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Attitudes of registered psychiatric nurses towards patients diagnosed with borderline personality disorder

Abstract

Caring for patients with a diagnosis of Borderline Personality Disorder (BPD) has been identified as a problem area for mental health professionals with some studies suggesting that a diagnosis of BPD will influence the level and quality of interaction staff have with patients. It is inherent to psychiatric nursing that practitioners are able to establish rapport, develop trust and demonstrate empathy with consumers of mental health services. Despite the importance of this issue for psychiatric nurses and for consumers, the perceptions and attitudes of psychiatric nurses towards patients diagnosed with BPD have received almost no research attention.

This paper describes findings from a study of attitudes held by 65 registered nurses employed in a psychiatric inpatient unit and psychiatric community service where individuals with a DSM-IV diagnosis of BPD received treatment. In particular, findings relating to Clinical Description, Emotional Reactions, Concerns and Management of patients with BPD are reported.

Results show that a proportion of psychiatric nurses experience negative emotional reactions and attitudes toward people with BPD with the majority of nurses perceiving people with BPD as manipulative, almost one third reporting that patients with BPD made them angry and over one third either 'strongly disagreed' or 'disagreed' that they know how to care for people with BPD. Although psychiatric nurses face many challenges in providing care for patients with BPD, it is also of concern to the profession that one of the problems confronting people with BPD is the negative attitudes of those staff that care for them. Further research is necessary to identify appropriate service frameworks and clinical interventions that assist in more effective clinical management of clients of BPD.

Key Words

attitudes; psychiatric nurses; borderline personality disorder

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INTRODUCTION

The study of attitudes among health professionals has been identified as an important area of research in the past decade (Atkinson et al. 1996). Attitudes have been defined as having three important components including cognitions (thoughts, opinions, and beliefs), an affective domain (feelings) and a behavioral element, which are triggered as a result of coming into contact with an object (Sears et al. 1998). There has been a recent international campaign to address negative community attitudes towards those with schizophrenia (World Psychiatric Association 2001) and in Australia, concern about community attitudes towards those with mental health problems has been addressed by including action in Government policy (Hugo 2001).

Community prevalence of Borderline Personality Disorder (BPD) has been estimated as 1.8%, with about 8–15% of patients seen in mental health services diagnosed with BPD (O'Brien 1998). Patients with BPD present as one of the most challenging group of patients in the delivery of mental health services with 80% of 229 mental health staff in a public area mental health service in New South Wales (Australia) reporting that dealing with clients who have BPD as moderate to very difficult and 84% admitting that dealing with this client group more difficult than dealing with other clients (Cleary, Siegfield & Walter 2002).

The management of difficult behaviors such as chronic suicidality and self destructive behaviors often makes inpatient care extremely demanding and draining on staff members (Gallop 1992). Patients frequently have an insatiable need for special attention and upon admission to an inpatient unit they often communicate a sense of entitlement which often elicits angry responses from patients and staff (Kaplan 1986).

Essential to the role of the psychiatric nurse is the therapeutic use of self (Stuart & Sundeen 1995). The importance of establishing a trust relationship and maintaining a rapport with the patient is imperative in the nurse–patient relationship (Stein-Parbury 2005). However the difficulties in establishing and maintaining therapeutic relationships with patients with BPD is well documented (Markham 2003; Markham and Trower 2003) and this has implications for psychiatric nurses working in acute and community settings.

LITERATURE REVIEW

The clinical management of BPD patients has been well documented and a number of studies have suggested that patients' diagnoses influence the level and quality of interaction nurses have with patients (Fraser & Gallop 1993; Lewis & Appleby 1998; O'Brien 1998). For example, Gallop et al. (1989) concluded that the diagnosis of BPD has become a perjorative label for difficult patients and suggested that staff may provide stereotypic responses and less empathethic care to BPD patients than to other patients. In a more recent study Markham (2003) found that Registered Mental Health nurses in the United Kingdom reported less sympathy and optimism towards patients with a diagnosis of BPD and rated their personal experiences as more negative that their experiences of working with patients with a diagnosis of depression or schizophrenia. Markham also found that nurses expressed higher levels of social rejection towards patients with a diagnosis of BPD than they do towards patients with a diagnosis of depression or schizophrenia

