

Inpatient Staff Perspectives on Treating Male Patients with Borderline Personality Disorder: A Thematic Analysis

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Abstract

Objective: This study aimed to explore the experiences of inpatient staff members in providing treatment for male patients diagnosed with borderline personality disorder (BPD).

Methods: Thematic analysis was employed to analyze semi-structured interviews conducted with a diverse sample of inpatient staff members (N=30) working in psychiatric settings. Participants included psychiatrists, psychologists, nurses, and social workers, representing a range of professional backgrounds and levels of experience.

Results: Four main themes emerged from the data: (1) Challenges in Diagnosis and Assessment, highlighting difficulties in accurately diagnosing BPD in male patients due to symptom variability and comorbidities; (2) Therapeutic Approaches and Strategies, focusing on the adaptations and innovations in treatment modalities tailored to male patients with BPD, including dialectical behavior therapy (DBT) and psychoeducation; (3) Managing Aggression and Impulsivity, addressing the unique challenges posed by male patients' tendencies towards aggression and impulsivity, and the strategies employed by staff to ensure safety and therapeutic progress; and (4) Emotional Impact and Coping Mechanisms, exploring the emotional toll of working with this population and the coping mechanisms utilized by staff to maintain resilience and job satisfaction.

Conclusion: This thematic analysis sheds light on the nuanced experiences of inpatient staff members in treating male patients with BPD. Findings underscore the importance of tailored interventions, comprehensive training, and ongoing support for staff to effectively address the complex needs of this population and enhance treatment outcomes. Future research should further investigate gender-specific manifestations of BPD and evaluate the effectiveness of gender-sensitive treatment approaches.

Keywords: Borderline personality disorder; Therapeutic approaches; Aggression management; Tailored interventions; Comprehensive training

Introduction

Borderline Personality Disorder (BPD) is a complex and debilitating psychiatric condition characterized by pervasive instability in mood, interpersonal relationships, self-image, and behavior. Historically, BPD has been stereotypically associated with women, leading to under-recognition and under-diagnosis in male patients. However, emerging research suggests that BPD is equally prevalent in males, albeit often with distinct clinical presentations and treatment needs [1]. Inpatient psychiatric settings play a crucial role in the treatment and management of severe BPD symptoms, providing intensive care and stabilization for patients in acute distress. Within these settings, the experiences of inpatient staff members are pivotal in shaping the delivery and efficacy of treatment interventions. Despite the growing recognition of BPD in males, there remains a paucity of research examining the specific challenges and strategies encountered by inpatient staff when working with this population.

This study seeks to address this gap by conducting a thematic analysis of inpatient staff experiences in providing treatment for male patients diagnosed with BPD. By elucidating the nuanced perspectives and insights of frontline clinicians, this research aims to inform the development of gender-sensitive interventions and enhance the quality of care for male individuals with BPD in inpatient settings. Through an exploration of the challenges, therapeutic approaches, and emotional impact encountered by inpatient staff, this study contributes to a deeper understanding of the complexities inherent in treating BPD in male patients and identifies areas for future research and clinical

practice refinement.

Borderline personality disorder (BPD) in male patients: addressing under-recognition and unique clinical presentations

Borderline Personality Disorder (BPD) has historically been stereotyped as a predominantly female disorder, leading to under-recognition and under-diagnosis in male patients. However, emerging research suggests that BPD is equally prevalent in males, albeit often with distinct clinical presentations and treatment needs. Traditionally, BPD has been conceptualized based on its prevalence among females and diagnostic criteria derived primarily from female samples. This bias has resulted in male patients with BPD being overlooked or misdiagnosed, as their symptomatology may manifest differently from female counterparts. For example, while both male and female individuals with BPD may struggle with emotional dysregulation and

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interpersonal difficulties, male patients may exhibit more externalizing behaviors such as aggression, substance abuse, and impulsivity, which can overshadow underlying BPD symptoms [2].

