was adequate for survey research (N = 83, 50.3%), although generalizing the results should be done with caution. Also, the target population was psychiatric nurses in Pennsylvania, and attitudes may vary across other regions in the United States.

NURSING IMPLICATIONS
The study findings have implications for nursing education as well as nursing administration. Our finding of a relationship between years of nursing experience and positive attitudes toward BPD patients with self-harm issues suggests that nurse managers whose units have high volumes of BPD patients with self-harm behaviors will seek to retain experienced psychiatric nurses and when hiring will seek experienced nurses. Psychiatric nurses with many years of experience are a valuable resource in providing quality nursing care to BPD patients with self-harm issues because they are more likely to bring positive attitudes to their therapeutic relationships. Their example of positive attitudes may influence less-experienced nurses to adopt the same attitudes.

Our finding of a relationship between self-reported need for continuing education and positive attitudes toward BPD patients with self-harm behaviors suggests that nurse educators should assess nurses’ attitudes/needs and evaluate continuing education programs on BPD. Educational programs may include dynamics of BPD, encouragement of nurses’ self-awareness of attitudes (specifically toward BPD patients with deliberate self-harm issues), and practical clinical protocols (Aviram, Hellerstein, Gerson, & Stanley, 2004; Shanks et al., 2011). Dialectical behavior therapy may help enhance the nurses’ knowledge, attitudes, and care of BPD patients with self-harm issues (Black et al., 2011). With education, clinicians’ attitudes have shown improvement toward this population (Black et al., 2011; Commons Treloar & Lewis, 2008b).

population. This enhancement of self-knowledge may be achieved through years of “trial and error” so that knowledge is acquired and integrated into their practice. We posit that with years of psychiatric nursing experience, nurses acquire experiential knowledge and develop improved attitudes when working with this population.

However, this study’s findings of nurses’ need for further education to enhance nursing care to BPD patients with self-harm issues was significantly related to the Adapted ADSHQ’s total score and Dimension 1, “Perceived confidence in assessment and referral of clients,” and Dimension 3 “Empathetic approach.” This finding of psychiatric nurses’ need for further education supports other studies’ findings that education is an essential factor in enhancing nurses’ positive attitudes (Commons Treloar & Lewis, 2008b; James & Cowan, 2007; McAllister et al., 2002; Shanks, Pfohl, Blum, & Black, 2011).

It is interesting to note that 86.7% (n = 72) of sampled psychiatric nurses reported that continuing education about BPD patients with deliberate self-harm issues would help them. Nurses identified specific educational topics that would enhance their nursing care, including information to educate BPD patients with self-harm issues (74%), regular inservice education on BPD patients with self-harm issues (69%), skills training workshops (69%), standard clinical protocols to care for BPD patients with self-harm issues (64%), evidence-based practices (55%), and information on where to refer BPD patients with self-harm issues (54%). These results demonstrate that psychiatric nurses wanted to address an educational deficit and can identify specific educational topics needed to enhance their care of BPD patients with self-harm issues. Educators in academic and hospital settings need to address these identified educational topics to enhance nursing care. We did not measure recommended number of contact hours for a continuing education program design.

Current Educational Level and Age
Nurses’ educational level was not significantly related to nurses’ positive attitudes toward BPD patients with self-harm issues. This finding is not surprising, given that U.S. nursing education programs (bachelor’s degree, diploma, and associate degree) offer similar curricula on evidence-based psychiatric nursing practices. Age was not a significant factor influencing attitudes.
CONCLUSION

In this study, psychiatric nurses with several years of experience exhibited positive attitudes toward BPD patients with deliberate self-harm issues. Years of service and self-reported need for further education were significantly related to nurses’ attitudes toward this patient population. The willingness of nurses to learn about and enhance their nursing care of BPD patients with deliberate self-harm issues was evident in this study’s findings. With education, nurses can acquire knowledge and enhance their attitudes toward such patients. Future studies need to evaluate use of new BPD instruments for assessment of practitioners’ attitudes and the effectiveness of educational programs whose purpose is to enhance nurses’ attitudes toward BPD patients with deliberate self-harm issues.

REFERENCES


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