Clinicians attitude towards patients with Borderline Personality --- A Survey Summary

Authors: Dr.Kishore Kale (Consultant Psychiatrist)
Dr.Kiran Dantu (Locum Speciality Doctor in Psychiatry)

Background:
Borderline personality disorder is associated with significant risks of suicide, other self harm behaviours and emotional dysregulation. It is difficult to treat clinically. According to Fraser and gallop 1993, even the label borderline triggers negative cognitions and emotions regarding these patients. (1, 2).

Interaction with patients suffering from borderline personality disorder is often difficult due to their demanding nature and complex presentations. We invest considerable amount of time and effort in these interactions. Long waiting lists for psychotherapy and repeated presentations to mental health units and A&E are often quite frustrating for clinicians and expensive for health system.

We have conducted an online survey through survey monkey in Cwm Taf University health board to gather opinions from clinicians including mental health and A&E staff about such patient interactions. The aim of this survey is to enable us to explore ways of improving quality of care and patient interaction in this area.

Survey:
We have sent Survey email invitations to 150 professionals working in Cwm Taf University Health Board who deal with patients suffering from Borderline Personality Disorder. We had 91 responses with a response rate of 60%.

These 91 participants include 29 (32.2%) mental health nurses, 20 (22.22%) psychiatrists, 6 (6.67%) other doctors, 6 (6.67%) psychologists, 6 (6.67%) general nurses and 23(25.56%) other professionals such as occupational workers, nurse practitioners and social workers. We encouraged A&E doctors and staff to participate in the survey through emails and phone calls. Unfortunately, their participation was limited despite our best efforts.

The survey consists of 10 questions which include demographics, number of years of experience and two open questions about reason for discomfort (46% of participants responded ) and what they would do differently next time (41% of participants responded).

Results:
2/3rd of the participants were female and 1/3rd were male. Most of them had more than 10 years of experience. 22% of them make a diagnosis and 60% of them deal with patients having borderline personality disorder either frequently or very frequently.
Most of them admitted to some degree of discomfort in interacting with these patients. Common reasons for discomfort were unpredictable behaviour of patients (for example expressing suicidal intent towards the end of the session), boundary testing, Clinicians feeling of being controlled, lack of adequate knowledge, skills, intervention and services, worries about reinforcing risky behaviour, patients expecting professionals to take responsibility for their actions and difficulties engaging in a treatment plan. Some clinicians found it difficult to set aside more time for a particular patient in a busy schedule.

Conclusion:
Nearly 70% of the participants felt that they would need more training to improve their patient interaction. This is supported by evidence from literature that negative attitudes of clinicians towards patients with borderline personality disorder can be modified through education. (3)

Recommendation:
We are planning to organise a training workshop to improve knowledge, skills and interaction with these patients. We would then like to repeat the survey to see if there are trends of improvement in attitudes.

References: