Review

Interventions to improve mental health nurses' skills, attitudes, and knowledge related to people with a diagnosis of borderline personality disorder: Systematic review

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A R T I C L E I N F O

A B S T R A C T

Objectives: There is some evidence that mental health nurses have poor attitudes towards people with a diagnosis of borderline personality disorder and that this might impact negatively on the development of helpful therapeutic relationships. We aimed to collate the current evidence about interventions that have been devised to improve the responses of mental health nurses towards this group of people.

Design: Systematic review in accordance with the Preferred Reporting Items for Systematic Reviews and Meta Analyses statement.

Data sources: Comprehensive terms were used to search CINAHL, PsycINFO, Medline, Biomedical Reference Collection: Comprehensive, Web of Science, ASSIA, Cochrane Library, EMBASE, ProQuest [including Dissertations/Theses], and Google Scholar for relevant studies.

Review methods: Included studies were those that described an intervention whose aim was to improve attitudes towards, knowledge about or responses to people with a diagnosis of borderline personality disorder. The sample described had to include mental health nurses. Information about study characteristics, intervention content and mode of delivery was extracted. Study quality was assessed, and effect sizes of interventions and potential moderators of those interventions were extracted and converted to Cohen's d to aid comparison.

Results: The search strategy yielded a total of eight studies, half of which were judged to be methodologically weak with the remaining four studies judged to be of moderate quality. Only one study employed a control group. The largest effect sizes were found for changes related to cognitive attitudes including knowledge; smaller effect sizes were found in relation to changes in affective outcomes. Self-reported behavioural change in the form of increased use of components of Dialectical Behaviour Therapy following training in this treatment was associated with moderate effect sizes. The largest effect sizes were found among those with poorer baseline attitudes and without previous training about borderline personality disorder.

Conclusions: There is a dearth of high quality evidence about the attitudes of mental health nurses towards people with a diagnosis of borderline personality disorder. This is an important gap since nurses hold the poorest attitudes of professional disciplines involved in the care of this group. Further work is needed to ascertain the most effective elements of training programmes; this should involve trials of interventions in samples that are compared against adequately matched control groups.

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What is already known about the topic?

- Mental health practitioners are known to respond to individuals diagnosed with borderline personality disorder in ways which could be disconfirming, stigmatising, or different from other groups of service users.
- The mental health nursing profession holds the poorest attitudes of all mental health practitioners towards those diagnosed with a borderline personality disorder.
- Training interventions aim to improve attitudes towards, knowledge about or responses to people with a diagnosis of borderline personality disorder.

What this paper adds

- Identifies all empirical studies about interventions to improve mental health nurses' behavioural or attitudinal responses to, and knowledge about, adults with a borderline personality disorder diagnosis.
- Highlights there is a dearth of high quality research into interventions which aim to improve attitudes, knowledge and skills of nurses.
- It is a priority to establish an evidence base and ascertain the most effective elements of training programmes.

1. Introduction

People diagnosed with borderline personality disorder experience pervasive and persistent instability of affective regulation, self-image, impulse control, behaviour, and interpersonal relationships (Lieb et al., 2004). Up to 6% of adults meet diagnostic criteria during their lifetime, and the condition is associated with substantial psychiatric and physical morbidity (Grant et al., 2008). Management of people diagnosed with borderline personality disorder is resource-intensive; there is a very high rate of self-harm associated with disproportionate use of emergency (Elisei et al., 2012) and inpatient mental health services (Comtois and Carmel, 2014; Hayashi et al., 2010), and impulsive aggression is common (Látalová and Praško, 2010). It has been suggested that this group are unpopular amongst mental health practitioners (Cleary et al., 2002) who respond to them in ways which could be disconfirming (Fraser and Gallop, 1993), stigmatising (Aviram et al., 2006), or that are otherwise qualitatively different, usually negatively so, from the way in which they respond to people with diagnoses of schizophrenia or major depressive disorder (Markham and Trower, 2003). Recent studies (Bodner et al., 2011, 2015) have concluded that the mental health nursing profession holds the poorest attitudes of all mental health practitioners; further, that this difference cannot be explained by differences in variables such as gender, age, and previous borderline personality disorder-related training. This suggests that it may be something about the nursing profession itself that is associated with poor borderline personality disorder-related attitudes. This question deserves urgent research attention; however, it is also a priority to establish the evidence base in terms of interventions that aim to improve the attitudes towards people with borderline personality disorder, and also the related skills and knowledge. We have therefore conducted a systematic review of the empirical literature to examine mental health nurses' (population) responses to educational or training interventions (intervention/focus of interest) to improve their behaviour or attitudes towards people with a diagnosis of borderline personality disorder (outcomes) compared with any other, or no, intervention (comparators).

2. Method

2.1. Review protocol

The systematic literature review was conducted in accordance with the relevant sections of the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) guidelines (Moher et al., 2009).

2.2. Search strategy

The aim of the search was to identify all empirical studies about interventions to improve mental health nurses' behavioural or attitudinal responses to, and knowledge about, adults with a borderline personality disorder diagnosis. The search was undertaken as part of a wider project to identify all studies about mental health nurses' attitudes to people with a diagnosis of borderline personality disorder and not just interventional investigations. Search terms related to the study population, setting and, focus were combined. Multiple computerised databases (CINAHL, PsycINFO, Medline, Biomedical Reference Collection: Comprehensive, Web of Science, ASSIA, Cochrane Library, EMBASE, ProQuest [including Dissertations/Theses], and Google Scholar) were searched. Comprehensive terms, utilising a wild card approach (ending with *) to ensure inclusion of all permutations, were employed (see Appendix 1 for example search). Hand searching of references lists from included studies was conducted to identify further records. Titles and abstracts were reviewed by GLD and the full text version of any paper that described a potentially relevant empirical study was retrieved. Full text papers were reviewed independently by all authors.

2.3. Inclusion/exclusion criteria

The population, intervention, comparator, outcome format was used to guide inclusion and exclusion criteria. The problem of interest was defined as mental health nurses' attitudes towards, knowledge about or responses to people with a diagnosis of borderline personality disorder. Any study that evaluated interventions which aimed to change related outcomes relative to any comparator (including within-subjects) was included. Setting of studies was not limited. Non-English language studies were excluded.

2.4. Study quality

Included studies were assessed against the six criteria contained in the Quality Assessment Tool for Quantitative Studies (Thomas et al., 2004): selection bias, study design,