Moreover, societal norms and expectations regarding masculinity may influence the expression and recognition of BPD symptoms in male patients. Societal pressure to conform to traditional masculine ideals, such as emotional stoicism and self-reliance, may lead male individuals with BPD to mask their vulnerability and seek help less frequently. This reluctance to seek treatment, coupled with healthcare providers' lack of awareness about BPD in males, further contributes to the under-recognition of the disorder in this population. It is crucial to recognize and address these gender biases in the diagnosis and treatment of BPD to ensure equitable access to care for male patients. Healthcare professionals must be trained to recognize the unique clinical presentations of BPD in males, including the interplay between externalizing behaviors and underlying emotional dysregulation. Tailored assessment tools and diagnostic criteria that account for gender differences in symptom expression may facilitate more accurate identification of BPD in male patients. By acknowledging the under-recognition of BPD in male patients and understanding the unique clinical presentations they may exhibit, clinicians can provide more effective and gender-sensitive care. This includes implementing interventions that address both the externalizing behaviors and underlying emotional vulnerabilities characteristic of BPD in males, ultimately improving treatment outcomes and quality of life for this population.

Role of inpatient psychiatric settings: providing intensive treatment for severe BPD symptoms

Inpatient psychiatric settings play a crucial role in the treatment and management of severe Borderline Personality Disorder (BPD) symptoms, offering intensive care and stabilization for patients experiencing acute distress and impairment in functioning. These settings provide a structured and supportive environment where individuals with BPD can receive comprehensive assessment, crisis intervention, and multimodal treatment tailored to their complex needs. One of the primary functions of inpatient psychiatric settings in treating BPD is crisis stabilization. Individuals with BPD often experience intense emotional dysregulation, impulsivity, and self-harming behaviors that can escalate to life-threatening crises. Inpatient units are equipped to address these acute crises promptly and effectively, providing a safe environment where patients can receive close monitoring, medication management, and interventions to mitigate self-destructive behaviors.

Moreover, inpatient psychiatric settings offer a multidisciplinary treatment approach that integrates various therapeutic modalities to address the diverse symptomatology of BPD. This may include individual psychotherapy, group therapy, dialectical behavior therapy (DBT), medication management, and psychosocial interventions aimed at improving emotion regulation, interpersonal skills, and coping strategies. The intensive nature of inpatient treatment allows for frequent therapeutic interactions and real-time interventions to address immediate concerns and promote stabilization. Additionally, inpatient settings provide opportunities for comprehensive psychiatric assessment and differential diagnosis, particularly in cases where BPD may co-occur with other psychiatric disorders or medical conditions. Clinicians in these settings conduct thorough evaluations to identify underlying contributing factors, such as trauma history, substance abuse, or comorbid psychiatric conditions, which may inform treatment planning and interventions [3].

Inpatient psychiatric settings also play a critical role in facilitating transitions to lower levels of care and promoting continuity of care for individuals with BPD. Upon stabilization, patients may step down to partial hospitalization programs, intensive outpatient programs, or outpatient therapy, where they can continue to receive ongoing support and treatment while reintegrating into the community. Overall, inpatient psychiatric settings serve as a vital component of the continuum of care for individuals with severe BPD symptoms, offering intensive treatment and support during acute crises and facilitating the journey towards recovery and stabilization. By providing a structured and therapeutic environment, these settings help address the complex needs of individuals with BPD and promote improved outcomes and quality of life.

Research gap:

Lack of focus on inpatient staff experiences in treating male patients with BPD

While there is a growing body of research examining various aspects of Borderline Personality Disorder (BPD) and its treatment, there remains a notable gap in the literature concerning the experiences of inpatient staff members in treating male patients with BPD. Despite the recognition of the importance of frontline clinicians in shaping treatment delivery and efficacy, there is limited empirical investigation into the unique challenges, strategies, and perspectives of inpatient staff when working with male individuals with BPD. Existing research on BPD often focuses on clinical features, diagnostic criteria, prevalence rates, treatment outcomes, and patient perspectives, with less attention paid to the experiences of healthcare professionals providing care within inpatient psychiatric settings. This gap is particularly pronounced concerning the treatment of male patients, as BPD has historically been stereotyped as a predominantly female disorder, leading to under-recognition and under-diagnosis in males [4].

Understanding the experiences of inpatient staff members in treating male patients with BPD is essential for several reasons:

Tailored interventions: Inpatient staff members may encounter unique challenges and complexities in treating male patients with BPD, including gender-specific manifestations of symptoms, differences in treatment response, and barriers to engagement. By exploring these experiences, tailored interventions and strategies can be developed to address the specific needs of this population more effectively. Insights into inpatient staff experiences can inform the development of comprehensive training programs that equip clinicians with the knowledge, skills, and resources needed to deliver evidence-based and gender-sensitive care to male patients with BPD. Training initiatives may focus on enhancing diagnostic accuracy, managing challenging behaviors, promoting therapeutic engagement, and addressing staff burnout and emotional distress. By identifying areas of strength and areas for improvement in current treatment practices, research on inpatient staff experiences can contribute to quality improvement efforts within psychiatric settings. This may involve implementing best practices, enhancing interdisciplinary collaboration, optimizing treatment protocols, and fostering a supportive work environment for staff.

Patient-centered care: Ultimately, understanding the perspectives and experiences of inpatient staff members can facilitate the delivery of patient-centered care that considers the unique needs, preferences, and experiences of male individuals with BPD. By fostering a deeper understanding of the challenges and opportunities inherent in treating this population, healthcare professionals can enhance treatment

outcomes and promote recovery and resilience. Addressing the research gap regarding inpatient staff experiences in treating male patients with BPD is essential for advancing knowledge, improving clinical practice, and ultimately enhancing the quality of care provided to individuals with this complex and debilitating disorder. Future research endeavors should prioritize the voices and insights of frontline clinicians to develop more holistic and inclusive approaches to BPD treatment within inpatient psychiatric settings [5].

Objective:

Thematic analysis of inpatient staff perspectives: exploring challenges and strategies in treating male patients with BPD

The objective of this study is to conduct a thematic analysis of inpatient staff perspectives with the aim of exploring the challenges and strategies encountered in treating male patients diagnosed with Borderline Personality Disorder (BPD). By delving into the nuanced experiences of frontline clinicians working within psychiatric inpatient settings, this research seeks to uncover the unique dynamics, difficulties, and innovations involved in providing care to male individuals with BPD.

Specifically, the study aims to: Identify and characterize the challenges faced by inpatient staff members in diagnosing, assessing, and treating male patients with BPD, considering factors such as gender-specific symptomatology, comorbidities, and treatment resistance. Explore the therapeutic approaches, interventions, and strategies employed by inpatient staff to address the complex needs of male patients with BPD, including adaptations of evidence-based modalities such as dialectical behavior therapy (DBT), cognitive-behavioral therapy (CBT), and psychopharmacology. Examine the management of aggression, impulsivity, and other challenging behaviors exhibited by male patients with BPD within inpatient settings, as well as the strategies utilized by staff to ensure safety, containment, and therapeutic progress. Investigate the emotional impact, coping mechanisms, and professional challenges experienced by inpatient staff members when working with male patients with BPD, including burnout, compassion fatigue, and vicarious traumatization. Synthesize the thematic findings to inform the development of tailored interventions, training programs, and support mechanisms aimed at enhancing the delivery of gender-sensitive and evidence-based care for male individuals with BPD in inpatient psychiatric settings. By conducting a rigorous thematic analysis of inpatient staff perspectives, this research aims to contribute valuable insights into the complexities of treating BPD in male patients, thereby informing clinical practice, training initiatives, and policy development to improve outcomes and promote recovery for this underserved population.

Significance of the Study:

Informing gender-sensitive interventions and enhancing quality of care in inpatient settings

This study holds significant implications for informing gender-sensitive interventions and enhancing the quality of care provided to male patients with Borderline Personality Disorder (BPD) in inpatient psychiatric settings. By elucidating the challenges, strategies, and experiences of inpatient staff members in treating male individuals with BPD, this research contributes to the development of more tailored and effective approaches to care delivery.

Addressing gender disparities: Historically, BPD has been stereotypically associated with women, leading to under-recognition and under-diagnosis in male patients. By highlighting the unique

clinical presentations and treatment needs of male individuals with BPD, this study helps address gender disparities in the diagnosis and management of the disorder, promoting equitable access to care for all individuals regardless of gender [6].

Tailored interventions: The thematic analysis of inpatient staff perspectives provides insights into the specific challenges and complexities encountered when treating male patients with BPD. These insights can inform the development of tailored interventions and treatment protocols that account for gender differences in symptom expression, treatment response, and therapeutic engagement, ultimately improving outcomes for male individuals with BPD.

Enhanced training and education: Understanding the experiences and perspectives of frontline clinicians working in inpatient settings is essential for enhancing training programs and educational initiatives. By integrating knowledge of gender-sensitive care practices into professional training curricula, healthcare professionals can be better equipped to recognize, assess, and address the needs of male patients with BPD, leading to more effective and compassionate care delivery. The findings of this study can contribute to quality improvement efforts within inpatient psychiatric settings by identifying areas for enhancement in current practices. By addressing challenges such as diagnostic difficulties, aggression management, and staff burnout, healthcare institutions can optimize treatment protocols, enhance interdisciplinary collaboration, and create a more supportive work environment for staff, ultimately improving the quality of care provided to patients with BPD.

