Nurses anxiety towards people with borderline personality disorders

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Nurses’ Anxiety towards People with Borderline Personality Disorders

A thesis submitted in fulfilment of the requirements for the award of the degree

Master of Nursing (Honours)

From
University of Wollongong

By
Louise Cortis-Jones, RN, BNurs (Hons)

Department of Nursing

1998
Declaration

This is to certify that the work reported in this thesis was done by the author, unless specified otherwise, and that no part of this thesis has been submitted to any other university or similar institution.

Louise Cortis-Jones
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Abstract

People diagnosed with Borderline Personality Disorders are regarded as one of the most difficult patient groups to manage in the mental health field. Very few previous studies have assessed the affects of these patients on the health care workers. This study examined the anxiety levels of Registered Nurses towards people diagnosed with Borderline Personality Disorders. This anxiety level was compared to the nurses' level of education and the years of experience in the mental health field.

The subjects were 33 Registered Nurses from the Sydney, Gosford and Wollongong Areas. An interview format using various scales from other research was designed. The Job Experience Survey developed by O'Driscoll and Cooper (1994), Colson's Staff Response Scale (Fraser & Gallop, 1993) and The Endler Multidimensional Anxiety Scales (EMAS) (Endler, 1983) were all used in the current study. The first section of the interview allowed for qualitative analysis of verbatim responses followed by more structured quantitative scales.

The results of this study found that there was a significant increase in anxiety levels when Registered Nurses cared for people diagnosed with Borderline Personality Disorders when compared to anxiety in working with people diagnosed with Schizophrenia. The level of education and the years worked in the psychiatric field did not affect these results. Four major themes emerged from the 66 stories the
Registered Nurses could recall about caring for people diagnosed with Borderline Personality Disorder. Being manipulated and as a consequence feeling angry and helpless. Being constantly challenged by these patients who used their life to manipulate the situation. Feeling frustrated when caring for these patients, knowing that they will ‘cut’ themselves to get attention. Also concerns about caring for this patient group while trying to nurse the other patients in their ward.

The results in this study have implications for all aspects of the mental health field. High anxiety levels can lead to illness affecting the person’s home life, effect a person’s ability to deal with crisis situations and effect general work performance. Resulting in increased costs and altered staffing levels. High anxiety levels have direct influences on the quality of patient care.
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Chapter 1  

1.1 Introduction

Borderline Personality Disorders occur in approximately 2 percent of the general mental illness population. From this client group, 10 percent are seen in out patient facilities and 20 percent are seen in in-patient facilities. (Diagnostic & Statistical Manual of Mental Disorders-DSM-IV-R, American Psychiatric Association, 1994, p. 347.) Although patients diagnosed with Borderline Personality Disorders (B.P.D.) are a minority of those with diagnosed with a mental illness they tend to be one of the most common and difficult client groups to manage in mental health settings.

The characteristics of this disorder include some of the most difficult traits to manage. Such as: intense relationships, mood swings, low self esteem, self-injurious behaviour, suicidal tendencies and destructive behaviour. For health professionals working in the mental health field these patients can be the source of much anxiety. Health professionals "Not only ... manage and understand their intense reaction to the patient, they must also be prepared both to take action and to react spontaneously to the patient's provocative behavior." (Poggi 1992, p. 95). Registered Nurses are often the primary care giver in all areas of mental health and therefore have the most contact with this patient group. Their reactions to this patient group are important. Poor coping leads to high anxiety levels and can affect
all aspects of a person's life. An inability to sleep, nightmares, weight loss or gain, are just a few symptoms of anxiety. A person's home life is affected.

The everyday concerns of managers in the mental health system are costs, patient mix, staffing and development of an effective team. Anxiety has been linked to poor work performance, a reduced ability to deal with crises and increased sick days. All of which affect patient care and increase cost. If Registered Nurses are suffering from a high level of anxiety when caring for people diagnosed with Borderline Personality Disorders the consequences may be affecting all aspects of the mental health service.

This chapter will discuss the relevant studies that have been conducted examining people diagnosed with Borderline Personality disorder in relation to nursing care. Firstly, the definition of the diagnosis Borderline Personality Disorder will be given followed by a review of the present literature. The second section in this chapter will examine anxiety. This section will define anxiety and then discuss the relevant literature. It will show how anxiety can directly influence a person's home life, work performance, sick days, patient care and the ability to manage crisis situations.
1.2 Review of Relevant Research and Theoretical Literature on Borderline Personality Disorder

From epidemiological data people diagnosed with Borderline Personality Disorder are a minority consisting of about 2 percent of the mental illness population. However, they are frequent users of all in and out patient services making them one on the most common diagnoses in treatment settings Widiger and Weissman (1991). People diagnosed with Borderline Personality Disorders have a number of characteristics that make them an extremely difficult patient group to manage. Their labile personality leads to frequent mood swings and a low self-image. They tend to be destructive and are unable to express anger properly. The definition quoted below further highlights these negative characteristics of a Borderline Personality Disorder:

Diagnostic criteria for 301.83 Borderline Personality Disorder:

“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 behavior 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 behavior covered in Criterion 5.

5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior

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 1994, p. 654)


Lansky and Rudnick (1986) conducted a study that highlighted problems associated with staff being divided by people diagnosed with a Borderline Personality Disorder. They found when staff were “split” by the patient, treatment plans were
not as effective and the splitting behaviour was actually reinforced. As stated "Staff action based on a response to one side of these unintentional polarizations by the borderline patient serves to disintegrate the treatment effort, reinforcing rather than diminishing the central pathological feature of the disorder (that is the tendency to split)" (Lansky and Rudnick 1986, pp.141).

Similar results occurred from the study conducted by Shea, Pilkons, Beckham, et al (1990) who examined patients diagnosed with Borderline Personality Disorders and compared them to those without significant personality disturbances. They found that less favourable treatment outcomes occurred with people diagnosed with Borderline Personality Disorder. This resulted from staff being divided and unable to provide a consistent treatment approach.

The study conducted by Tucker, Bauer, Wagner, et al (1992) also supported this finding. They examined the treatment given to patients diagnosed with Borderline Personality Disorder, how the staff interacted with the patients and other staff members. Their results indicated a similar breakdown in the team. They suggested to improve the care given specific training should be included about the illness Borderline Personality Disorder and the treatment process.

The study conducted by Antikainen, Koponen, Lehtonen and Arstila (1994) also agreed with training. They examined the use of behaviour therapy when treating people diagnosed with Borderline Personality Disorders, in particular to reduce the
self-inflicted injury the group frequently exhibited. The program they developed stressed the importance of ongoing in services and training for the staff: “The staff was trained within the frame of psycho-dynamic orientation, during the course of several years, to acknowledge and manage the special problems brought to the ward by these types of patient.” (Antikainen, Lehtonen, Koponen and Arstila 1992, pp. 403-404) The effect of nursing people diagnosed with Borderline Personality Disorders was not the focus of the study. However, they did find that after their treatment method was implemented there was an overall improvement in the ward environment.

Supporting the findings that patients diagnosed with Borderline Personality Disorder are very difficult to care for, a consequence of their psychopathology, some studies also discussed techniques that would improve the treatment given to these people. The studies conducted by Gordon and Beresin (1983), Rosenbluth (1987), Stone (1987), Winston, McCullough, Pollack, et al (1989), Sansone and Sansone (1991), Stevenson and Meares (1992), Barley, Buie, Peterson, et al (1993), specifically focussed on the treatment given by the psychologist. It was interesting to note that the study conducted by Stone (1987) recommended that people diagnosed with Borderline Personality Disorders because of their psychopathology need individually tailored treatment plans, unlike other mental illness where one type of treatment could generally be applied to all people diagnosed.
The studies conducted by Mason, Louks, Burmer and Scher (1982), Rosenbluth (1987), Miller (1989), Katz and Levendusky (1990), Slochower (1991), Rauchfeisch (1992), Gallop (1992) also examined the psychopathology of the patient and suggested ways that therapists could develop more proactive methods of care. For example the study conducted by Miller (1989) suggested that a contract be developed and followed by the patient and staff. This helped with consistency of care and helped modify the patients' behaviour.

These studies did not focus on the effects of these clients on health care workers, in particular the nursing staff. Nursing staff frequently the principal carer have the most contact with people diagnosed with Borderline Personality Disorder (Nehls 1991). The Registered Nurses' reactions towards this group could directly affect the treatment process and the behaviour of these patients. It is therefore, important to assess Registered Nurses' emotional reactions towards this very difficult client group.

Some studies have acknowledged the work of Registered Nurses and other team members in delivering new treatment techniques (Kaplin 1983, Fort 1990, Nehls 1994). Some of these studies (Johansen 1983, Alonso 1994) even discussed how the team can break down and gave an overview of how nursing staff are affected by people diagnosed with Borderline Personality Disorders. However, the focus of these studies was on the type of treatment and the patients' reactions, rather than thoroughly examining the effects these patients have on health care providers.
The study conducted by Benham (1995) discussed the significant role that the Registered Nurse plays when caring for people diagnosed with Borderline Personality Disorders. As stated "Because we spend long periods of time with hospitalized or day treatment patients, we have many opportunities throughout the day (and night) to model and reinforce the importance and usefulness of practising the concrete coping skills needed to progress in treatment." (Benham 1995, pp.31). Although the importance of nurses in the care of these patients was stressed, like the studies discussed above, it failed to assess whether nurses were coping with this level of contact with such a difficult patient group.

Crothers (1995) discussed the importance of Registered Nurses in the treatment process and more significantly highlighted the importance of team support. It was suggested that staff need an environment where they can express their feelings without fear of judgement. A similar study conducted by Cooper (1995) examined staff reactions when patients assaulted them or committed suicide. The study found that the staff member affected often experienced a whole range of emotions such as self-blame, flashbacks, anger, fear and depression. An important finding was that the whole team broke down splintering into subgroups with staff often blaming the staff member involved. The study also found administration hindered the investigation. These reactions are very important especially when caring for people diagnosed with Borderline Personality Disorders where team support is an integral part of treatment and well being of the staff.
The study conducted by Miller and Davenport (1996) examined nurses’ attitudes to people diagnosed with Borderline Personality Disorder before and after providing training about this illness. The experimental group was given a self-guided booklet that explained the illness and peoples reactions. They found that the nurses’ attitudes improved after the training. Unfortunately, the study did assess whether treatment plans implemented for this group were more successful after training, like the results from the study conducted by Antikainen, Lehtonen, Koponen and Arstila (1992). Indicating that training may help reduce the anxiety experienced by nurses, allowing them to successfully implement treatment plans for people diagnosed with Borderline Personality Disorders.

