



Stigma of borderline personality disorder in nursing

A literature review

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Abstract

Background: Borderline personality disorder is a disorder where one's sense of self is conflicted, affecting one's behavior and way of feeling and thinking. Causes for borderline personality disorder are often traumatic events or childhood neglect.

Aim: Purpose of this study was to examine the possible attitudes and stigma that nurses might have towards borderline personality disorder patients.

Methods: Data was collected from three databases that are available for JAMK student. Those databases were Cinahl, ProQuest and PubMed. Inclusion criteria used for the articles were English language, peer-reviewed, articles from year 2001 to 2021, full-text. The relevance of articles was measured by how the titles, abstracts and articles answered the research question. The analysis of the chosen 6 articles was based on thematic analysis method. Chosen articles were read and then categorized in main- and subcategories.

Results: Borderline personality disorder patients were described by nurses as time-consuming, manipulative and hard to treat which caused frustration and therefore lead to attitudes and stigma. Nurses experienced the need for further education and knowledge about borderline personality disorder.

Conclusion: The way borderline personality disorder patients were portrayed, highlighted the negative stigma and attitudes that exists even though all attitudes were not negative. Further educating the nurses might provide better care.

Keywords/tags (subjects)

Borderline personality disorder, BPD, Stigma, Attitudes, Nursing.

Miscellaneous (Confidential information)

No confidential information.

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1 Introduction

Borderline personality is a disorder where one's sense of self is distorted and that can lead to difficulties in emotion regulation, impulsiveness, and self-harm. Causes of borderline personality disorder often lie in one's youth. There are multiple predisposing factors that can be the cause of borderline personality disorder. Those predisposing factors can be, for example, that they have not had their basic needs met in their childhood. Traumatic events such as sexual abuse can also be trigger that can cause borderline personality disorder. (Epävakaä persoonallisuus [Borderline personality] 2020.)

The suicide mortality rates of people with borderline personality disorder have been studied to be approximately 0,5% in a year and that 5-10% of people with personality disorder commits suicide (Taiminen 2020).

Reason this subject was chosen for our study is that when working in psychiatric wards we encountered patients diagnosed with borderline personality disorder and became interested in the disorder and especially how the disorder is perceived by nurses in healthcare. We wanted to research the topic because every patient group deserved understanding and diligent care. Stigma and attitudes can affect the care of patients and cause patients to be reluctant to get help. As we had seen these attitudes and the stigma, we wanted to study how extensive and common these attitudes and stigmas were towards that specific patient group and to find out what kind of attitudes there are. Aim of this study is to present knowledge about the stigma of

borderline personality disorder that nurses might have towards patients. The purpose of this study is to find out about the experiences and thoughts that nurses may have about working with borderline personality disorder patients.

2 Nursing staff's attitudes towards patients diagnosed with borderline personality disorder

2.1 Stigmas and attitudes

Attitudes are positive or negative responses, for example to other people, experiences, or objects. Attitudes can be seen as behavior that reflects attitudes, verbal perceptions and beliefs or reflecting one's feelings. (Ajzen 2005, 2-3.)

Attitudes can be divided into two groups, explicit and implicit. Conscious controllable attitudes are called explicit. In contrast to explicit attitudes, implicit attitudes appear unintentionally and cannot be controlled. (Wilson & Scior 2015.) Implicit attitudes can be thought of as non-verbal evaluative behavior. As implicit attitudes appear unintentionally, they are far harder to control than explicit attitudes, in which a person makes a considered evaluative statement of the subject of evaluation. Implicit attitudes appear alongside explicit attitudes and they may correlate with each other, or they may appear as total opposites. (Carruthers 2017, 52).

Stigma implies viewing someone being inferior and believing in a negative stereotype. Prejudice happens when one's attitudes are negative or hostile towards a person for belonging to a specific group. (Manderbacka 2009, 67.)

Attitudes that are unrecognized can affect the relationship between the patient and the health care professional. Patient can feel misunderstood, and the health care professional might feel untrustworthy. (Manderbacka 2009, 68.)

Health service users encountered health care professionals that were dismissive and did not take mental health patients' physical issues seriously and that kind of behavior from health care professional can discourage the patients to get help in the future (Parle 2012).

2.2 Mental health & mental illnesses

Mental illnesses can be characterized as conditions that affect one's thinking, mood, perception of reality or behavior. Mental illnesses can be occasional or develop into chronic conditions. Mental illnesses can affect one's functioning in everyday life and ability to relate to others. Mental health on the other hand contains our emotional, psychological, and social well-being. Mental health is vitally important from early childhood through adulthood as it helps to determine how we cope with stressful situations, relate to other people, and make choices that are healthy for ourselves. Mental health and mental illnesses are not the same thing, although the terms are often used in a comparable manner. A person can have periods of poor mental health without a mental illness diagnosis. Likewise, a person suffering from mental illness can experience periods of well-being. (Centers for Disease Control and Prevention, 2018).

Mental health and mental illnesses are not simple to define, because socially accepted behavior varies in different cultures along with distinct cultural values. However, there are some universal characteristics that are considered to be a part of good mental health. The universal values that are being referred to in this context are respect for oneself and others, social relationships between people, respect for the environment and respect for freedom of people. (Eby, & Brown 2009, 3-5; Galderisi, Heinz, Kastrup, Beezhold, & Sartorius 2015, 232). It is important to note that mental health encompasses more than just illnesses a person may or may not have. Good mental health cannot be defined as an absence of mental illness either. (Galderisi et al. 2015, 231-232).

Mentally healthy people have a healthy self-esteem and awareness of oneself, can determine reality correctly and feel that they have a meaning, can control their behavior, and adapt to the changes in life, can relate to others and act creatively and productively. Mental health disorders or illnesses are affecting the person's way of feeling and thinking and one's behavior. Causes for mental disorders are biological, genetical, social, psychological, or chemical. (Eby, & Brown 2009, 3-5.)

2.3 Borderline personality disorder

Borderline personality disorder is when one has inconsistent and distorted self-perception. Main symptoms of borderline personality disorder are emotional instability, impulsiveness and difficulties having a good relationship with other people. Deep feelings, impulsiveness and unpredictability of moods are normal but those are more pronounced in borderline personality disorder. Emotional instability can be seen as a change of mood that happens often during a day, those moods can be depression, sadness, anxiety, desperation, or even uncontrollable rage. Borderline personality disorder can significantly decrease a person's ability to function in life. The diagnostic criteria of borderline personality disorder include examples of harmful behavior that is common in borderline personality disorder, for example self-harm like cutting oneself, impulsive and harmful sexual behavior or money spending and chronic feeling of emptiness. The development of borderline personality disorder needs predisposing factors that can be for example traumatic childhood experiences, becoming a victim of sexual assault and risk factors during pregnancy like the mother smoking. (Epävaka persoonallisuus [Borderline personality] 2020.)

Borderline personality disorder includes long lasting patterns of behavior that can be harmful and are considered to be different from society's norms that guide us. Symptoms of borderline personality disorder include emotional and behavioral regulation issues that affect interactions within relationships. (Väänänen 2020.) Borderline personality disorder patients can be seen as burdensome because they might use a lot of health services and they also might have difficulties to commit to treatment and stick to care agreements (Epävaka persoonallisuus [Borderline personality] 2020).

Often self-harm is considered as one of the symptoms. Treatment of borderline personality disorder often occurs as out-patient care. Psychotherapeutic methods are also considered beneficial in treatment of borderline personality disorder patients. The care of borderline personality disorder patients focuses on learning skills that help regulate emotions, patients learn to be alone and also learn social skills and ways of behavior that are seen as more acceptable in our culture. (Väänänen 2020.)

3 Aim, purpose, and research questions

The aim of this thesis is to provide information about the stigma that nurses might have towards borderline personality disorder patients. The purpose of this study is to discover what kind of experiences and thoughts nurses may have about working with patients diagnosed with borderline personality disorder.

Research question:

Is there a stigma surrounding patients diagnosed with borderline personality disorder in healthcare?

4 Methods and implementation

4.1 Literature review

A literature review is a written document with a purpose of creating an evidence-based foundation to a thesis using previous research and, in that way, answering the research questions (Machi & McEvoy 2009, 4).

The first stage of a literature review is defining the research question(s) because that indicates the direction of the thesis process. When defining the research question(s), motivation towards the topic and being able to be objective are important. After deciding on the research question(s), one begins to search for the materials used in the literature review. The search can be done, for example by online searches using databases and keywords. Using inclusion and exclusion criteria can ease finding significant material. The third stage of literature review is going through the material, evaluating the gathered knowledge, and assessing the applicability of those materials for one's research questions(s). After evaluating the material, the analyzing and making a synthesis begins which means that the writer reads the material and gathers the material into an entity that is well comprehensible. The final part of a literature re-

view is reporting the process and outcome. The report should include the introduction, theoretical background, research questions, methodology, data collection and analysis process, validity and reliability, results and their assessment, conclusion, and references. (Stolt, Axelin, & Suhonen, 2016, 23-33.)