Promoting patient-centered care: Ultimately, by informing gender-sensitive interventions and enhancing the quality of care in inpatient settings, this study promotes patient-centered care that considers the unique needs, preferences, and experiences of male individuals with BPD. By fostering a more inclusive and compassionate treatment approach, healthcare professionals can facilitate recovery, promote resilience, and improve the overall well-being of male patients with BPD. This study has significant implications for informing practice, policy, and research initiatives aimed at improving the care and treatment outcomes of male individuals with BPD in inpatient psychiatric settings. By addressing gender disparities, tailoring interventions, enhancing training programs, and promoting patient-centered care, this research contributes to advancing the field of BPD treatment and fostering greater equity and inclusivity in mental healthcare delivery [7].

Addressing complexities in diagnosis, treatment, and emotional impact for male patients with BPD

Borderline Personality Disorder (BPD) presents unique challenges in diagnosis, treatment, and emotional impact, particularly for male patients. Understanding and addressing these complexities are crucial for providing effective care and support for this underserved population.

Diagnosis challenges: Diagnosis of BPD in male patients is often complicated by gender biases and stereotypes. Male individuals may present with different symptom expressions, such as externalizing behaviors like aggression and substance abuse, which can mask underlying BPD features. Clinicians must be trained to recognize these gender-specific manifestations and employ comprehensive assessment tools that account for diverse symptom presentations. Traditional treatment modalities for BPD, such as dialectical behavior therapy (DBT) and schema-focused therapy, may need to be adapted to address the unique needs of male patients. Therapeutic approaches should

consider factors such as gender norms, socialization, and cultural influences on emotional expression and help-seeking behaviors. Tailored interventions may include incorporating strategies to manage aggression, addressing issues related to masculinity and vulnerability, and promoting engagement in treatment through collaborative goal-setting and rapport-building.

Emotional impact and coping mechanisms: Working with male patients diagnosed with BPD can have a significant emotional toll on healthcare professionals. Witnessing distressing behaviors, navigating intense emotional dysregulation, and managing crises can contribute to burnout, compassion fatigue, and vicarious traumatization among staff. It is essential to provide adequate support, supervision, and self-care resources to help staff cope with the emotional demands of their work and prevent adverse outcomes [8].

Stigma and barriers to care: Male individuals with BPD may face additional stigma and societal pressures related to masculinity, which can act as barriers to seeking help and engaging in treatment. Healthcare providers must create safe and non-judgmental spaces where male patients feel comfortable disclosing their symptoms and accessing appropriate care. Addressing stigma through psychoeducation, advocacy, and destigmatizing language can help reduce barriers to treatment and promote help-seeking behaviors among male individuals with BPD.

Intersectionality and cultural considerations: Intersectional factors, such as race, ethnicity, sexual orientation, and socioeconomic status, can intersect with gender to influence the experience and treatment of BPD in male patients. Clinicians should consider these intersecting identities when conducting assessments, developing treatment plans, and addressing psychosocial needs to ensure culturally competent and inclusive care. By acknowledging and addressing the complexities inherent in diagnosing, treating, and supporting male patients with BPD, healthcare professionals can provide more effective and compassionate care that promotes recovery, resilience, and overall well-being. This requires a multidimensional approach that integrates gender-sensitive practices, trauma-informed care principles, and attention to the intersectional experiences of individuals with BPD.

Insights into Nuanced Experiences of Inpatient Staff

Inpatient staff members working with male patients diagnosed with Borderline Personality Disorder (BPD) navigate a complex and challenging clinical landscape. Their experiences offer valuable insights into the nuances of providing care within psychiatric settings. Here are some key insights gleaned from the perspectives of inpatient staff:

Diagnostic complexity: Inpatient staff often encounter challenges in accurately diagnosing BPD in male patients due to the variability in symptom presentation and the overlap with other psychiatric conditions. Male patients may exhibit externalizing behaviors such as aggression, impulsivity, and substance abuse, which can obscure underlying BPD features. Clinicians must navigate these diagnostic complexities through comprehensive assessment and consideration of gender-specific symptom manifestations. In response to the unique needs of male patients with BPD, inpatient staff employ adaptations and innovations in therapeutic approaches. These may include tailoring evidence-based modalities such as dialectical behavior therapy (DBT) to address issues related to masculinity, emotional regulation, and interpersonal dynamics. Flexibility and creativity in treatment planning are essential to engage male patients effectively and promote therapeutic progress [9].

Risk management and safety: Managing aggression, impulsivity,

and self-destructive behaviors among male patients with BPD presents significant challenges for inpatient staff. Staff members must employ strategies to ensure the safety of both patients and themselves while maintaining a therapeutic milieu. This may involve implementing de-escalation techniques, setting clear boundaries, and collaborating with multidisciplinary teams to develop individualized crisis management plans. Working with male patients diagnosed with BPD can have a profound emotional impact on inpatient staff. Witnessing intense emotional dysregulation, navigating crises, and managing challenging behaviors can lead to compassion fatigue, burnout, and emotional exhaustion. Staff members must prioritize self-care, seek support from colleagues and supervisors, and cultivate resilience to mitigate the negative effects of emotional strain.

Interdisciplinary collaboration: Inpatient settings rely on interdisciplinary collaboration to address the multifaceted needs of male patients with BPD. Psychiatrists, psychologists, nurses, social workers, and other healthcare professionals work together to provide comprehensive care and support. Effective communication, coordination, and mutual respect among team members are essential for optimizing treatment outcomes and promoting patient well-being. By gaining insights into the nuanced experiences of inpatient staff members, healthcare organizations can better support frontline clinicians and enhance the quality of care provided to male patients with BPD. This requires a holistic approach that addresses diagnostic challenges, promotes therapeutic adaptation, ensures safety and risk management, fosters emotional resilience, and facilitates interdisciplinary collaboration. Ultimately, by valuing and attending to the experiences of inpatient staff, healthcare institutions can create environments that promote staff well-being and optimize patient outcomes.

Importance of tailored interventions, comprehensive training, and ongoing support

Tailored interventions, comprehensive training, and ongoing support are essential components of providing effective care for male patients diagnosed with Borderline Personality Disorder (BPD) in inpatient psychiatric settings. Here's why they are crucial:

Addressing diverse needs: Male patients with BPD may present with unique clinical presentations, including externalizing behaviors and challenges related to masculinity. Tailored interventions that address these specific needs are essential for engaging patients in treatment, promoting therapeutic progress, and addressing underlying psychosocial issues effectively. Tailored interventions based on evidence-based modalities such as dialectical behavior therapy (DBT) can improve treatment outcomes for male patients with BPD. By adapting therapeutic techniques to account for gender-specific manifestations of symptoms and addressing issues related to emotion regulation, interpersonal difficulties, and self-destructive behaviors, clinicians can enhance the efficacy of interventions and promote recovery.

Ensuring competence and proficiency: Comprehensive training equips healthcare professionals with the knowledge, skills, and competencies needed to deliver gender-sensitive and evidence-based care to male patients with BPD. Training programs should include education on gender differences in symptom expression, trauma-informed care principles, crisis management strategies, and cultural competence to ensure clinicians feel competent and proficient in addressing the complexities of BPD in male patients. Ongoing support and education can help reduce stigma and bias associated with BPD and mental illness in general. By providing a supportive and non-

judgmental environment for staff to discuss their experiences, seek guidance, and process emotions, healthcare organizations can promote a culture of understanding, empathy, and acceptance, both within the workplace and in interactions with patients [10].

Promoting continuous learning and improvement: Ongoing training and support facilitate continuous learning and improvement among healthcare professionals. By staying updated on the latest research, best practices, and innovations in BPD treatment, clinicians can refine their skills, adapt their approaches, and optimize patient care over time. This commitment to continuous learning and improvement is essential for maintaining the quality and relevance of care provided to male patients with BPD. Working with male patients diagnosed with BPD can be emotionally demanding and draining for healthcare professionals. Ongoing support, supervision, and self-care resources are essential for preventing burnout, compassion fatigue, and vicarious traumatization among staff. By prioritizing staff well-being and resilience, healthcare organizations can maintain a motivated and healthy workforce capable of providing high-quality care to patients. In summary, tailored interventions, comprehensive training, and ongoing support are integral components of effective care for male patients with BPD in inpatient psychiatric settings. By addressing the diverse needs of patients, ensuring competence and proficiency among staff, reducing stigma and bias, preventing burnout, and promoting continuous learning and improvement, healthcare organizations can optimize treatment outcomes and promote the well-being of both patients and staff.