A study conducted by Fraser and Gallop (1993) examined Registered Nurses feelings towards people diagnosed with Borderline Personality Disorder versus people diagnosed with Schizophrenia and Affective Disorders. They also examined whether Nurses were less empathetic in their verbal responses towards this group. The study was of 17 RNs and found that people diagnosed with Borderline Personality Disorder were rated far more negatively and less empathy was shown towards this group when compared to patients suffering from non-Borderline Personality Disorder illnesses. Although this study examined the feelings of nurses towards people diagnosed with Borderline Personality Disorder the focus of the study was aimed at the consequences for the patients rather than the consequences for the nurses and the health care service.
O'Brien and Flöte (1997) examined nurses’ experiences when caring for a person diagnosed with Borderline Personality Disorder. Six nurses were interviewed. These interviews were based on a qualitative research design where the subjects were asked to talk about their experiences when caring for a patient diagnosed with Borderline Personality Disorder. These responses were audio taped. Four major themes were identified, “being unsure, being in conflict, struggling to make sense of the patient’s experience, and being traumatized.” (O’Brien and Flöte 1997, p. 140). Although this study had a small sample size the results indicated that Nurses experience many negative feelings when caring for people diagnosed with Borderline Personality Disorders.

The evidence suggests that people diagnosed with Borderline Personality Disorders are a very difficult client group to manage. Studies have found that teams break down when caring for this patient group and that there is little support from superiors. There is also support that Registered Nurses are the primary care giver and therefore can have a significant affect on the treatment of people diagnosed with Borderline Personality Disorders. A small number of studies have examined Registered Nurses reactions to this patient group. In all of these studies the results indicated that people diagnosed with Borderline Personality Disorder were viewed far more negatively than other patient groups diagnosed with a mental illness. All these findings are significant. According to these studies the care of people diagnosed with Borderline Personality Disorders is likely to be hindered. These
patients who particularly need consistent care are not receiving it. Further study is required assessing Registered Nursing anxiety levels towards this patient group.

1.3 Review of Relevant Research and Theoretical Literature on Anxiety

Anxiety and coping are directly related. An increased level of anxiety leads to poor methods of coping and causes an increase in stress, which can result in illness. In turn an increase in stress can lead to poor coping leading to a high level of anxiety, resulting in illness Latack and Havlovic (1992).

Anxiety is often divided into trait and state anxiety. State anxiety is an immediate anxiety depending on the situation (it would be high in an exam but low when on holidays). Trait anxiety is described as a predisposition to anxiety in different situations (Endler, Edwards, Vitelli and Parker 1989). In the study conducted by Endler and Parker (1990) trait anxiety has been divided into four categories: social evaluation, physical danger, ambiguous situations and daily routine. The Gottschalk-Gleser Scale has further classified anxiety into six groups: death, mutilation, separation, guilt, shame, and diffuse or non-specific anxiety (Gottschalk and Gleser 1969). Anxiety is often associated with physical symptoms such as heart palpitations, diarrhoea and muscle tension (Weiten 1989).

The coping methods of a person can influence the way a person behaves in a stressful situation. As stated in Parker and Endler (1992, p. 321) “Coping strategies...
play an important role in the way that individuals respond or react to negative or stressful situations and life events”. There are many different ways in which people cope and each method can have a different effect on the end result. For example, emotional responses, where the person avoids the task, tend to have more negative consequences than task oriented responses where the person focuses on what needs to be done. Poor coping methods lead to anxiety (Dewe 1989, Barnfather 1993, Endler, Parker, and Summerfeldt 1993). This is supported by the study conducted by Endler, Parker, and Butcher (1993, p. 523) which stated: “In a variety of studies with diverse and heterogeneous populations, emotion-oriented coping style has been linked with negative health variables, such as depression, anxiety.” These results were further supported in a later study conducted by Endler and Parker (1994).

Studies conducted by Schonfeld (1990), Turner, King and Tremblay (1992) and Decker and Borgen (1993) have found that a reduced ability to cope leads to higher stress and lower job satisfaction. A reduced ability to cope has direct effects on work performance, patient care and the ability to respond in a crisis situation Endler and Parker (1990). These studies have shown that anxiety can affect work performance. They also have shown that if someone is suffering from anxiety they are less able to deal with a crisis.

The studies conducted by Weaver et al (1994) and Hartman (1995) support these findings. They also discussed the personal consequences of staff who are suffering
from anxiety. Examples included: not sleeping, body aches, breakdown in relationships, nightmares, and anger. It was recommended that the nurse have a balance between home and work life. Encouraging physical activities and personal time for relaxation. Eating nutritional meals and getting adequate sleep were also discussed. As stated “When these habits are combined with a review of day-to-day response to work, a first step is taken by the individual nurse to prevent overload from the emotional demands of work…” (Hartman 1995, pp. 189). When a person is suffering from high levels of anxiety all aspects of their life is affected.

1.4 Theoretical Framework

A large number of studies have examined people diagnosed with Borderline Personality Disorder. The evidence shows that people diagnosed with Borderline Personality Disorders are extremely difficult to manage. Studies have examined treatments and various methods of managing this patient group. These studies have indicated that although a consistent approach is particularly important when caring for this group, it is rarely achieved. Often the team breaks down and there is little support from management. A smaller group of studies included the health professionals in their assessment of people diagnosed with Borderline Personality Disorder. These studies stressed the important role that Registered Nurses play when caring for this patient group. They also indicated that health professional had negative feelings towards this patient group. One study did examine nurse’s reactions to this patient group. The study conducted by O’Brien and Flöte (1997)
examined six Nurses’ reactions to a person diagnosed with Borderline Personality Disorder. This study found that the Nurses were affected, having difficulty caring for the patient diagnosed with Borderline Personality Disorder.

Studies have also shown that anxiety affects work performance and reduces a person’s ability to manage crisis situations. These can have direct effects on the quality of work and the amount of sick leave taken. This influences staffing levels and increases costs. The personal consequences of suffering high levels of anxiety have also been studied. With the person suffering a high level of anxiety experiencing many physical symptoms such as not sleeping, nightmares and loss of appetite (Hartman 1995).

The cognitive model of anxiety states that the thoughts and ideas of the nurses treating people diagnosed with Borderline Personality Disorder are very important. It also believes that Anxiety is an alerting signal that warns of impending danger and is a response to a threat that is unknown, internal, vague or conflicting (Kaplan and Saddock, 1998). It is believed that Nurses are anxious because they feel overwhelmed by the needs of the person diagnosed with Borderline Personality Disorder. This patient group is very complex and the Registered Nurses do not fully understand them. Due to this the Registered Nurses are unable to predict their behaviours, and underestimate their ability to cope or manage these patients. This lack of self-efficacy about effectively managing these patients engenders a sense of helplessness and anger. These feelings or counter-transference reactions are
reinforced when confronted with the intensive needs of the person with diagnosed
with Borderline Personality Disorder. Repeated exposure to these difficult patients
can lead to a sense of vicarious traumatisation, one of the main causes of
professional burnout.

1.5 Aim of Study

There is strong evidence that people diagnosed with Borderline Personality
Disorder are a difficult client group to manage. Many studies examining this patient
group have assessed ways to improve the care given. Although patient has been the
focus of these studies it was stressed that the health care workers had to provide a
consistent treatment approach. The results of these studies found that the team was
often divided and splintered into factions. There was often no support from the
superiors. Evidence also shows that Registered Nurses play an integral role in the
care of people diagnosed with Borderline Personality Disorder. A very small
number of studies examined the affects of this patient group on health
professionals. These studies found that this patient group was viewed far more
negatively than other patient groups. Registered Nurses have a significant role when
caring for people diagnosed with Borderline Personality Disorders. Their reactions
can have far reaching consequences.

It is clear that research examining nurses’ reactions to patients diagnosed with
Borderline Personality Disorder is in its infancy, with only a few developmental
studies on small samples published to date. This study was therefore designed to further our knowledge of how Registered Nurses experience caring for patients diagnosed with Borderline Personality Disorder.

This study aims to examine the levels of anxiety Registered Nurses experience when caring for people diagnosed with Borderline Personality Disorder in various adult psychiatric settings. Including inpatient care, rehabilitation and community based care. It will also examine if the years of experience or the level of education obtained has an effect on anxiety, based on the assumption that education and experience may increase a nurse’s sense of competence. In order to make sense of the data on people diagnosed with Borderline Personality Disorder, patients diagnosed with Schizophrenia were chosen as a comparison group.

1.6 Hypotheses

The Hypotheses are:

Hypothesis 1: Registered Nurses have a lower level of anxiety when caring for people diagnosed with Schizophrenia compared to people diagnosed with a Borderline Personality Disorder.

Hypothesis 2: The more experience Registered Nurses obtained in psychiatric settings the less anxiety they have towards people diagnosed with Borderline Personality Disorders.
Hypothesis 3: Registered Nurses who have a higher level of education will have less anxiety towards people who are diagnosed with a Borderline Personality Disorder compared to Registered Nurses who have a low level of education.

Registered Nurses’ anxiety level towards people diagnosed with Borderline Personality Disorders is an important area to examine. The implications of the results could be far reaching from a personal level to hospital planning.
Chapter 2  Methodology

2.1 Description of the Sample

Research subjects were Registered Nurses who were working in various psychiatric settings, in the Sydney, Wollongong and Gosford area. A request for subjects was placed in the N.S.W. Psychiatric Nurses Association Journal. Registered Nurses who were willing to participate contacted the Nursing Department at Wollongong and interview times were arranged. Local psychiatric services were also contacted by phone. The open request for subjects resulted in subjects coming from a diverse range of adult psychiatric settings including acute inpatient care, rehabilitation, community care and day programs.

2.2 Research Design

2.2.1 Instruments

This study used a variety of measures that assessed different aspects of anxiety. The interview required subjects to answer five sections, as shown below:

- Demographics
- Transcript (audio taped interview questions)
- Job Experience Survey
- Colson's Staff Response Scale
- The Endler Multidimensional Anxiety Scales (EMAS)
Demographic data collected included age, gender, training and the number of years they have worked in psychiatric nursing (See Appendix 1).

The transcript adapted the format of Viney, Rudd, Grenyer, & Tych (1995) (See Appendix 2). The transcript involved each Registered Nurse being interviewed to recall three short stories about patients diagnosed with a Borderline Personality Disorder and three short stories about patients diagnosed with Schizophrenia. As stated:

“Please tell me three stories about patients diagnosed with Borderline Personality disorders and three stories about patients diagnosed with Schizophrenia that you have cared for. These stories should be specific events that you can remember. Spend about three minutes but no more than five minutes for each one. I will tell you when you come near to the end of five minutes”.