Literature reviews can be used to develop evidence-based nursing. Literature reviews give an overall look and results of the topic researched (Stolt, Axelin, & Suhonen 2016, 33). Literature reviews are useful when researching topics that need further examination or when one desires to study specific theories or evidence. Literature reviews can be used as a base for discussion and finding areas that need improving. (Snyder 2019, 333-334.)

4.2 Literature search

To acquire the literature for this review, three databases were used, PubMed, Cinahl and ProQuest. The keywords used to search the literature were “attitudes,” “stigma,” “prejudice,” “borderline personality disorder” and “nursing.” The chosen keywords were used to help collect suitable articles for the research. In the process of searching the articles, inclusion and exclusion criteria was used as shown in Table 1. The inclusion criteria used for selecting the articles in PubMed is as follows: 2009-2020, articles in English language, Boolean operators, full text, and articles subjected to peer review. The inclusion criteria chosen for ProQuest were full text, peer reviewed articles, articles in English language, publications from 2011 to 2021, Boolean operators. Answering the research questions was an inclusion criterion for both databases. Combining the number of publications chosen from the databases were a total of 5 articles. Keywords used to search for the literature in Cinahl were “borderline personality disorder,” “bpd,” “stigma,” “prejudice,” and “attitude.” The inclusion criteria used in Cinahl were publications in English language from 2011 to 2021, Boolean operators, full text and peer reviewed. The difference in years of the article search between databases is since a 10-year time period was chosen for when the search. The article search for PubMed was conducted earlier on than the two other databases which were used for the article search.

Inclusion criteria	Exclusion criteria
Articles published in English	Article does not answer the research question
Publications from 2011 to 2021	Articles not published in English
Answers to the research question	Full-text not available
Peer-reviewed	Articles published outside of the selected timeframe
Full-text available for JAMK students	

Table 1. *Inclusion and exclusion criteria.*

Database	Search terms	Results	Chosen based on title	Chosen based on abstract	Chosen after full text
ProQuest	Borderline personality disorder and prejudice and nursing	166	20	6	0
ProQuest	Borderline personality disorder and stigma and nursing	539	10	3	2
ProQuest	Borderline personality disorder and attitudes and nursing	1083	7	2	0

PubMed	Borderline Personality disorder AND stigma	20	10	3	1
PubMed	Borderline Personality disorder AND attitudes	70	7	3	2
PubMed	Borderline Personality disorder AND Prejudice	3	3	2	0
PubMed	Borderline Personality disorder AND nursing	21	1	0	0
Cinahl	Borderline personality disorder or bpd AND stigma or prejudice or attitude	17	3	2	1
All		1919	61	21	6

Table 2. *Article search process.*

4.3 Data analysis

Selected articles were analyzed using a thematic analysis method. Thematic analysis focuses on analyzing data which was found using a qualitative method. The method focuses on identifying similar patterns in data, from which a conclusion can be drawn. Thematic analysis is a widely used method of analyzing data, however many

different versions of the method exist. Thematic analysis can be divided into six phases which are listed in the figure below. (Thematic analysis | a reflexive approach N.d.).

Data analysis of this research was done using a thematic analysis method pictured in figure 1. The data was analyzed based on specific features that were used to create themes of this study. There were 6 articles chosen for this research, the topics of those articles were about borderline personality disorder stigmas and attitudes either from nurses or patients' point of view.

Firstly, the chosen articles were read with the intention of identifying core concepts and themes within the material. Afterwards, the recognized themes were labeled with a highlighter. After highlighting, the themes were qualitatively analyzed and expanded upon as to answer the research question of the thesis. Table 3, found in the results section, presents themes, categories and subcategories chosen for this study. Categories and subcategories were chosen based on themes that were present in all of the chosen articles.