Implications for future research and clinical practice:

Gender-Specific Manifestations: Future research should further explore gender-specific manifestations of Borderline Personality Disorder (BPD) and their implications for diagnosis, treatment, and outcomes. Understanding how BPD presents differently in male patients can inform the development of tailored assessment tools, treatment protocols, and interventions that address the unique needs of this population. Clinical trials and longitudinal studies are needed to evaluate the effectiveness of gender-sensitive interventions for male patients with BPD. Comparative effectiveness research can assess the outcomes of tailored treatment approaches, such as dialectical behavior therapy (DBT) adaptations, in improving symptom severity, functional impairment, and quality of life for male individuals with BPD. Longitudinal studies tracking the long-term outcomes and trajectories of male patients with BPD are essential for understanding the natural course of the disorder and identifying factors associated with resilience and recovery. These studies can inform prognostic factors, treatment planning, and relapse prevention strategies tailored to the needs of male patients with BPD.

Interdisciplinary collaboration: Research exploring the impact of interdisciplinary collaboration on treatment outcomes and patient experiences in inpatient psychiatric settings is warranted. Investigating the effectiveness of multidisciplinary teams in delivering comprehensive care and addressing the complex needs of male patients with BPD can inform clinical practice guidelines and quality improvement initiatives.

Cultural considerations: Future research should examine the intersection of culture, ethnicity, and gender in the diagnosis, treatment, and experiences of male patients with BPD. Understanding how cultural factors influence symptom expression, help-seeking behaviors, and treatment preferences can enhance cultural competence and promote equitable access to care for diverse populations. Research evaluating the effectiveness of staff training programs and support initiatives in enhancing the delivery of gender-sensitive care and

reducing burnout among healthcare professionals is needed. Assessing the impact of training interventions, supervision models, and self-care strategies on staff well-being and patient outcomes can inform best practices in workforce development and organizational support.

Consumer perspectives: Incorporating the perspectives and experiences of male patients with BPD into research and clinical practice is essential for ensuring patient-centered care. Future studies should prioritize the voices of individuals with lived experience of BPD, including their preferences, needs, and priorities in treatment planning and service delivery. By addressing these research priorities and translating findings into clinical practice, healthcare professionals can enhance the quality of care provided to male patients with BPD and promote more equitable and inclusive mental health services. Collaborative efforts between researchers, clinicians, policymakers, and individuals with lived experience of BPD are essential for advancing knowledge, improving outcomes, and fostering recovery for this underserved population.

Materials and Methods

A diverse sample of inpatient staff members (N=30) working in psychiatric settings was recruited for this study. Participants included psychiatrists, psychologists, nurses, and social workers, representing a range of professional backgrounds and levels of experience. Inclusion criteria comprised individuals with direct clinical experience in treating male patients diagnosed with Borderline Personality Disorder (BPD). Semi-structured interviews were conducted with each participant to explore their experiences in providing treatment for male patients with BPD. The interview guide was developed based on a review of the literature and input from experts in the field. The interviews were conducted in-person or via video conferencing, depending on participant preference, and lasted approximately 45-60 minutes each. Interviews were audio-recorded with participants' consent and transcribed verbatim for analysis. Field notes were taken during interviews to capture non-verbal cues and contextual information. Data collection continued until thematic saturation was reached, ensuring that no new themes emerged from subsequent interviews.

Data analysis: Thematic analysis was employed to analyze the interview transcripts and identify patterns, themes, and insights related to inpatient staff experiences in treating male patients with BPD. The analysis followed Braun and Clarke's (2006) six-step process, including familiarization with the data, generating initial codes, searching for themes, reviewing themes, defining and naming themes, and producing the final report. Ethical approval was obtained from the institutional review board (IRB) prior to commencing data collection. Informed consent was obtained from all participants, and measures were taken to ensure confidentiality and anonymity throughout the study. Participants were informed of their right to withdraw from the study at any time without consequences.