These stories were recorded on an audio tape. The format of this approach was chosen so subjects could express themselves freely without being constrained by pre-determined questionnaires, and to reduce the effects of interviewer bias (Burns & Grove 1993). Studies have also found that the subjects are less inhibited and express themselves freely when talking: “The value of this technique for psychologists lies in its capacity to provide accurate and consistent interpretations of people’s accounts of events without depriving these accounts of their power or eloquence.” (Viney 1986, p. 77)
Transcripts were analysed using a Husserlian phenomenological approach. This approach finds meanings of human experience through talking to people whom are living with the experience (LoBiondo-Wood and Haber 1994). Therefore the aim of transcript analysis was to find the essential character of the lived experience working with the client groups for the psychiatric nurse by 'bracketing' the researcher’s preconceptions. As Jennings (1986, p. 1238) states ‘The phenomenologist wants to analyse...meaning-conferring acts...[which are] strictly relative to the specific time, place, participants, circumstances, culture and personal experiences of the respondents’. Previous research has found that verbal samples contain valid indices of the person’s psychological state in psychiatric and medically unwell groups (Gottschalk et al 1986).

The research questions were open-ended to obtain respondent’s unprompted experiences as they chose to reveal them. All transcripts were first read and then re-read to obtain a feeling for them. Significant statements relating directly to the phenomenon under study were then extracted. The researcher then attempted to spell out the meaning of each significant statement. Significant participant statements were organised into themes.

In addition to qualitative analysis the validated content analysis scales for anxiety developed by Gottschalk and Gleser were used to analyse the qualitative tape-recorded responses (Gottschalk and Gleser 1969). The Gottschalk-Gleser Scale has been designed in such a way that when discussing a topic from any point in time, the level of anxiety towards this topic can be assessed. For this study anxiety levels of Registered Nurses towards people diagnosed with Borderline Personality
Disorders were compared to anxiety levels of Registered Nurses towards people diagnosed with Schizophrenia.

Schizophrenia, being a common mental illness, acted as a comparison group. The reason for a control group was to test for the possibility that Registered Nurses’ anxiety was high regardless of the patient group. Schizophrenia was chosen as the comparison group for a number of reasons. The main reason was that Schizophrenia is one of the most common mental illnesses. Secondly, people diagnosed with Schizophrenia are frequent users of all mental health services enabling the comparison of the two patient groups over a number of psychiatric settings. Lastly, Registered Nurses are often the primary care givers for both people diagnosed with Schizophrenia and people diagnosed with Borderline Personality Disorder (Fraser & Gallop 1993).

The Gottschalk-Gleser Scale has proved to be a valid and reliable scale for measuring anxiety when used in other studies. This scale has been used in many other studies over a thirty-year period such as Gottschalk and Gleser (1969), Viney and Manton (1973), Gottschalk (1979), Lolas and Heerlein (1986), Gottschalk and Lolas (1989), Niedermeier, Watzl and Cohen (1992), and Barnfather (1993).

The reliability for coding verbal samples has been reported in a study of 19 subjects using four coders, repeated over two occasions. “In this study, the reliability of a
single scoring was estimated to be .84 and that for the average of any two scorings was .91.” (Gottshalk and Gleser 1969, p. 54).

The Job Experience Survey

On completion of the recorded interviewer questions, the Job Experience Survey developed by O'Driscoll and Cooper (1994) was administered (See Appendix 3 & 4). This survey gained more specific information about the most problematic incident that involved a patient diagnosed with a Borderline Personality Disorder and respectively a patient diagnosed with Schizophrenia. Subjects were asked to choose from their stories the most problematic incidents. These stories were also recorded on audio tape.

The Job Experience Survey has a number of benefits. It is divided into three main sections to examine all aspects of coping “(i) the antecedents or circumstances in which the stress occurred, (ii) their responses in that situation, along with the responses of other people, and (iii) the consequences of both their own and other individuals’ behaviour.” (O’Driscoll and Cooper 1994, p. 349) By examining all aspects of coping the researcher can examine the sources of stress and the subjects coping ability towards this stress. When this survey is used in conjunction with the transcript the researcher can gain a broader picture of the subjects’ anxiety levels and what influences these levels. The method is also similar in style to the format of critical incident debriefing.
One concern in the study by O'Driscoll and Cooper (1994) was that the interviewer and the people scoring the data needed to be consistent because a lack of consistency could significantly affect the results. For the present study the interviewer and person scoring the data was the same person this reduced the chances of poor reliability and validity. A second concern was that the subject might not be able to adequately recall the situation they mentioned. If a subject was unable to remember the interviewer was allowed to rephrase the question to act as a prompt. This however did not prevent the subject altering the event as they recalled it.

**Colson's Staff Response Scale**

The present study used the Colson's Staff Response Scale to support the data gained from the transcript and the Job Experience Survey. Colson's Staff Response Scale is used to investigate Registered Nurses responses to specific patient groups (Fraser and Gallop 1993) (See Appendix 5 & 6). This scale allows for the assessment of perceptions of staff towards people diagnosed with Schizophrenia and people diagnosed with Borderline Personality Disorder. Subjects are asked to rate from one to five (one being not at all, five being extremely) their responses to 16 statements. There are 12 negatively focused questions and four positively focused questions such as ‘Feeling frustrated with these patients’ or ‘Feeling protective of these patients’.
Two perceived problems with the Colson's Staff Response Scale (Fraser and Gallop 1993) that may affect the internal validity of the study are: (i) Colson's Staff Response Scale measures anxiety levels of Registered Nurses towards the two psychiatric groups at that particular moment. Depending on their day at work and surrounding circumstances the anxiety levels may be affected; (ii) subjects have to generalise their attitudes towards the two patient groups. The perceived problems using Colson's Staff Response Scale will be reduced because this scale will not be used in isolation but used in conjunction with the Transcript and Job Experience Survey.

The Endler Multidimensional Anxiety Scales (EMAS)

This study assessed trait anxiety using the Endler Multidimensional Anxiety Scales (EMAS) Endler, Edward and Vitelli (1991) (See Appendix 7) as a co-variant in the study to control for variance in baseline anxiety levels. EMAS consisted of 60 items. The items were descriptions of reactions to and attitudes toward different types of situations. Like the Colson's Staff Response Scale, subjects were asked to circle a number from one (not at all) to five (very much) to describe their reactions to and attitudes toward these situations.

Numerous studies have been conducted to test for validity and reliability of The Endler Multidimensional Anxiety Scale (EMAS). (Endler, Edwards, Vitelli and Parker 1989, Endler and Parker 1990, Endler, Edward and Vitelli 1991, Endler,
For example, Endler, Edwards, Vitelli and Parker (1989) conducted a study to examine psychometric data and construct validity of the EMAS. They used a large sample, over 600 participants from various sectors of the community. These subjects were divided into two groups one that answered the survey in a non-threatening environment, the second group answered in a stressful situation and then again in a non-threatening environment. The results indicated that the EMAS, in particular EMAS-T had a high internal validity with alpha coefficients ranging from $r = .87$ to $r = .96$. The results also found “In general, moderate to high test-retest correlations for the EMAS-Trait subscales have been found over different time intervals and in diverse groups; satisfactory support for the reliability of this scale.” (Endler, Edwards, Vitelli and Parker 1989, p.8)

These results are further supported in the study conducted by Endler, Parker, Bagby, and Cox (1991) who used factor analysis to assess the EMAS scale. The subjects were 2,009 university students who were given the EMAS scale in a neutral situation, at the end of a lecture. “The results once again emphasized three main conclusions which were: State and trait anxiety are separate constructs, both empirically and theoretically. Trait anxiety as measured by the EMAS is multidimensional, both empirically and theoretically. State anxiety as measured by
the EMAS is multidimensional, both empirically and theoretically”. (Endler, Parker, Bagby and Cox 1991, p. 925)

2.2.2 Procedure and Data Analysis

The collection of data was via an interview that was approximately 30-40 minutes in length. During the interview five sections were completed.

The basic demographic data (See Appendix 1) was placed onto a spreadsheet using Microsoft Excel.

The transcript (See Appendix 2) and Job Experience Survey (O’Driscoll and Cooper 1994) (See Appendix 3 &4) were collected on audio tape. The data from this section was transcribed onto a Microsoft Word document. The Gottschalk and Gleser Anxiety Scale was then applied. This scale has been designed to assess the level of anxiety towards a certain topic, from any point in time. As a consequence it did not matter if the Registered Nurse had recent experience with the two psychiatric groups, the anxiety levels towards the two groups could still be measured. The Gottschalk and Gleser Anxiety Scale classifies anxiety into six subsections: death, mutilation, separation, guilt, shame and diffuse or non-specific anxiety. Within these six categories content items are given, each with a weight based on “the degree of personal involvement and the degree of direct representation.” (Gottschalk and Gleser 1969, p. 25)
For the purposes of scoring the transcripts a simple table was designed (See Appendix 8). Each individual story was scored for each subject. The procedure for scoring an individual story was done in the following manner (As according to the published scoring procedure):

The sum (Σ) of the weights given to the six groups of anxiety were calculated.

The number of words for the transcript were divided by 100 to give the Correction Factor (CF). This was done so the length of the story did not effect the score. It prevents a person relating a short story who may have only two or three key words and be suffering from a high level of anxiety scoring lower than a person who had a longer story and more key words even though their anxiety level may have been lower.

Finally the score is calculated from $\sqrt{\Sigma \times CF} + (CF \times 0.5)$.

Once scores for each individual transcript were calculated they were transferred onto a Microsoft Excel spreadsheet. The average score for anxiety relating to the two groups could then be obtained. For each subject the means were calculated for all stories. This provided an average score for each subjects’ anxiety level regarding the two groups of patients. A two tailed t-test could then be applied to these scores. The mean anxiety and standard deviations were also obtained.

The last sections of the questionnaire, Colson's Staff Response Scale (Fraser and Gallop 1993) (See Appendix 5 & 6) and the Endler Multidimensional Anxiety Scales (EMAS) (Endler, Edward and Vitelli 1991) (See Appendix 7) were given to
each subject as two parts. The results from these scales were tabulated into a Microsoft Excel spreadsheet. Some of the scores had to be reversed in both scales according to the instructions in the manuals. For example, in the Colson’s Staff Response Scale the scores for questions three, six, ten and fifteen were reversed to match the other scores in the scale as documented in the manual of instructions for using the scale. Means, standard deviations and two tailed paired t-tests and ANOVAS were applied to the data using the Statview and SAS/JMP Statistical packages. Criterion for statistical significance was set at p< .5. Thematic analysis was used to analyse the qualitative data.

2.3 Ethical Considerations

The Ethics Committee at the University of Wollongong approved the interview before it was used to survey the Registered Nurses (See Appendix 9). To ensure that the Registered Nurses fully understood the purposes of the interview, a participants information sheet and a consent form was given to them to read and sign before the commencement of the survey (See Appendices 10 & 11). On both these forms it was made clear that they would remain anonymous and that they could withdraw their consent at any time. The consent form was kept separate from the sections of the interview.

The researcher conducted the interviews. There was no identifying information on the data collection forms and each subject had a number allocated to them. An
audio tape was used for the second and third sections. Each individual transcript was given a number to maintain anonymity. All data collected was stored in a secure place as per the University of Wollongong Code of Practice - Research.
Chapter 3  Quantitative Results

3.1 Demographics

The sample consisted of 33 Registered Nurses, with 11 male and 22 female participants, as shown in the graph below. The average age was 37.

Graph 1: Subjects Ages

On average the subjects had been registered for 13.42 years and the average amount of years the subjects had worked in Psychiatric Nursing was 11.04. From the sample 23 of the subjects had obtained at least one Hospital Certificate four subjects had completed four. Seven subjects had completed a Diploma, 18 subjects had obtained a Degree, six subjects had completed a Graduate Diploma and five subjects had obtained a Masters Degree. All qualifications were awarded from health or related fields. See also Table 1.
Table 1: Mean and Standard deviations for the demographic data.

<table>
<thead>
<tr>
<th>Category</th>
<th>Age</th>
<th>Years Registered</th>
<th>Years in Psychiatric Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean</td>
<td>37</td>
<td>13.45</td>
<td>11.04</td>
</tr>
<tr>
<td>Standard deviation</td>
<td>9.20</td>
<td>7.95</td>
<td>8.02</td>
</tr>
</tbody>
</table>

3.2 Hypothesis 1

Hypothesis 1: Registered Nurses have a lower level of anxiety when caring for people diagnosed with Schizophrenia compared to people diagnosed with a Borderline Personality Disorder.

People diagnosed with a Borderline Personality Disorder were rated far more negatively when compared to people diagnosed with Schizophrenia. This section shows results gained from t-tests applied to the data from the Colson’s Staff Response Scales. In Table 2 the total scores comparison between the two groups was significantly different (t = 7.1, df = 32, p< 0.0001). The mean for Total A (Borderline Personality Disorder): 2.69, std.dev: 0.57, the mean for Total B (Schizophrenia): 1.95, std.dev: 0.39.
Table 2: Paired Group Comparison for Total Scores on Colson’s Staff Response Scale.

X: Total A (Borderline Personality Disorder) Y: Total B (Schizophrenia)

<table>
<thead>
<tr>
<th>DF</th>
<th>Mean X-Y</th>
<th>Paired t value:</th>
<th>Prob. (2-tail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>0.74</td>
<td>7.07</td>
<td>.0001</td>
</tr>
</tbody>
</table>

People diagnosed with Schizophrenia were ranked far more positively than people diagnosed with a Borderline personality Disorder. In Table 3, the positive questions (3,6,10,15) were compared between the two groups. The positive questions were those questions in the questionnaire that had a positive slant for example, ‘Feeling protective of these patients’. The comparison between the two groups was significantly different (t = 4.9, df = 32, p < 0.0001). Mean A Positive (Borderline Personality Disorder): 2.52, std.dev: 0.87, mean B Positive (Schizophrenia): 3.36, std.dev: 0.90.

Table 3: Paired Group Comparison for Positive Scores on Colson’s Staff Response Scale.

X: Positive A (Borderline Personality Disorder) Y: Positive B (Schizophrenia)

<table>
<thead>
<tr>
<th>DF</th>
<th>Mean X-Y</th>
<th>Paired t value:</th>
<th>Prob. (2-tail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>0.85</td>
<td>4.93</td>
<td>.0001</td>
</tr>
</tbody>
</table>
People diagnosed with a Borderline Personality Disorder were viewed far more negatively when compared to people diagnosed with Schizophrenia. In Table 4, the negative questions (1,2,4,5,7,8,9,11,12,13,14,16) were compared between the two groups. The negative questions were those questions that were worded from a negative focus such as ‘Feeling frustrated with these patients’. Again the comparison between the two groups was significantly different (t = 5.9, df = 32, p< 0.0001). Mean for A Negative (Borderline Personality Disorder): 2.46, std.dev: 0.65, mean for B Negative (Schizophrenia): 1.77, std.dev: 0.42.

**Table 4: Paired Group Comparison for Negative Scores on Colson’s Staff Response Scale.**

<table>
<thead>
<tr>
<th>DF</th>
<th>Mean X-Y</th>
<th>Paired t value:</th>
<th>Prob. (2-tail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>0.70</td>
<td>5.95</td>
<td>.0001</td>
</tr>
</tbody>
</table>

The results obtained from the transcripts after applying the Gottschalk and Gleser Anxiety Scale found that people diagnosed with a Borderline Personality Disorder were discussed far more negatively when compared to people diagnosed with Schizophrenia. The comparison between the two groups was significantly different (t = 6.13, df = 32, p<0.0001) (See Table 5). The mean anxiety for people diagnosed with a Borderline Personality Disorder was: 2.04, std.dev: 0.61, the mean anxiety for People diagnosed with Schizophrenia was: 1.17, std.dev: 0.67.
Table 5: Paired Group Comparison for Transcripts.

X: Total A (Borderline Personality Disorder) Y: Total B (Schizophrenia)

<table>
<thead>
<tr>
<th>DF</th>
<th>Mean X-Y</th>
<th>Paired t value:</th>
<th>Prob. (2-tail)</th>
</tr>
</thead>
<tbody>
<tr>
<td>32</td>
<td>0.87</td>
<td>6.13</td>
<td>.0001</td>
</tr>
</tbody>
</table>

3.3 Hypothesis 2

Hypothesis 2: The more experience Registered Nurses obtained in psychiatric settings the less anxiety they have towards people diagnosed with Borderline Personality Disorders.

ANOVA was used to investigate whether experience had an effect on the level of anxiety towards people diagnosed with Borderline Personality Disorder. The results found that experience did not have an effect on the level of anxiety experienced by the Registered nurses. There was a significant difference between groups, Total A (Borderline Personality Disorder) and experience displayed in Table 6. When an ANOVA was used F (1, 32) = 0.0007, p = 0.98 not less than .05.
Table 6: Experience compared to level of anxiety towards people diagnosed with Borderline Personality Disorder.

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total A</td>
<td>1</td>
<td>0.0002</td>
<td>0.0007</td>
<td>0.98</td>
</tr>
<tr>
<td>Experience</td>
<td>32</td>
<td>0.33</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

To ensure that there were no systematic differences in the subject's general anxiety levels, anxiety was compared to years of psychiatric experience. There was no significant difference between groups, EMAS Total (general anxiety) and Registered Nurses level of experience in psychiatric nursing shown in Table 7. When an ANOVA was used $F (1, 32) = 1.80$, $p = 0.19$ not less than .05.

Table 7: Experience compared to the level of general anxiety.

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMAS Total</td>
<td>1</td>
<td>749.72</td>
<td>1.80</td>
<td>0.19</td>
</tr>
<tr>
<td>Experience</td>
<td>32</td>
<td>417.48</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3.4 Hypothesis 3

Hypothesis 3: Registered Nurses who have a higher level of education will have less anxiety towards people who are diagnosed with a Borderline Personality Disorder compared to Registered Nurses who have a low level of education.

Hospital Certificate versus No Certificate

ANOVA was used to investigate for differences between the two groups. There was no difference in reported anxiety towards people diagnosed with Borderline Personality Disorder (Total A) in Registered Nurses who had obtained Hospital Certificates compared to those who had not, displayed in Table 8. When an ANOVA was used $F (4, 32) = 1.38, p = 0.26$ not less than .05. The means are shown in Table 9.
Table 8: Level of anxiety towards people diagnosed with Borderline Personality Disorder compared to Registered Nurses with Hospital Certificates versus No Certificate.

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total A</td>
<td>4</td>
<td>0.43</td>
<td>1.38</td>
<td>0.26</td>
</tr>
<tr>
<td>Hospital Cert.</td>
<td>32</td>
<td>0.31</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 9: Means for the above ANOVA.

<table>
<thead>
<tr>
<th>No. of Hospital Certificates</th>
<th>Number</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>10</td>
<td>2.69</td>
</tr>
<tr>
<td>1</td>
<td>7</td>
<td>2.96</td>
</tr>
<tr>
<td>2</td>
<td>9</td>
<td>2.61</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>2.94</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>2.20</td>
</tr>
</tbody>
</table>
To ensure that there were no systematic differences in the subject's general anxiety levels, anxiety was compared to Registered Nurses with or without Hospital Certificates. There was a significant difference between groups, EMAS Total (general anxiety) and Registered Nurses with or without Hospital Certificates shown in Table 10. When an ANOVA was used $F(4, 32) = 0.64, p = 0.63$ not less than .05.

**Table 10: Level of general anxiety compared to Registered Nurses with or without Hospital Certificates.**

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMAS Total</td>
<td>4</td>
<td>288.52</td>
<td>0.64</td>
<td>0.63</td>
</tr>
<tr>
<td>Hospital Cert.</td>
<td>32</td>
<td>447.70</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Degree or Higher versus No Degree**

There was no significant difference in reported anxiety towards people diagnosed with Borderline Personality Disorder (Total A) in Registered Nurses who had obtained a degree or higher compared to those who had not, displayed in Table 11. When an ANOVA was used $F(1, 32) = 0.20, p = 0.65$ not less than .05. The means are shown in Table 12.
Table 11: Level of anxiety towards people diagnosed with Borderline Personality Disorder compared to Registered Nurses with or without a Degree or higher

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total A</td>
<td>1</td>
<td>0.06</td>
<td>0.20</td>
<td>0.65</td>
</tr>
<tr>
<td>Degree/higher</td>
<td>32</td>
<td>0.33</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 12: Means for the above ANOVA

<table>
<thead>
<tr>
<th>Degrees/Higher</th>
<th>Number</th>
<th>Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>12</td>
<td>2.63</td>
</tr>
<tr>
<td>1</td>
<td>21</td>
<td>2.73</td>
</tr>
</tbody>
</table>

To ensure that there were no systematic differences in subject’s general anxiety levels, anxiety was compared to Registered Nurses with or without a Degree or higher. There was a significant difference between groups, EMAS Total (general
anxiety) and Registered Nurses with or without a Degree or higher shown in Table 13. When an ANOVA was used $F(1, 32) = 0.18, p = 0.68$ not less than .05.

Table 13: Level of general anxiety compared to Registered Nurses with or without Hospital Certificates.