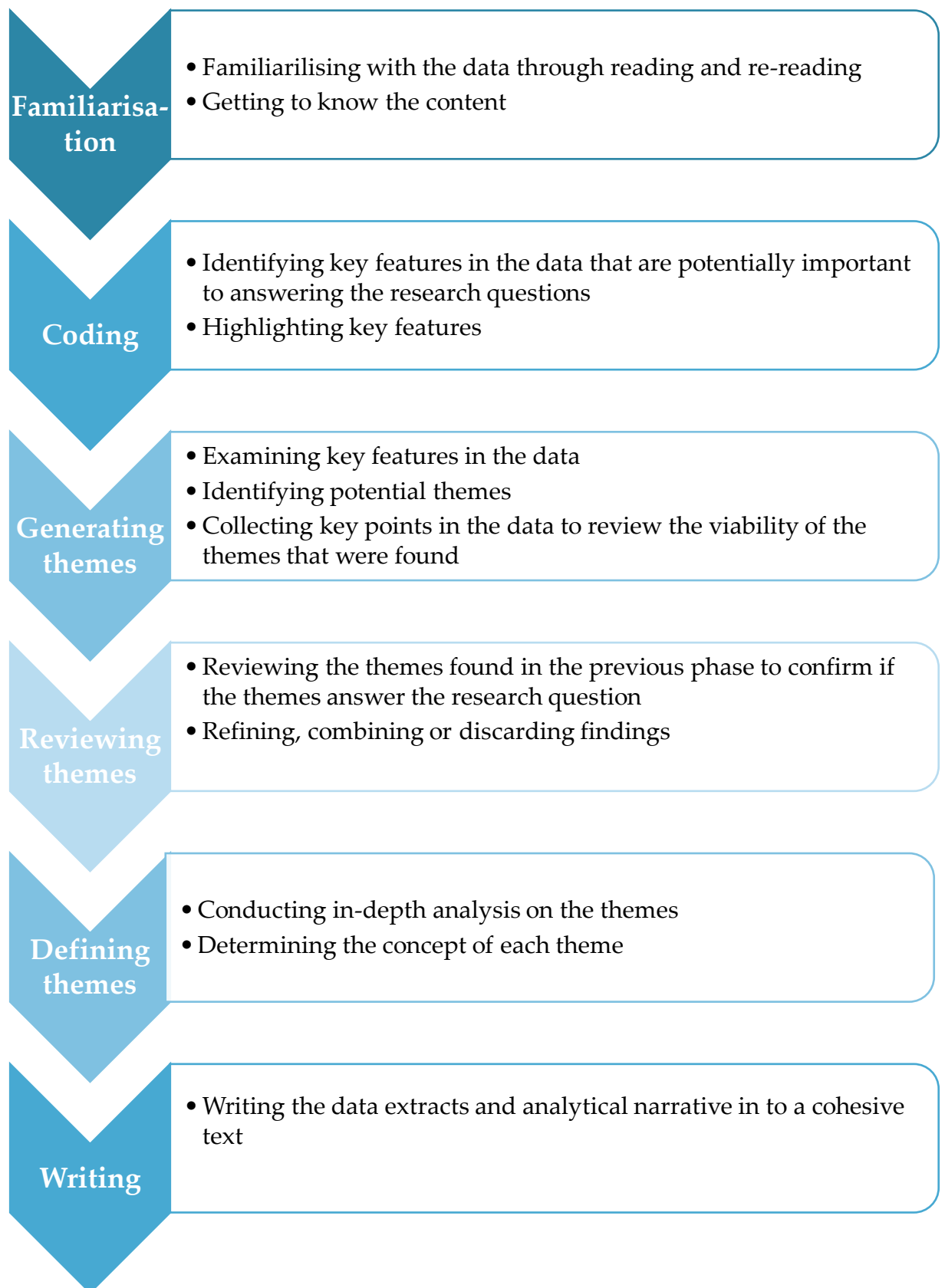


Figure 1. *The phases of thematic analysis.* (Thematic analysis | a reflexive approach N.d. The University of Auckland).

5 Results

Research question	Main categories	Subcategories
Is there a stigma surrounding patients diagnosed with borderline personality disorder in healthcare?	Type of stigma surrounding patients diagnosed with borderline personality disorder	<ol style="list-style-type: none"> 1. Attribution of negative traits 2. Preconceptions about BPD patients
	Nurses' views towards patients diagnosed with borderline personality disorder	<ol style="list-style-type: none"> 1. Communication and previous experiences 2. Anxiety and uneasiness 3. Behavioral responses
	Perceived stigma and discrimination by patients diagnosed with borderline personality disorder	<ol style="list-style-type: none"> 1. Patient's experience in health care 2. Nature of the disorder and its effects 3. Perceiving stigma and its effects on care

Table 3. *Categorization of identified topics in appraised articles.*

5.1 Type of stigma surrounding patients diagnosed with borderline personality disorder

According to Mack and Nesbitt (2016), patients who have characteristics of borderline personality disorder or are diagnosed with borderline personality disorder face negative attitudes from nurses. Those attitudes come out as belittling patients' state. (Mack & Nesbitt 2016, 31-35.)