Individuals with the diagnosis of BPD display a set of behaviors familiar to staff that include unpredictable affect, impulsivity and a tendency for rapid regression (Gallop, Lancee & Garfunkel 1989). A study by Lewis and Appleby (1998) on 123 United Kingdom psychiatrists, with an average of 16.5 years experience, found that when psychiatrists were given a previous diagnosis of personality disorder, their attitudes to the patient were less favourable irrespective of the patient's gender or social class. That is, patients with BPD were seen as more difficult, less deserving of care, and as manipulative,

attention seeking, annoying and in control of their suicidal urges.

Nurses' responses to patients with BPD were more likely to be influenced by patients' experience of agitation, despair, depression, sleep disturbances, frustration and hopelessness (O'Brien 1998) which may result in nurses' exhibiting contradicting or belittling remarks, low levels of empathy and lower levels of care for patients (Fraser & Gallop 1993; Gallop, Lancee & Garfunkel 1989).

It is against this background that the present study was developed. The purpose of this study is to describe psychiatric nurses attitudes towards individuals diagnosed with BPD.

Sample and setting

Respondents were a convenience sample of 65 registered nurses employed in Central East psychiatric inpatient unit and psychiatric community services where individuals with a DSM-IV diagnosis of BPD received treatment. This setting was selected because it is typical of public inpatient units and psychiatric community services located in Melbourne. The researchers held the view that criteria for diagnosing patients with BPD would be consistent in all psychiatric settings and attitudes held by registered nurses in one setting may reflect attitudes held by nurses in other similar settings.

The selection criteria were restricted to registered psychiatric nurses who had a minimum of at least one year experience of working in an acute adult inpatient psychiatric unit or psychiatric community setting. This selection criterion was considered important by the researchers as it would be necessary for registered nurses to have exposure to this group of patients.

Method

A survey was conducted which utilised a 50 item questionnaire developed by Little (1999). The questionnaire has four sections:

- Clinical Description 20 items;
- Emotional Reactions 10 items;
- Concerns 10 items; and
- Management 10 items.

Each item is measured on a 5 point Likert Scale ranging from strongly agree to strongly disagree.

Data collection processes

The questionnaire, information letter and return pre-paid envelope were posted to 108 registered psychiatric nurses working on an acute inpatient psychiatric unit and community settings in Melbourne (Australia). Sixty-five completed questionnaires were returned, representing a 60% response rate.

Data analysis

Analysis was conducted using *SPSS*™ 11.5 (SPSS Inc 2003) on data using descriptive statistics in the form of frequency tables to identify and describe attitudes of registered psychiatric nurses toward patients with BPD.

Ethical considerations

The study was approved by the North West Mental Health Research Committee. Consent was implied by return of the questionnaire (Polit & Hungler 1997). The right of privacy of the participants was maintained by respondents remaining anonymous.

Results

A total of 47 (65%) psychiatric nurses returned completed questionnaires from both distributions. Ages ranged from 21–30 (21%); 31–40 (36%); 41–50 (23.5%) and 51–60 (19.5%). There were 14 (30%) males and 34 (70%) females. About half (53%) of respondents had more than 15 years of experience, with 22 (47%) working in community settings and 25 (53%) in inpatient settings.

Emotional reactions when caring for someone with BPD

Table 1 shows a proportion of the respondents

TABLE 1: FREQUENCIES FOR EMOTIONAL REACTIONS WHEN CARING FOR SOMEONE WITH BPD

People with BDP:	SA	A	U	D	SD
Are manipulative	31.9%	57.4%	0	4.3%	4.3%
Emotionally blackmail people they work with	10.6%	40.4%	21.3%	21.3%	2.1%
Are nuisances	10.6%	27.7%	12.8%	44.7%	2.1%
Are time wasters	6.4%	10.6%	17%	55.3%	8.5%
I feel I know how to care for people with BPD	4.3%	40.4%	25.5%	25.5%	2.1%
Make me angry	4.3%	27.7%	29.8%	31.9%	2.1%
Are fun to work with	2.1%	8.5%	8.5%	57.4%	19.1%
Are fascinating	0	21.3%	12.8%	42.6%	19.1%
Are charming	0	12.8%	23.4%	46.8%	12.8%
I always have to be available when the client with BPD needs me	0	6.4%	6.4%	72.3%	14.9