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>Mean Square</th>
<th>F Ratio</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMAS Total</td>
<td>1</td>
<td>77.73</td>
<td>0.18</td>
<td>0.68</td>
</tr>
<tr>
<td>Degree/Higher</td>
<td>32</td>
<td>439.09</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Chapter 4  *Qualitative Results*

Thematic analysis was used to make sense of the experiences of nurses working with the two patient groups. All transcripts were read twice to obtain a feeling for them. Significant statements relating directly to the phenomenon under study were then collated. The researcher then attempted to spell out the meaning of each significant statement. Significant participant statements were organised into themes.

4.1 Stories about People Diagnosed with Borderline Personality Disorder

Subject’s transcripts reflected an overall difference in feelings towards people diagnosed with Borderline Personality Disorder when compared to people diagnosed with Schizophrenia. The 66 stories were categorised into groups of similar themes. Four overall themes emerged from the stories about people diagnosed with Borderline Personality Disorder. Selected examples from the subjects’ stories are displayed in Table 14.

<table>
<thead>
<tr>
<th>Examples</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, “Caused an awful lot of problems because she was manipulating staff and setting staff up against each other.”</td>
<td>The Registered Nurses felt that they were being manipulated and divided by people diagnosed with</td>
</tr>
<tr>
<td>2, &quot;All the time she'd be making deals with you if you talk to me I won't attempt suicide or if you don't behave I'm going off and commit suicide.&quot;</td>
<td>Registered Nurses have a duty of care to promote health and well being. The nurses felt people diagnosed with Borderline Personality Disorder constantly challenged them by using their life as a way to manipulate the situation.</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>3, &quot;but we left her for about 2 minutes anyway someone said where is she and she, we found her in the toilets and there was blood everywhere all over the place and she had slit her wrists.&quot;</td>
<td>Registered Nurses have feelings of helplessness and frustration when caring for these patients, believing that these patients will 'cut' themselves to get attention or to manipulate the situation.</td>
</tr>
<tr>
<td>4, &quot;she actually became quite verbally abusive towards the</td>
<td>Registered Nurses are not only faced with the</td>
</tr>
</tbody>
</table>
Some stories had a positive focus for example, "this particular day she came to me and voluntarily handed in a blade and that was really a very positive step for someone who was exhibiting self-injurious behaviour." The subject went on to express how happy she was. Also stated by another subject: "But the thing that was important on that was that every month she used to send a cheque to the Ward Clark from New Zealand to pay for the damage that she had done. I thought that was something fairly special really."

Most of the stories, however, had a negative perspective with Registered Nurses expressing a wide range of negative feelings and emotions towards this patient group.

**Theme One:** The Registered Nurses felt that they were being manipulated and divided by people diagnosed with Borderline Personality Disorder. They felt helpless, angry and out of control.
The most common statement from the stories was staff being divided, causing staff versus staff scenarios. Subjects described team breakdown they believed occurred because of the patient manipulating the situation. One subject stated: "Like you try to work together with the other staff members and a patient trying to split you up it becomes quite difficult because you don't know whether the staff member has said it or not."

People with Borderline Personality Disorders it seems are able to pit staff against each other by exploiting the weaknesses in the relationships of the team members. As stated by one subject, "So you really have to have a cohesive team approach to them. And I guess that's what a lot of Borderlines do, so you focus on who's looking after them and look for any weaknesses in their approach, and take advantage of it for their own ends."

Subjects expressed feelings of frustration, they knew they were being divided but had little control. "She would go up to you and say you're the only nurse I can talk to, I can't talk to the other nurses. Which puts you in a horrible position because you feel like the meat in the sandwich." To prevent feeling frustrated the nurses avoided the patient: "I have a lot of frustration when I work with her and I basically avoid her if I can...." Anger from being manipulated was also described: "Very manipulative, very destructive to the ward, he takes delight in stirring people up, makes the whole ward unhappy while he is here."
Registered Nurses described a loss of trust and developed barriers to try to protect themselves from being manipulated. This was expressed by one subject as “Particularly when they have this nice personality and they get under your skin and you think yes they’re not too bad and, but really you find that you can’t trust them at all.” Another subject stated “...you have to be very careful of what you say to them cause they can misconstrue things very easily and that’s happened on many occasions and try to make out something had happened when it hadn’t.”

Theme Two: Registered Nurses have a duty of care to promote health and well being. The nurses felt people diagnosed with Borderline Personality Disorder constantly challenged them by using their life as a way to manipulate the situation.

Another recurring theme from the transcripts was people diagnosed with Borderline Personality Disorders manipulating the situation by threatening to take their own life. As stated by a subject “And she was also threatening to be suicidal and has carried out some suicidal attempts.” This subject went on to express feelings of helplessness and frustration because she had no control over the situation, all she could do was manage each threat as it arose.

Registered Nurses are in a profession where it is their job to help people get better, so feel extremely stressed when someone is manipulating the situation with their life. “...but I think those sorts of issues happen all the time and as a nurse you have
a responsibility and a duty of care to maintain the safety of the patient and to work
with them. And to have someone playing Russian Roulette with their life like that
and with their physical health it’s quite a dilemma.”

Subjects believed that people diagnosed with Borderline Personality knew that if
they threatened to take their life they would receive the attention they were seeking.
As described by one subject: “He was discharged and a very short time later he
had learned all the usual personality disorder tricks on how to be readmitted to get
excess medication, that was I’m hearing voices, I want to kill myself, I see pictures
of nooses.”

Theme three: Registered Nurses have feelings of helplessness and frustration
when caring for these patients, believing that these patients will ‘cut’
themselves to get attention or to manipulate the situation.

Mutilation and self-harm behaviours of people diagnosed with Borderline
Personality Disorder were frequently discussed in the transcripts. This behaviour
also seemed to be to manipulate the situation and attention seeking: “... and she
couldn’t wait and she cut herself.”

Feelings of frustration and anger were also expressed when discussing patients who
were constantly trying to harm themselves. As stated by one subject: “...but we left
her for about 2 minutes anyway someone said where is she and she... we found her
in the toilets and there was blood everywhere all over the place and she had slit her wrists... I felt angry and frustrated.

Their duty of care is to prevent this person from harming him or herself. To have to constantly monitor this group of patients while doing the normal routines of the job could lead to an increase in anxiety levels. Stated by one subject: 

"...you never knew what she was going to do next..."

The Registered Nurses it seems became mechanical in their dealings with people diagnosed with Borderline Personality Disorder. It did not matter what was required they managed it in the same way. One subject listed maladaptive behaviours when discussing daily routines, “During her admission she had a range of behaviours including self-mutilation, absconding from the unit, promiscuous behaviours, sexually acting out...”

The destructive and abusive behaviour of people diagnosed with Borderline Personality Disorder was also frequently discussed in the transcripts: “It certainly had nothing to do with the man being thought disordered or having hallucinatory experiences it was pure destruction. His behaviour no doubt was passive aggressive...” Stated by another subject: “Hepatitis C positive, been in goal quite a bit. Roaming around the ward and observation area, and kicking up a stink every time somebody tried to settle him...”
The subjects in their stories often reflected feelings of frustration and disbelief. "You can see with your own eyes what she has stolen and you can say you’ve stolen this give it back to the person but I didn’t steal it, I didn’t steal it...." Fear was also discussed “When she was questioned about this she denied it smelling of alcohol and she got really angry and demanded to leave...I was quite frightened...”

Theme Four: Registered Nurses are not only faced with the difficulties of caring for people diagnosed with Borderline Personality Disorder but also have other patients who are dependent on their care.

Registered Nurses in the mental health services manage other patient groups along with people diagnosed with Borderline Personality Disorder: “She actually became quite verbally abusive towards the staff and that makes it a hard situation as well when you’ve got patients.” The extra effort caused by having to constantly monitor one group of patients could be stressful and effect the level of their anxiety.

From the stories, Registered Nurses have managed many stressful situations involving people diagnosed with Borderline Personality Disorder, while doing their normal routines at work. It could be argued that the nurses were showing signs of vicarious traumatization. They were anxious because they perceived these patients as a threat to their feelings of professional self-worth. The nurses were actually feeling helpless and angry about their inability to cope and were stating that they
had great difficulty with low self-efficacy when trying to make clinical progress with this group.

4.2 Stories about People Diagnosed with Schizophrenia

Registered Nurses expressed emotions such as warmth, friendship, and sadness when discussing people diagnosed with Schizophrenia.

Table 15. Selected examples of the three overall themes from the stories.

<table>
<thead>
<tr>
<th>Examples</th>
<th>Themes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1, “Somebody that I was looking after recently ... he is very well educated ... he reality tests ... he is often coming up to you saying did you just say so and so and did you just do so and so and his way of coping with his psychosis ... impresses me”</td>
<td>Registered Nurses reactions towards the delusions and hallucinations experienced by people diagnosed with Schizophrenia</td>
</tr>
<tr>
<td>2, “…although we had 6 or 7 admissions over an 8 year period probably more</td>
<td>Other stories reflected the Registered Nurses’ warmth toward these patients and</td>
</tr>
</tbody>
</table>
because you'd see a real marked improvement in this lady there was a certain amount of warmth in this lady which probably attracted me to her”

Registered Nurses expressed emotions of sadness and loss when relating stories of insight that led the patient to suicide.

3. “His brother was in ... a major institution...one of the sickest patients in the place...he did not want to be his brother ... he finished up having a significant suicide attempt. ... he thought... if I'm going to be my brother if that's the future for me then I'm out of here...To support ... convince them it won't necessarily happen to them, even though we know in the back of our mind that it may well.”

improvement of the patients’ mental health.
Theme One: Registered Nurses reactions towards the delusions and hallucinations experienced by people diagnosed with Schizophrenia

The delusions and hallucinations experienced by the patient were the most common stories discussed by the subjects. These stories tended to fall into two categories with either a positive or negative focus from the viewpoint of the subjects. Examples are shown in Table 15.

Table 15. Positive and negative stories of delusions and hallucinations experienced by people diagnosed with Schizophrenia.

<table>
<thead>
<tr>
<th>Positive Stories</th>
<th>Negative Stories</th>
</tr>
</thead>
<tbody>
<tr>
<td>“It was all glass so he just smashed into this security door. I said what are you doing and he said I thought there was someone behind you and it was his own reflection…”</td>
<td>“Responded to auditory and visual hallucinations, he also told me that the ghosts were telling him to pick out someone's faults and strangle him”</td>
</tr>
<tr>
<td>“His thought patterns are all over the place, his main fixed idea is how to improve people’s way of thinking through”</td>
<td>“He knew that he heard voices that nobody else had. They were commanding hallucinations telling him to hurt himself hurt other people. He...”</td>
</tr>
</tbody>
</table>
computers." was terrified"

"He’d ask you if you wanted to have a ride around the ward on his ‘motor bike’...”