Patients suffering from borderline personality disorder (BPD) have developed a bad reputation as the patient group often antagonizes healthcare staff, partake in self-harm, threaten staff members with suicide, check-out of hospitals during treatment and cause hostility unconsciously. Patients diagnosed with BPD are viewed as difficult to treat, irritable and manipulative. (Bodner, Cohen-Fridel, Mashiah, Segal, Grinshpoon, Fischer & Lancu 2015, 1.)

5.2 Nurses' views towards patients diagnosed with borderline personality disorder

Hauck, Harrison & Montecalvo's article deals with the subject of psychiatric nurses' attitudes towards borderline personality disorder patients who self-harm. In that article it becomes clear that psychiatric nurses have positive attitudes towards that specific group of patients. Those nurses highlight the importance of education about borderline personality disorder and self-harm and nurses work experience correlated with their competence when caring for borderline personality disorder patients with self-harm issues. (Hauck, Harrison & Montecalvo 2013, 21-29.)

In the study conducted by Bodner and colleagues it was found that psychiatric nursing staff experience more difficulties when treating patients diagnosed with borderline personality disorder. Difficulty in communication with the patient group in question was deemed more difficult than other psychiatric patient groups by 84% of the 516 respondents. While perceived difficulties in interacting become apparent, the respondents expressed that patients struggling with borderline personality disorder receive inadequate care with 81% of the respondents sharing this notion. (Bodner, Cohen-Fridel, Mashiah, Segal, Grinshpoon, Fischer & Lancu 2015, 1-2.)

Admitting a patient diagnosed with borderline personality disorder into inpatient care unit is affiliated with more negative attitudes on the side of nursing staff than admission of a patient diagnosed with major depressive disorder. However, it was found that negative traits were not attributed to BPD patients more strongly than to other patient groups among nursing. (Bodner et al. 2015, 8.) The negative attitudes

among nursing staff stem from fearing the increased risk of suicide among these patients. The study group also recognized more antagonism and less empathy towards patients who were diagnosed with borderline personality disorder. While showing less empathy by nurses was recognized, the nursing staff in the study group also regarded borderline personality disorder patients to be in control of more negative attributes than patients diagnosed with schizophrenia or depression. Association of negative attributes to these patients might be due to nurses interacting with patients who are perceived to be difficult on an hourly basis. (Bodner et al. 2015, 8-9.)

According to Bodner et al. (2015) nurses do not perceive patients diagnosed with borderline personality disorder as “bad”, but they understand the challenges the patients face when dealing with their disorder. Nursing staff also recognized the need for more training to interact more effectively with the patient group in question. Moreover, nurses working with patients diagnosed with borderline personality disorder took note of a correlation between the amount of borderline personality disorder patients treated and an increase in negative attitudes towards the patient group. Despite these negative feelings the study group showed interest in learning interventions that could aid them with their work. (9-10.)

According to Sansone and Sansone (2013) nurses tend to view patients with borderline personality disorder more negatively in contrast to patients diagnosed with schizophrenia or depression. Not only are patients diagnosed with borderline personality viewed more negatively, but it was also found that participating nursing staff were more helpful to patients who were diagnosed with a major depressive disorder. Psychiatric nursing staff described borderline personality disorder patients as “powerful, dangerous and unrelenting.” (40).

In addition to feeling negative emotions towards the patient group nurses describe feelings of uneasiness, anxiousness, and frustration. In line with the aforementioned emotions nurses treating these patients say they feel challenged and manipulated by patients diagnosed with borderline personality disorder. Nursing staff’s impressions towards borderline personality disorder patients include perceiving the patient group

as more time consuming and having poor coping skills along with the patients engaging in crisis behavior. Negative impressions and emotions towards the patient group are shown in behavioral responses such as social distancing, defensiveness, being overall less helpful and expressing anger. (Sansone, & Sansone 2013, 41-42). However, it is unclear if these findings show stigmatization of patients diagnosed with borderline personality disorder as the results may be caused by difficulty of treating the patients and the strain it places on the nursing staff. (Sansone & Sansone 2013, 42).