hold consistently negative emotional reactions toward people with BPD. The most frequent response was that respondents perceived people with BPD as manipulative (89%). Over one third perceived them as nuisances (38%), and over half as engaging in emotional blackmail (51%) with 32 percent of respondents reporting that people with BPD made them feel angry. Fewer than half of the respondents (44%) reported that they knew how to care for people with BPD.

Table 2 shows that a high proportion of respondents felt that people with BPD were responsible for their own actions in a number of important areas in their lives, including breaking the law (79%) and suicide (64%). However, respondents do have some mixed concerns regarding people with BPD. There is a clear expression that, although respondents did not consider that they would be at fault for the suicide of a person with BPD (8%), they did have a

TABLE 2: FREQUENCY FOR CONCERNS REGARDING PEOPLE WITH BPD

	SA	A	U	D	SD
I feel people with BPD are responsible for their actions, including breaking the law	23.4%	55.3%	4.3%	14.9%	0
I feel people with BPD are responsible for their actions, including suicide	14.9%	49%	23.4%	10.6%	0
I feel that there will be legal consequences for me if they commit suicide	4.3%	44.7%	14.9%	29.8%	6.4%
I feel it is my responsibility to keep them safe	4.3%	42.6%	8.5%	36.2%	8.5%
I feel my professional credibility will be questioned regarding my management	4.3%	27.7%	21.3%	38.3%	6.4%
I feel I am the only one involved	2.1%	2.1%	2.1%	51%	42.6%
When they present I feel pressured to do something	0	29.8%	10.6%	49%	10.6%
I worry about the person and their risk of suicide when I leave work	0	12.8%	4.3%	55.3%	25.5%
I feel I can't share concerns with other agencies because of confidentiality	0	17%	25.5%	38.3%	19.1%
I feel concerned that it will be my fault if they kill themselves	0	8.5%	2.1%	46.8%	42.6%

TABLE 3: FREQUENCY OF RESPONSES FOR MANAGEMENT OF PEOPLE WITH BPD

People with BPD are best managed: –	SA	A	U	D	SD
I understand why people with BPD are neither not admitted or discharged when they are still having suicidal thoughts	21.3%	51.1%	17%	6.4%	2.1%
– with a number of people/agencies involved	14.9%	31.9%	10.6%	29.8%	12.8%
People with BPD should only be managed by specialist psychiatric services	8.5%	19.1%	12.8%	44.7%	12.8%
People with BPD who are suicidal should be seen at this point – no matter how often this occurs	6.4%	23.4%	23.4%	36.2%	10.6%
People with BPD should never be admitted	4.3%	4.3%	17%	55.3%	14.9%
– in hospital	2.1%	12.8%	4.3%	59.6%	21.3%
– with medication	2.1%	8.5%	19.1%	53.2%	14.9%
People with BPD who are suicidal should be seen regularly (e.g. weekly)	0	31.9%	19.1%	40.4%	6.4%
– talking about past problems	0	14.9%	14.9%	51.1%	19.1%
People with BPD should remain in hospital until their problems are completely resolved	0	2.1%	2.1%	36.2%	59.6%

responsibility to keep them safe (47%) and that there would be legal consequences for respondents if the person with BPD did commit suicide (49%).

Management of clients with BPD

Table 3 shows that a small proportion of respondents agreed that people with BPD are best managed in hospital (15%), and with medication (11%), and nine percent agreed that they should never be admitted. Almost half agreed that there should be a number of people/agencies involved and just over one quarter agreed that they should only be managed by specialist psychiatric services.

DISCUSSION

Although psychiatric nurses face many challenges in providing care for patients with BPD, it is also of concern to the profession that one of the problems confronting people with BPD is the negative attitudes of those staff that care for them. The current study was conducted in a major Area Mental Health Service in Melbourne, Australia, and, found that a high proportion of staff experienced negative attitudes and emotions when caring for patients with BPD with almost one third reporting that patients with BPD 'make me angry'.

It could be argued that psychiatric nurses would experience difficulty in developing a trust relationship with, or show empathy for patients for whom over one third of respondents reported they perceived as manipulative, emotional blackmailers, nuisances and time-wasters. On the other hand, 47% of respondents reported that they felt responsible for the safety of people with BPD. It is difficult for the researchers to understand how the therapeutic use of self; a vital role of the psychiatric nurse, can be initiated or sustained in a less than ideal psychological environment. The potential challenge for psychiatric nurses is to manage their negative attitudes, their feelings of being manipulated within a therapeutic environment that promotes establishing rapport and trust.

If the results of this study accurately reflect the attitudes of psychiatric nurses, there is a great need for improvement in the clinical management of people with BPD. It could be argued that these negative attitudes and emotions are embedded within a knowledge deficit of psychi-

atric nurses as evidenced by over one third (34%) of respondents reporting that they either 'strongly disagreed' or 'disagreed' that they know how to care for people with BPD. The question is: Can high quality nursing care be provided and maintained within an environment where health professions report such negative emotions, attitudes and perceived lack of knowledge?

Results from the current survey indicate that the management of persons with BPD is at best problematic and at worst, inadequate and support findings from other surveys (Cleary et al. 2002; Markham 2003; Markham & Trower 2003). Findings from the current study point to a need for staff training and education, a point that has been noted in other studies and support Cleary et al. (2002) who reported that most staff in their study of 229 mental health staff perceived a need for further education and training in the area of caring for clients with BPD. Education should be based upon agreed clinical frameworks that guide psychiatric nursing practice for this difficult group of clients and reinforces the recommendation of O'Brien (1998) that such clinical frameworks require development.

Limitations

A major limitation of the current study was the use of an instrument which had not been previously used in data collection and was not tested for reliability and validity in this study. The researcher also acknowledges the small sample size as a limitation in the study. However, there was fairly equal distribution of respondents between community and inpatient settings and it can therefore be considered as representative of the total population of psychiatric nurses employed in this service. Further research is necessary to report on the psychometric properties of the questionnaire and identify appropriate service frameworks and clinical interventions that assist in more effective clinical management of clients of BPD.

Conclusion

This paper has presented the results of a survey of attitudes of psychiatric nurses towards patients diagnosed with borderline personality disorder. People diagnosed with BPD pose major challenges for psychiatric nurses. Whilst there is a general recognition among mental health professionals that positive attitudes toward people who have a mental illness are important, results from the current study show a range of negative attitudes among psychiatric nurses. The extent to which these negative attitudes have an impact on their behaviours in performing nursing care is a major concern as attitudes integrate thoughts, feelings and behaviours (Atkinson et al. 1996). Improvements in raising the quality of psychiatric nursing services for people with BPD therefore, is likely to require training, educational programmes and staff support to address the challenges presented by such patients. Finally, in the absence of evidence in the literature, there is a need for further research in the nursing management of this client group.

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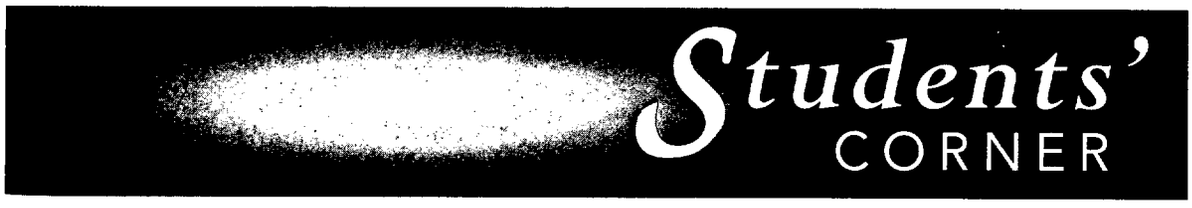

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