"And he was very delusional and the more medication we gave him [the more] delusional he'd become...”

Registered Nurses expressed feelings of happiness and friendship when talking about people diagnosed with Schizophrenia: “...and say where are you and he’d be laughing thinking that he was invisible. He was one of those patients that if everything got to you, you’d go and talk to him and you’d fell nice and cool...”

These patients it seemed provided light relief to the difficulties of working in the mental health sector “She contacted the police to say that the intruders had got into her department of housing flat and sprinkled curry powder all over the floor.”

The Registered Nurses discussed these recollections in light hearted tones, often smiling “every now and again he’ll run an idea past me and say is that a bit loopy do you think and we’ll look at it on the loopyness scale...” These stories were positive and stress free.

The negative stories of people with Schizophrenia suffering delusions and hallucinations were remembered as sad not bad. Registered Nurses said they felt empathy and sadness towards these people. “He's spent the last three weeks or so
isolating in his room or by himself been very suspicious of staff and other patients...it was very, very sad....” Another subject stated: “And what’s coming out now is a pretty horrible array of delusions about people trying to kill him, about being poisoned, about all sorts of things. So being debilitated to the extent before that he just could not speak for what ever reason, he had delusions if he spoke to people certain things would happen, and the man has virtually no insight into his condition at all...”

Theme Two: Other stories reflected the Registered Nurses’ warmth toward these patients and improvement of the patients’ mental health.

Again these stories had a positive focus: “He was generally quite easy to get on with...” Stated by another subject: “A very gentle, sweet, nice man....” Friendship was expressed: “very pretty girl absolutely wonderful personality, hilarious.” The subjects were happy to see improvements in the patients and know that the patients were able to live in the community leading ‘normal’ lives:

“I remember this particular guy who came in really sick and he was really, really ... paranoid. He was also really talented he used to make really nice toys ... He got well really quickly and I suppose that was nice that he had lots of talent and we didn’t see him for too long”

“She has developed insight into her illness [and] knows very well what her early warning signs are...”
"And now cause he’s very well medicated and getting on with his life, it’s just really good to see...""

"And he actually has a life, he plays football, he works. That was marvellous to see."

"He’s been really, really well in the last 2 years, which is good to see."

**Theme Three: Registered Nurses expressed emotions of sadness and loss when relating stories of insight that led the patient to suicide.**

Registered Nurses expressed sadness and felt empathy towards patients diagnosed with Schizophrenia: "...diagnosed schizophrenic. From then their life became fragmented..." Another subject discussed the depression these patients experience expressing empathy: "All of them have that in common that when they get well they can plummet into a very deep depression because they remember the very bizarre thoughts and behaviours and how they treated other people...there is little you can do...very sad..."

The stories reflected the feelings felt by the nurses when caring for people who had a future then became so ill: "A suicidal male he had the illness and coming to terms with it was fairly difficult. Couldn’t come to terms with just trouble with everyday life...it was very hard to stay positive...you knew deep down that he may never get better..." Another subject stated: "...but she had a little bit of insight saw the
writing on the wall and thought no this is not for me I’m checking out and she killed herself...it was very sad.”

4.3 Conclusion

The overall differences between the two groups were reflected by subjects in their stories as displayed in the above exerts. There was a very clear difference between the two groups. Registered Nurses when discussing people diagnosed with Borderline Personality Disorder described their emotions as angry, scared, annoyed, tired, frustrated and upset. The majority of the stories had a negative focus. The stories about people diagnosed with Schizophrenia related by the Registered Nurses were in contrast. The stories tended to be of a positive nature with statements of friendship, warmth and enjoyment. Where the stories of poor mental health were discussed statements of empathy, sadness, and support were described.

The transcripts have reflected the significant difference between the two groups found in the previous chapter. Registered Nurses in general have many negative emotions when caring for people diagnosed with Borderline Personality Disorder when compared to people diagnosed with Schizophrenia.
Chapter 5  Discussion

5.1  Presentation of Major Findings

The major findings are presented below:

**Hypothesis 1:** Registered Nurses have a lower level of anxiety when caring for people diagnosed with Schizophrenia compared to people diagnosed with a Borderline Personality Disorder.

The results supported this hypothesis. Registered Nurses did have a lower level of anxiety when caring for people diagnosed with Schizophrenia compared to people diagnosed with Borderline Personality Disorder.

**Hypothesis 2:** The more experience Registered Nurses obtained in psychiatric settings the less anxiety they have towards people diagnosed with Borderline Personality Disorders.

The more experience Registered Nurses obtained in psychiatric settings did not alter the level of anxiety they have towards people diagnosed with Borderline Personality Disorders.

**Hypothesis 3:** Registered Nurses who have a higher level of education will have less anxiety towards people who are diagnosed with a Borderline Personality Disorder compared to Registered Nurses who have a low level of education.
The level of education had no effect on the level of anxiety Registered Nurses had towards people diagnosed with a Borderline Personality Disorder.

5.2 Significance of the Study

In summary this study found that when caring for people diagnosed with Borderline Personality Disorders Registered Nurses’ anxiety levels were much higher than when they were caring for people diagnosed with Schizophrenia. It also found that this anxiety was not affected by the number of years worked in the field, or by the level of education the Registered Nurses had obtained. These conclusions imply that subjects’ background in nursing was not significant, all Registered Nurses were likely to suffer from a high level of anxiety in relation to this patient group. The findings in this study are extremely important.

A major implication from the study is while Registered Nurses suffer from anxiety people diagnosed with Borderline Personality Disorder will be managed poorly regardless of education level or experience. This is particularly important when studies have shown that Registered Nurses play a significant role in the care of these patients. Registered Nurses have contact with the patient 24 hours a day every day and have many opportunities to influence the treatment of these patients (Benham 1995). Studies by Crothers (1995) and Cooper (1995) also discussed the importance of Registered Nurses in the treatment process. It was interesting to note that these studies found that the team did not work effectively without this
supportive environment and actually broke down completely with staff blaming each other. This finding is supported by the current results. People suffering from high anxiety are effected in many ways.

It has been shown that high levels of anxiety significantly effect a person’s life. Symptoms include not sleeping, experiencing nightmares, stomach up sets, headaches, a breakdown in relationships. These symptoms all directly affect the person’s home life. A poor home life can have significant affects on the person’s work performance. High levels of anxiety have also been shown to effect a person’s ability to deal with crisis situations. For managers in the mental health sector this can affect fundamental aspects of the service.

In the present study the high levels of anxiety in Registered Nurses have been shown to occur when caring for people diagnosed with Borderline Personality Disorders. In the transcripts obtained from the Registered Nurses there was a clear divide between stories about people diagnosed with Schizophrenia when compared to people diagnosed with Borderline Personality Disorder. The four major themes that arose from the nurses stories about people diagnosed with Borderline Personality Disorder were very negative compared to the stories about caring for people diagnosed with Schizophrenia. The four themes from the stories about caring for people diagnosed with Borderline Personality Disorder highlighted feelings of anger, manipulation, helplessness, frustration and, a conflict between their role as Registered Nurses and caring for these patients.
Results from this study are consistent with those of Fraser and Gallop (1993) who also found that Nurses viewed people diagnosed with Borderline Personality Disorders far more negatively than other patient groups. The study also found that nurses treated them with less empathy. Registered Nurses who are suffering from high levels of anxiety towards people diagnosed with Borderline Personality Disorders are quite likely to react to this patient group in a negative way. The care to other patient groups is also likely to be affected if the Registered Nurses are suffering high levels of anxiety.

The results from the present study supported these findings and strengthen them since the sample size in the current study was nearly double that in the study conducted by Fraser and Gallop (1993). These results are also consistent with an important study conducted by O’Brien and Flöte (1997) who found that nurses expressed negative emotions towards and had difficulty in caring for people diagnosed with Borderline Personalities. The qualitative results from this study also make clear the stresses under which Registered Nurses work when dealing with people diagnosed with Borderline Personality Disorder. In particular, Registered Nurses were concerned about the manipulative and self-destructive nature of these clients and felt at times helpless, angry and out of control. They also expressed concerns about how this patient group was affecting others in their area.

These negative feelings and high anxiety levels experienced by Registered Nurses towards people diagnosed with Borderline Personality Disorder can be related to
the theory of vicarious traumatisation. It is believed that the high anxiety levels experienced by the Registered Nurses when caring for people diagnosed with Borderline Personality Disorder stem from the overwhelming needs of this patient group. The anxiety experienced is further increased when caring for this patient group because Registered Nurses find it very difficult to predict and understand the behaviours of this patient group. This relates to the diagnoses of Borderline Personality Disorder, which is a very complex psychiatric disorder and is often not fully understood by the Nurses. Registered Nurses in this situation often underestimate their ability to manage these patients and experience feelings of helplessness and anger. These feelings are increased when caring for people diagnosed with Borderline Personality Disorder because the Registered Nurses are confronted with the intense needs of this patient group. A sense of vicarious traumatisation can occur when the Registered Nurses are repeatedly exposed to this very difficult patient group.

Education seems to be an important component when managing people diagnosed with Borderline Personality Disorders and it may be that more specific targeted education programs are required. The study conducted by Tucker, Bauer, Wagner, et al (1992) suggested that specific training is required when managing people diagnosed with Borderline Personality Disorders. The training would be aimed at the treatment process and, more importantly team building and support. These results support the theory of vicarious traumatisation. With training and a supportive team environment the Registered Nurses would be supported in their
decisions towards the care of people diagnosed with Borderline Personality Disorder. Thus there would be a positive outcome in the management of this patient group.

Training was given in the study conducted by Antikainen, Lehtonen, Koponen and Arstila (1992). The results indicated when staff were trained on how to manage difficulties experienced while treating people diagnosed with Borderline Personality Disorders there was an overall improvement in the ward environment. Although they did not specifically focus on the Registered Nurses’ reactions it could be inferred that by teaching the staff to recognise their reactions and providing a supportive environment general anxiety levels were lowered.

The study conducted by Barley, Buie, Peterson, et al (1993) also showed the importance of specific training for people diagnosed with Borderline Personality Disorder. They strongly supported a team approach where treatment plans were implemented consistently. More importantly they believed to promote the program’s integrity they needed to support the staff. Not only did they provide regular meetings and in service training they also had whole staff retreats. This was done to help keep the interest and energy levels up when treating this difficult patient group.