Mack and Nesbitt write in their article that nurses think people with borderline personality disorder are "time-wasters, attention seekers, untreatable and manipulative." In the article by Mack and Nesbitt, it is written that there have been the same attitudes towards borderline personality disorder patients for years and things have not changed even though there are guidelines that empathizes that, nurses should treat every patient with a compassionate and respectful manner. In Mack's and Nesbitt's article, it comes across that providing care to patients with borderline personality disorder is seen difficult by nurses. The article mentions the importance of educating nurses about borderline personality disorder which could lead to better care. (Mack & Nesbitt 2016, 31-35.)

5.3 Perceived stigma and discrimination by patients diagnosed with borderline personality disorder

According to an article published by Lawn and McMahon (2015) patients with a diagnosis of borderline personality disorder experience discrimination in a major way, when seeking help from both the private and the public healthcare sectors. Lawn and McMahon also state that there is a "limited understanding of the experience of seeking a receiving treatment by people with a diagnosis of borderline personality disorder." In a study conducted in 2012, it was found that patients diagnosed with borderline personality disorder have the highest percentage of unmet needs in Australian mental health system. (510-511).

Significant overlap has been found with borderline personality disorder and drug and alcohol abuse, inferior quality of life and hindrance with social capabilities. Moreover, suicide rate is estimated to be around 10% among patients with a diagnosis of borderline personality disorder which is similar to people with a diagnosis of schizophrenia. Comorbidity with other psychiatric diagnosis has been estimated to be around 75% which hinders the accurate assessment of the disorder's prevalence. (Lawn & McMahon 2015, 511).

In a survey conducted by Lawn and McMahon in Australia with 153 respondents 52% reported difficulty in accessing healthcare services. Most notable problems with access to healthcare services were in the areas of waiting time, financial obstructions, distance, and discrimination. In addition to difficulty in accessing healthcare services the respondents reported elevated levels of distress when refused admission to an inpatient ward. In the same survey 100% of the respondents said to have experienced suicidal thoughts with 85,6% having tried to end their own life. Moreover, when asked about self-harming 98,9% answered affirmingly. After partaking in self-harm 48.3% of respondents tried to get help from either a general practitioner or a mental health worker. 35% of the respondents reported to not having sought help after harming themselves. Of those who sought help from healthcare services approximately 1/3 were not referred to a mental health professional. (Lawn & McMahon 2015, 515-517.)

The findings of the questionnaire conducted by Lawn and McMahon (2015) suggests that perceived discrimination towards patients diagnosed with borderline personality disorder is common, especially in situations where the patient is seeking admission to an inpatient unit. According to the survey discrimination was evident not only when seeking admission, but also during interaction with the healthcare staff, which suggests a need for further training and reflective learning for nurses who are in contact with the specific patient group. (517-518).

Borderline personality disorder is better understood as a condition in the 2010's than in the decades past. Not only is the condition understood better, but the patient education has also improved. In the survey conducted by Lawn and McMahon it was found that more newly diagnosed patients understood borderline personality disorder better than patients who were diagnosed with borderline personality disorder during an earlier time. This finding suggests a positive shift in the attitudes of healthcare professionals. (Lawn & McMahon 2015, 517-519).

Article by Stapleton and Wright emphasized that patients with borderline personality disorder benefit from the attention from staff members. In borderline personality disorder, the need of security when feeling alone can be enormous and without the attention from staff, the patients can feel left alone and that can cause even bigger panic. Patients also feel that the ward staff can help them recognize the causes for their reactions and how to manage the reactions better. According to the study by Stapleton and Wright (2019), the patients also feel that a psychiatric ward is a safe place when in crisis.

Some patient's experiences are more negative. Some patients have encountered nurses that make comparisons between borderline personality disorder and other mental illnesses in a way that is belittling towards patients with borderline personality disorder. According to the study by Stapleton and Wright (2019), patients with borderline personality disorder also felt as they were treated like they did not deserve a place in a psychiatric ward and when patients talked about their mental health issues, nurses guided them to talk to a psychologist for example.

This article highlights the importance of knowledge and education about borderline personality disorder to ease these stigmas and create a better environment to borderline personality disorder patients. (Stapleton, & Wright 2019, 452-456.)