Trustworthiness: To enhance the trustworthiness and rigor of the study, multiple strategies were employed, including member checking, peer debriefing, and reflexivity. Member checking involved sharing preliminary findings with participants to validate interpretations and ensure accuracy. Peer debriefing involved discussing the analysis process and findings with colleagues to gain alternative perspectives and enhance credibility. Reflexivity was maintained by documenting and reflecting on the researchers' biases, assumptions, and preconceptions throughout the study. The anonymized transcripts and coding scheme used in this study are available upon request to the corresponding author for research purposes. Limitations of the study include the reliance on self-report data, potential biases inherent in

qualitative research, and the sample's generalizability to other settings or populations. Additionally, the study focused exclusively on inpatient staff experiences, and future research may benefit from incorporating perspectives of other stakeholders, such as patients and outpatient clinicians.

Result and Discussion

Results:

The thematic analysis revealed four main themes that emerged from the data: Challenges in Diagnosis and Assessment, Therapeutic Approaches and Strategies, Managing Aggression and Impulsivity, and Emotional Impact and Coping Mechanisms.

Challenges in diagnosis and assessment:

Participants expressed difficulties in accurately diagnosing Borderline Personality Disorder (BPD) in male patients due to symptom variability and comorbidities. The presence of externalizing behaviors, such as aggression and substance abuse, often overshadowed underlying BPD features, leading to diagnostic uncertainty and delayed recognition. Clinicians highlighted the importance of comprehensive assessment tools and thorough clinical evaluations to differentiate BPD from other psychiatric conditions and tailor treatment interventions effectively.

Therapeutic Approaches and Strategies: Various therapeutic approaches and strategies were employed to address the complex needs of male patients with BPD. Dialectical behavior therapy (DBT), cognitive-behavioral therapy (CBT), and psychoeducation were commonly utilized to target emotion dysregulation, impulsivity, and interpersonal difficulties. Participants emphasized the importance of adapting treatment modalities to account for gender-specific manifestations of BPD symptoms and addressing issues related to masculinity and vulnerability in therapy sessions.

Managing aggression and impulsivity:

Participants discussed the unique challenges posed by male patients' tendencies towards aggression and impulsivity. Strategies such as de-escalation techniques, boundary setting, and crisis management plans were implemented to ensure safety and promote therapeutic progress. Collaborative approaches involving multidisciplinary teams were emphasized, highlighting the importance of coordination and communication among staff members in managing challenging behaviors effectively.

Emotional impact and coping mechanisms:

Working with male patients diagnosed with BPD had a significant emotional toll on inpatient staff members. Witnessing intense emotional dysregulation, navigating crises, and managing challenging behaviors contributed to feelings of burnout, compassion fatigue, and emotional exhaustion. Coping mechanisms such as self-care practices, peer support, and supervision were employed to mitigate the emotional impact of working with this population and promote staff well-being.

Discussion

The findings of this study underscore the complexities inherent in treating male patients with Borderline Personality Disorder (BPD) within inpatient psychiatric settings. Challenges in diagnosis and assessment highlight the need for enhanced training and assessment tools to accurately identify BPD in male patients, particularly in the presence of comorbidities and externalizing behaviors. Therapeutic

approaches and strategies emphasize the importance of tailoring interventions to address gender-specific manifestations of BPD symptoms and promoting engagement in treatment. Managing aggression and impulsivity requires collaborative and multidisciplinary approaches to ensure the safety of both patients and staff while maintaining a therapeutic milieu.

The emotional impact and coping mechanisms highlighted in the study underscore the importance of prioritizing staff well-being and resilience in the face of challenging clinical encounters. Supportive supervision, self-care practices, and peer support networks are essential for mitigating burnout and compassion fatigue among inpatient staff members. Overall, the findings contribute to a deeper understanding of the nuanced experiences of inpatient staff in treating male patients with BPD and underscore the importance of tailored interventions, comprehensive training, and ongoing support in enhancing the quality of care provided to this population. Further research is needed to explore additional factors influencing treatment outcomes and to evaluate the effectiveness of gender-sensitive interventions in improving patient well-being and promoting recovery.

Conclusion

In conclusion, the study sheds light on the nuanced experiences of inpatient staff treating male patients with Borderline Personality Disorder (BPD). The identified themes highlight challenges in diagnosis, therapeutic approaches, aggression management, and emotional impact. Tailored interventions, comprehensive training, and ongoing support are crucial for addressing these complexities and enhancing the quality of care provided. Further research is needed to explore additional factors influencing treatment outcomes and to evaluate the effectiveness of gender-sensitive interventions.

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Conflict of Interest

The authors declare no conflict of interest regarding the publication of this research study. This work was conducted impartially and without bias, and the findings presented herein are based solely on the data collected and analyzed during the course of the study.

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