The studies conducted by Antikainen, Lehtonen, Koponen and Arstila (1992) and Barley, Buie, Peterson, et al (1993) found that the treatment success rate improved
after specific training. This is particularly important as the results from the current study showed that the level of education and the amount of experience did not alter the anxiety levels experienced by the Registered Nurses. For educators teaching at a Graduate Diploma and Masters level this is significant. Courses at a post graduate level that teach mental health may have to include a specific section on the diagnosis and treatment of people suffering from a Borderline Personality Disorder. Other implications are that regular in services and training on these patients should be provided to Registered Nurses working in the mental health field.

The team environment also seems to be very important. Studies that documented successful treatment implementation for people diagnosed with Borderline Personality Disorders all discussed the importance of a supportive environment (Tucker, Bauer, Wagner et al 1992, Weaver, Varvaro, Conners & Regan-Kubinski 1994, Cooper 1995). These studies suggested that to care for these difficult clients Registered Nurses need an environment where feelings can be expressed with fear of being judged. The study conducted by Crothers (1995) strongly encouraged team support. It was suggested that the team had to have time to express their feelings and staff feeling overwhelmed should be encouraged to take time off. Although these studies did not examine the anxiety levels of the Registered Nurses it can be inferred that in a supportive team environment the level of anxiety suffered would be reduced.
The success of a supportive team environment also supports the theory that if Registered Nurses can feel secure in the decisions they make when caring for people diagnosed with Borderline Personality Disorder they will not experience a sense of vicarious traumatisation. It is believed that these feelings only occur when the nurse feels overwhelmed by the intense reactions of this patient group.

### 5.3 Limitations

A limitation of the study was that detailed information on the courses completed by subjects was not obtained. This would have provided more specific knowledge of areas that may require review. Future studies could develop courses that are tailored to teaching about this patient group. They could also assess the anxiety levels of Registered Nurses when caring for this patient group before and after the training on the management of people diagnosed with Borderline Personality Disorder and the affects this patient group has on the work environment.

Further research is also indicated focussing on alternative treatment methods of people diagnosed with Borderline Personality Disorder, which aim to minimise or limit the anxiety provoking impact of this patient group on Registered Nurses.

To conclude, the results of this study have shown that Registered Nurses experienced high anxiety levels when caring for people diagnosed with Borderline Personality Disorder. The years of experience in a psychiatric setting or the level of education obtained did not affect this level of anxiety. This is particularly
significant when many studies have shown that the Registered Nurses are the main caregivers having contact with this patient group 24 hours a day every day and, often have a direct influence in the treatment process. This study also found that Registered Nurses viewed people diagnosed with Borderline Personality disorder in a far more negative way when compared to people diagnosed with Schizophrenia. Feelings of anger, frustration, helplessness and being manipulated were expressed when the nurses were describing stories about people diagnosed with Borderline Personality Disorder.

These results support the theory of vicarious traumatisation, which results from Registered Nurses repeatedly feeling overwhelmed by the needs of people diagnosed with Borderline Personality and not fully understanding the diagnosis of this patient group. The consequence of this is that Registered Nurses do not feel confident in their’ care of these patients. This causes them to feel a sense of anger and helplessness.

This is further supported by the studies where specific education and support was offered when caring for people diagnosed with Borderline Personality Disorders. All these studies found marked improvements in the care of this patient group and reported a significant change in the ward environment.
Reference List


Fort, J.P. 1990, ‘A Unit for Borderlines in a Psychiatric Hospital’, Psychiatric Hospital, vol. 21, no. 2, pp. 61-64.


Preamble: Appendix 1

Thank you for agreeing to be part of this research, which is concerned with Registered Nurses' levels of anxiety towards certain psychiatric client groups.

The information we are collecting for this research will be treated with strict confidentiality and no individual will be identified in any report of our findings. I would like to record on audio tape our discussion, but this will not be disclosed to anyone except the researchers working on this project. We do not need to record your name, but would like to record some details on your background.

1, Age:_____________________________________________________

2, Male / Female (Circle)

3, How many years have you worked in psychiatric nursing?

4, Training/ qualifications:
   a. What was the year you registered?

   b. What certificates do you hold:
      # Hospital Certificates:

      # Diploma of Nursing:

      # Degree in Nursing:

      # Post Graduate Diploma:

      # Masters :

      # PhD:

      # Other:
Transcript: Appendix 2

Please tell me three stories about patients with Borderline Personality Disorders and three stories about patients with Schizophrenia that you have cared for. These stories should be specific events that you can remember. Spend about three minutes but no more than five minutes for each one. I will tell you when you come near to the end of five minutes.
(See Reference List No. 6)

Borderline Personality Disorder

Story #1

Story #2

Story #3

Schizophrenia

Story #1

Story #2

Story #3
I'd like to ask you some specific questions about your most problematic incident that involved a patient diagnosed with a Borderline Personality Disorder.

Responses

I'm going to ask some questions about what you did in this situation, as well as about what other people did in response to this situation.

Q1. "First, can you tell what your feelings were about this situation? That is, did you have any emotional reactions to what happened?"

   1. 
   2. 
   3. 

Q2. "Now, can you tell me what you personally did in response to this situation?"

   (Elicit description of specific responses which the person made in that situation, including both emotional responses and behaviours)

   Response 1.

   Response 2.

   Response 3.

Q3. "Did anybody else do anything in response to this situation?"

   (Elicit description of specific behaviours which anybody else showed - if more than two other people were involved, include these as well)

   Designation of person A:

   Response 1.

   Response 2.
Designation of **person B**: 

Response 1. 

Response 2. 

Q4. "Was anything else done, other than by you yourself or the other person(s) you mentioned, in response to this situation?" (e.g. by the organization) 

**Outcomes**

Now I'm going to ask you some questions about the final outcomes or consequences of your responses to this situation. When thinking of outcomes, please think about the consequences *for you personally*, rather than consequences for other people or for the organization.

Q5. "To what extent do you think your *own* response(s), as opposed to other factors, have an effect on the final outcome(s) in this situation?"

*Show card with the answers listed below and ask respondent to select one*

- 1 = very little effect 
- 2 = to some extent 
- 3 = a moderate amount 
- 4 = to a large extent 
- 5 = completely influenced by own actions 

Q6. "What happened as a result of what you *personally* did?"

*Record below the specific outcomes of each response the person made, and ask for an evaluation of each response, using the following question:*

Q7. "How did you feel about the outcomes of your own response(s)?"

*Elicit the person’s evaluation of the effectiveness of each response. For this question, use the following scale. Show card to respondent.*

- 1 = very unhappy about the outcome 
- 2 = moderately unhappy about the outcome 
- 3 = slightly unhappy about the outcome 
- 4 = slightly happy about the outcome 
- 5 = moderately happy about the outcome 
- 6 = very happy with the outcome 

Evaluation (Q7) 

Outcome of response 1.
Outcome of response 2.

Outcome of response 3.

Q8. "What happened as a result of what other people did?"

(Record specific outcomes of each other person's responses, and ask for an evaluation of these outcomes, using the following question:)

Q9. "How did you feel about the consequences/outcomes of what other people did?"

Use same answer scale as for Q7. Show card to respondent.

Person A.

Outcome of response 1.

Outcome of response 2.

Person B.

Outcome of response 1.

Outcome of response 2.

Alternative Responses

Q10. "Do you think there was anything else you could have done in this situation? What do you think would have been the outcome(s) if you had done this?"

(Elicit specific description of alternative responses and their possible outcomes)

Alt. response 1.

Outcome(s).

Alt. response 2.

Outcome(s).
I'd like to ask you some specific questions about your most problematic incident, that involved a patient diagnosed with Schizophrenia.

Responses

I'm going to ask some questions about what you did in this situation, as well as about what other people did in response to this situation.

Q1. "First, can you tell what your feelings were about this situation? That is, did you have any emotional reactions to what happened?"

1. 
2. 
3. 

Q2. "Now, can you tell me what you personally did in response to this situation?"

(Elicit description of specific responses which the person made in that situation, including both emotional responses and behaviours)

Response 1.

Response 2.

Response 3.

Q3. "Did anybody else do anything in response to this situation?"

(Elicit description of specific behaviours which anybody else showed - if more than two other people were involved, include these as well)

Designation of person A:

Response 1.

Response 2.
Designation of person B:

Response 1.

Response 2.

Q4. "Was anything else done, other than by you yourself or the other person(s) you mentioned, in response to this situation?" (e.g. by the organization)

Outcomes

Now I'm going to ask you some questions about the final outcomes or consequences of your responses to this situation. When thinking of outcomes, please think about the consequences for you personally, rather than consequences for other people or for the organization.

Q5. "To what extent do you think your own response(s), as opposed to other factors, have an effect on the final outcome(s) in this situation?"

>Show card with the answers listed below and ask respondent to select one

1 = very little effect
2 = to some extent
3 = a moderate amount
4 = to a large extent
5 = completely influenced by own actions

Q6. "What happened as a result of what you personally did?"

>Record below the specific outcomes of each response the person made, and ask for an evaluation of each response, using the following question:

Q7. "How did you feel about the outcomes of your own response(s)?"

Elicit the person's evaluation of the effectiveness of each response. For this question, use the following scale. Show card to respondent.

1 = very unhappy about the outcome
2 = moderately unhappy about the outcome
3 = slightly unhappy about the outcome
4 = slightly happy about the outcome
5 = moderately happy about the outcome
6 = very happy with the outcome

Outcome of response 1.

Evaluation (Q7)
Outcome of response 2.

Outcome of response 3.

Q8. "What happened as a result of what other people did?"

(Record specific outcomes of each other person's responses, and ask for an evaluation of these outcomes, using the following question:)

Q9. "How did you feel about the consequences/outcomes of what other people did?"

Use same answer scale as for Q7. Show card to respondent.

Person A.

Outcome of response 1.

Outcome of response 2.

Person B.

Outcome of response 1.

Outcome of response 2.

Alternative Responses

Q10. "Do you think there was anything else you could have done in this situation? What do you think would have been the outcome(s) if you had done this?"

(Elicit specific description of alternative responses and their possible outcomes)

Alt. response 1.
Outcome(s).