6 Discussion

6.1 Discussion of main results

According to the studies used as a reference, there are stigma and attitudes towards borderline personality disorder patients in health care. In this study, there were recognizable negative attitudes and stigma but also positive attitudes from nurses towards patients with borderline personality disorder. Some of those negative attitudes and stigmas included the thought that borderline personality disorder patients are manipulative, seeking attention and hard to treat, nurses also feel that patients don't commit to treatment. The stigma and attitudes on behalf of nurses towards this patient group can affect the quality of care and how borderline personality disorder patients seek help. However, it is unclear if these findings show stigmatization of patients diagnosed with borderline personality disorder as the results may be caused by difficulty of treating the patients and the strain it places on the nursing staff. (Sansone & Sansone 2013, 42).

The negative attitudes of healthcare staff affect the treatment these patients receive and thus can cause a cycle of miscommunication which cultivates into a spiral that encompasses multiple hospitalizations. Miscommunication between staff members and the patient can cause patients with BPD to quit treatment and therefore lead to what is known as a "revolving door effect," where patient goes through multiple hospitalizations during an abbreviated timespan. (Bodner, Cohen-Fridel, Mashiah, Segal, Grinshpoon, Fischer & Lancu 2015, 1.)

In this study, patients with BPD were found to feel discrimination and having a tough time getting treatment, especially when trying to get into an inpatient ward (Lawn and McMahon 2015). According to studies, when in crisis, borderline personality patients feel safe in a psychiatric ward (Stapleton and Wright 2019).

The attitudes and stigma seem to be related in some extent to nurse's education and knowledge about borderline personality disorder and nurses experience with

BPD patients. Nurses with less information about borderline personality disorder might take patient's behavior as intentional even though the negative behavior is unintentional. Multiple articles highlighted the priority of further educating and training nurses about borderline personality disorder. (Bodner et al. 2015; Mack & Nesbitt 2016; Stapleton, & Wright 2019.)

The prevalence of BPD is increased in patients with multiple psychiatric diagnosis, making it more difficult to differentiate the cause and effect of the results described in the earlier sections of this thesis.

6.2 Ethical considerations, validity, reliability, and limitations

Ethics are used to ponder and apprehend morals and in research, ethics are guidelines for protection of the study and possible clients that the study is related to. Research should be done in a respectful manner towards participants and the research should be beneficial and transparent. Problems with validity might occur when the data found is incomplete or not accurate therefore more extensive research is preferred. There might be difficulties of bias when doing a study because of the beliefs and ideals of the participants. (Holloway & Galvin 2017, 52, 305-307.)

In the search process of literature for this study, in some search engines, there came up a large number of articles. In ProQuest, there came a few that fit into our inclusion criteria, the rest were articles that had only some of our inclusion criteria, that is why there were so small number of articles chosen. The articles chosen for this study were read by both students which accomplishes a more reliable literature review. Using only the databases used by JAMK creates limitations to the research of articles. There is a rather small number of studies made about this topic that can be found in the databases that JAMK uses. Authors wrote the thesis using English, which is not their native language. Because of this, some effect on the reliability of the thesis can be expected.

Articles selected for the thesis were all subjected to peer-review and were selected from established journals such as BMC Psychiatry, Journal of psychosocial nursing and mental health services and Journal of Psychiatric and mental health nursing. However, a study conducted by Lawn and McMahon (2015) highlights the issue specifically for Australia, and therefore the results for their research might be region-specific. Three of the selected articles were literature reviews, due to this, there might be some effect on the reliability. Overall, stigma towards patients diagnosed with BPD is not an extensively researched topic, and the experiences of stigma felt by patients diagnosed with BPD differ largely depending on the setting, region and health care provider. Final studies selected for the thesis were conducted between 2013-2019, which means the data gathered can be considered as recent. However, stigma and attitudes are topics with lots of variance between studies due to its subjective sensitivity, this might have an effect on the studies which the information was gathered from.

During the writing process JAMK's report writing instructions were followed as well as ethical principles. Authors of this thesis are aware of common misconducts that can happen during the writing process such as: plagiarism, fabrication and falsification. The literature review will be submitted to analysis in Urkund to prevent plagiarism and other misconducts.

6.3 Conclusions and recommendations

This study and its analysis acknowledge that there is room for development in the attitudes and stigma towards borderline personality disorder patients. In the research for this study, the importance and usefulness of educating and training the nurses was highlighted. The research made clear that these attitudes exist, however, all attitudes were not negative. Further research is required to obtain more accurate information about the extent of these stigmas and attitudes and to determine ways to lessen these stigmas and attitudes of nurses towards borderline personality disorder patients.

It is recommended that more research is conducted about BPD patients' stigmatization in healthcare to validate the results of this literature review. Furthermore, BPD as a diagnosis can be misconstrued depending on the cultural values of a nation or area, therefore more region-specific research is needed to understand the full extent of the issue.

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Appendix 1. Summary of reviewed articles.

Author(s); Year.	Title	Aim(s) and Purpose	Participants	Data Collection and Analysis	Main findings
Bodner, E., Cohen-Fridel, S., Mashiah, M., Segal, M., Grinshpoon, A., Fischel, T., & Lancu L. 2015	The attitudes of psychiatric hospital staff toward hospitalization and treatment of patients with borderline personality disorder.	To identify negative attitudes towards patients diagnosed with borderline personality disorder as these attitudes could influence the patients' treatment.	N=710 staff members of psychiatric units Age: 44.62 average age Gender: Female 440 (63.9%) Male 249 (36.1%)	Data was collected using a structured questionnaire.	The findings show that nurses and psychiatrists differ from the other professions in their experience and attitudes toward patients with BPD. It is concluded that nurses and psychiatrists may be the target of future studies on their attitudes toward provocative behavioral patterns (e.g., suicide attempts) characterizing these patients. It is also recommended to implement workshops for improving staff attitudes toward patients with BPD.

Hauck, J., L., Harrison, B., E., & Montecalvo, A., L. 2013	Psychiatric Nurses' Attitudes Toward Patients with Borderline Personality Disorder Experiencing Deliberate Self-Harm.	To study the attitudes of nurses towards borderline personality disorder patients that self-harm.	N=83 psychiatric nurses working in three psychiatric hospitals. Age: 21-65 Female nurses: 75 Male nurses: 8	Data was collected using a questionnaire. SPSS was used for data analysis.	The study showed that nurses have attitudes towards patients with borderline personality disorder that self-harm. More experienced and educated nurses had more positive attitudes towards BPD patients. The study suggests that education about BPD is important for better attitudes but the long-term effect of further educating nurses needs to be studied more.
Lawn, S., & Mcmahon, J. 2015	Experiences of care by Australians with a diagnosis of borderline personality disorder.	To highlight the problems people diagnosed with borderline personality disorder are faced with in the Australian health care system and attempt to recognize stigma.	N= 153 patients diagnosed with borderline personality disorder Age: Late adolescence to over 65 Gender: 12.2% Male	Data was collected by using a self-report survey	People with a diagnosis of BPD continue to experience significant discrimination when attempting to get their needs met within both public and private health services. Further education for nurses and other health professionals is indicated to address pervasive negative attitudes towards people with a diagnosis of BPD.

			87.8% Female		
Mack, M., & Nesbitt, H., M. 2016	Staff attitudes towards people with borderline personality disorder.	To research the unfavorable attitudes that some nursing staff members have towards borderline personality disorder patients.	No participants, article is a literature review.	Data was collected by reading and analyzing research done about the topic.	The literature review highlights that the attitudes towards BPD patients are clear and continuous. According to the article, there should be considerable shift in the culture of perceiving borderline personality disorder to change the attitudes and stigma towards more positive way.
Sansone, R., & Sansone L. 2013	Responses of Mental Health Clinicians to Patients with Borderline Personality Disorder.	To explore how mental health professionals view patients diagnosed with borderline personality disorder and how pre-existing preconceptions were either affirmed or refuted.	No participants, article is a literature review.	Data was collected by reading and analyzing research done about the topic.	Most of the participants express negative feelings towards patients diagnosed with borderline personality disorder. It remains unclear whether the negative feelings towards patients diagnosed with borderline personality disorder are due to prejudice, or are the negative feelings aroused by the difficulty in treating patients with the diagnosis in question.

<p>Stapleton, A., & Wright, N. 2019.</p>	<p>The experiences of people with borderline personality disorder admitted to acute psychiatric inpatient wards: a meta-synthesis.</p>	<p>To use qualitative research to study borderline personality disorder patients' experiences in psychiatric wards.</p>	<p>No participants, article is a literature review.</p>	<p>Data was collected by using databases to search qualitative research about the topic.</p>	<p>The research shows that there are positive and negative attitudes towards borderline personality disorder patients in acute psychiatric wards. The study emphasizes the importance of nurse's education and knowledge of borderline personality disorder and the benefits of training nurses treating BPD patients.</p>
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