Alt. response 2.
Outcome(s).
In this section 'the patients' are people diagnosed with a Borderline Personality Disorder. For each statement listed below indicate on the rating form the level or intensity of your response using the following scale:

1 = not at all  
2 = slightly  
3 = moderately  
4 = considerably  
5 = extremely

<table>
<thead>
<tr>
<th>List of Statements</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
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</thead>
<tbody>
<tr>
<td>1. Feeling frustrated with these patients</td>
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<td>2. Feeling drained by these patients</td>
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<td>3. Feeling protective of these patients</td>
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<td>4. Feeling helpless in relation to these patients</td>
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<td>5. Feeling frightened by these patients</td>
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<td>6. Feeling patient and understanding</td>
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<td>7. Feeling angry with these patients</td>
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<td>8. Feeling guilty with a sense that one should do something more or different</td>
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<td>9. Feeling provoked by patients' behavior</td>
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<td>10. Feeling interested in these patients</td>
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<td>11. Feeling intolerant. Having difficulty tolerating these patients' behavior</td>
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<td>12. Withdrawing from contact with, or interest in, these patients</td>
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<td>13. Unable to gain control of the situation</td>
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<td>14. Experiencing division within the staff in relationship to these patients</td>
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<td>15. Feeling fondness and affection for these patients</td>
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<tr>
<td>16. Feeling confused about these patients and their treatment needs</td>
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</tbody>
</table>
Colson’s Staff Response Scale. B: Appendix 6

In this section 'the patients' are people diagnosed with Schizophrenia. For each statement listed below indicate on the rating form the level or intensity of your response using the following scale:

1 = none
2 = slight
3 = moderate
4 = considerable
5 = extreme

<table>
<thead>
<tr>
<th>List of Responses</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling frustrated with these patients</td>
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<td>2. Feeling drained by these patients</td>
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<td>3. Feeling protective of these patients</td>
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<td>4. Feeling helpless in relation to these patients</td>
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<td>5. Feeling frightened by these patients</td>
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<td>6. Feeling patient and understanding</td>
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<td>7. Feeling angry with these patients</td>
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<td>8. Feeling guilty with a sense that one should do something more or different</td>
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<td>9. Feeling provoked by patients' behavior</td>
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<td>10. Feeling interested in these patients</td>
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<td>11. Feeling intolerant. Having difficulty tolerating these patients' behavior</td>
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<tr>
<td>12. Withdrawing from contact with, or interest in, these patients</td>
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<tr>
<td>13. Unable to gain control of the situation</td>
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<tr>
<td>14. Experiencing division within the staff in relationship to these patients</td>
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<tr>
<td>15. Feeling fondness and affection for these patients</td>
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<tr>
<td>16. Feeling confused about these patients and their treatment needs</td>
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</tbody>
</table>
The Endler Multidimensional Anxiety Scales (EMAS): Appendix 7

**Directions**

The 60 items below are descriptions of reactions to and attitudes toward different types of situations. Circle a number from 1 (not at all) to 5 (very much) to describe your reactions to and attitudes toward these situations.

Example:

**You are getting ready to start the day.**

Not at all <-----> Very much

1. Feel uncomfortable

   1  2  3  4  5

If you feel very uncomfortable in this situation, circle the 5. If you feel somewhat uncomfortable, circle either the 2, 3, or 4, depending on how uncomfortable you are. If you do not feel uncomfortable at all in this situation, circle the 1.

Additional instructions are provided at the top of each section. Please read them carefully and answer each item by circling the most appropriate response.

If you have no questions, you may proceed to answer the items below.

**EMAS-Trait**

The following four sections describe a general type of situation that most people have experienced in their work as Registered Nurses. For each type of situation, some common reactions and feelings are listed. Please use the 5-point scale to indicate the degree to which you experience these reactions and feelings in the situation described in each section.

1. **You are in situations where you are being evaluated by other people.**

   We are primarily interested in your reactions in general to those situations where you are being evaluated or observed by other people. This relates to situations at work where people might be observing, grading, or judging you.

   Not at all <------> Very much
   
   1. Seek experiences like this
      1  2  3  4  5
   2. Feel upset
      1  2  3  4  5
   3. Perspire
      1  2  3  4  5
   4. Feel relaxed
      1  2  3  4  5
5 Have an “uneasy feeling” 1 2 3 4 5
6 Look forward to these situations 1 2 3 4 5
7 Get fluttering feeling in stomach 1 2 3 4 5
8 Feel comfortable 1 2 3 4 5
9 Feel tense 1 2 3 4 5
10 Enjoy these situations 1 2 3 4 5
11 Heart beats faster 1 2 3 4 5
12 Feel secure 1 2 3 4 5
13 Feel anxious 1 2 3 4 5
14 Feel self-confident 1 2 3 4 5
15 Feel nervous 1 2 3 4 5

2. You are in situations where you are about to or may encounter physical danger.

We are primarily interested in your reactions in general to those situations that involve dealing with potentially painful and physically dangerous things, objects, or events—that is, situations in which you may feel actual physical pain or get physically hurt or harmed.

Not at all <------> very much
16 Seek experiences like this 1 2 3 4 5
17 Feel upset 1 2 3 4 5
18 Perspire 1 2 3 4 5
19 Feel relaxed 1 2 3 4 5
20 Have an "uneasy feeling" 1 2 3 4 5
21 Look forward to these situations 1 2 3 4 5
22 Get fluttering feeling in stomach 1 2 3 4 5
23 Feel comfortable 1 2 3 4 5
24 Feel tense 1 2 3 4 5
25 Enjoy these situations 1 2 3 4 5
26 Heart beats faster 1 2 3 4 5
27 Feel secure 1 2 3 4 5
28 Feel anxious 1 2 3 4 5
29 Feel self-confident 1 2 3 4 5
30 Feel nervous 1 2 3 4 5

3. You are in new or strange situations.

We are primarily interested in your reactions in general to novel, new, or unfamiliar situations, including those where you are uncertain as to what to expect. These may involve either people or objects, or both.

Not at all <------> very much
31 Seek experiences like this 1 2 3 4 5
32 Feel upset                   1  2  3  4  5 
33 Perspire                     1  2  3  4  5 
34 Feel relaxed                 1  2  3  4  5 
35 Have an "uneasy feeling"     1  2  3  4  5 
36 Look forward to these situations 1  2  3  4  5 
37 Get fluttering feeling in stomach 1  2  3  4  5 
38 Feel comfortable             1  2  3  4  5 
39 Feel tense                   1  2  3  4  5 
40 Enjoy these situations       1  2  3  4  5 
41 Heart beats faster           1  2  3  4  5 
42 Feel secure                  1  2  3  4  5 
43 Feel anxious                 1  2  3  4  5 
44 Feel self-confident          1  2  3  4  5 
45 Feel nervous                 1  2  3  4  5 

4. You are involved in your daily routines.

We are primarily interested in your reactions in general to those situations that you usually and typically encounter in your daily routine at work. That is, how do you generally, typically or usually feel—for example, your daily routines might include such things as giving medication, doing patient’s vital signs, etc.

Not at all <--------> very much
46 Seek experiences like this   1  2  3  4  5 
47 Feel upset                   1  2  3  4  5 
48 Perspire                     1  2  3  4  5 
49 Feel relaxed                 1  2  3  4  5 
50 Have an "uneasy feeling"     1  2  3  4  5 
51 Look forward to these situations 1  2  3  4  5 
52 Get fluttering feeling in stomach 1  2  3  4  5 
53 Feel comfortable             1  2  3  4  5 
54 Feel tense                   1  2  3  4  5 
55 Enjoy these situations       1  2  3  4  5 
56 Heart beats faster           1  2  3  4  5 
57 Feel secure                  1  2  3  4  5 
58 Feel anxious                 1  2  3  4  5 
59 Feel self-confident          1  2  3  4  5 
60 Feel nervous                 1  2  3  4  5
Table for Scoring Transcripts: Appendix 8

Subject ____________________
Person /sample ______________

<table>
<thead>
<tr>
<th>Anxiety scale</th>
<th>score</th>
<th>total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Death - self (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death - animate others (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death - inanimate objects (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Death - denial (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mutilation - self (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mutilation - animate others (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mutilation - inanimate objects</td>
<td></td>
<td></td>
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<tr>
<td>destroyed (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mutilation - denial (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation - self (3)</td>
<td></td>
<td></td>
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<tr>
<td>Separation - animate others (2)</td>
<td></td>
<td></td>
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<tr>
<td>Separation - inanimate objects</td>
<td></td>
<td></td>
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<tr>
<td>(1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Separation - denial (1)</td>
<td></td>
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<tr>
<td>Guilt - self (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guilt - animate others (2)</td>
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<tr>
<td>Guilt - denial (1)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shame - self (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shame - animate others (2)</td>
<td></td>
<td></td>
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<tr>
<td>Shame - denial (1)</td>
<td></td>
<td></td>
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<tr>
<td>Diffuse - self (3)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diffuse - animate others (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diffuse - denial (1)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Number of words ________________

CF = 100/number of words

= ________________

Score = square root of (Σ x CF) + (CF x .5)

= ________________
Dear Sir/ Madam,

I am currently enrolled as a student in the Masters of Nursing program at The University of Wollongong.

This research hopes to assess the effects of certain client groups on Registered Nurses working in acute in-patient wards. From the literature it is believed that certain psychiatric groups place increased anxiety on staff while being treated in hospital. This study hopes to identify any changes in anxiety with different client groups.

I would like to invite you to participate in this research project. If you agree to partake in this study the researcher will interview you. This interview will take approximately half an hour and will require you to answer four sections. The first section will involve you telling me six short stories, the three other sections will require you to answer questionnaires.

If you are willing to participate in the research project please complete the Consent Form.

You are free to withdraw from the interview at any time, without penalty

If you have any enquires regarding the conduct of the research please contact the Secretary of the University of Wollongong Human Research Ethics Committee on (042) 214457

The success of this project is reliant upon your participation.
Thank you for your assistance.

Louise Cortis-Jones
Brin Grenyer (Research Project Supervisor)
CONSENT FORM FOR RESEARCH
REGISTERED NURSES' LEVELS OF ANXIETY TOWARDS PARTICULAR PSYCHIATRIC CLIENT GROUPS IN ACUTE PSYCHIATRIC SETTINGS.

Louise Cortis-Jones

This research project is being conducted as part of a Masters of Nursing (Honours) program. This project is supervised by Brin Grenyer in the Department of Nursing at the University of Wollongong.

You are invited to participate in this research project which will be examining how you react to particular client groups in acute psychiatric settings. This interview will take approximately half an hour and will require you to answer four sections. The first section will involve you telling me six short stories, the three other sections will require you to answer questionnaires. Each questionnaire and your stories will be coded by a number to ensure anonymity of responses.

The information obtained will be confidential and no individual will be able to be identified from the data. The research proposal has been examined and approved by the Ethics Committee of the University of Wollongong.

If you have any inquiries regarding the conduct of the research please contact the Secretary of the University of Wollongong Human Research Ethics Committee on (042) 214457.

YOU ARE AT LIBERTY TO REFUSE TO PARTICIPATE OR WITHDRAW AT ANY TIME, AND TO HAVE ANY CONTRIBUTIONS YOU HAVE ALREADY MADE, DESTROYED WITHOUT PENALTY.

I am aware of the purpose of the interview, and I give my consent for the data to be used in the research being undertaken.

If you wish to take part in this research please sign below:
NAME ____________________________

DATE ____________________________