



Danish emergency nurses' attitudes towards self-harm – a cross-sectional study



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ABSTRACT

Aim: The aim of this study was to examine Danish emergency nurses' attitudes toward people hospitalized after an acetaminophen poisoning. Furthermore, the study examined the relationship between attitudes and factors such as age, gender, and education on self-harm.

Methods: A cross-sectional design was applied. Nurses from seven emergency departments (EDs) in a region in Denmark were asked to complete the Danish version of Attitudes towards Deliberate Self-Harm Questionnaire (ADSHQ).

Results: Of the 254 eligible nurses working in the ED, 122 returned the questionnaires, leaving the response rate at 48%. Results show that the emergency nurses generally held positive attitudes toward patients with acetaminophen poisoning. Nurses with longer ED experience held more positive attitudes, and women scored significantly higher than men on the whole scale. Only 19% of the respondents had received education on self-harm, and this education seems to produce more positive attitudes and a greater self-efficacy in relation to managing the patient group.

Conclusion: Nurses working in the ED generally hold positive attitudes toward patients with acetaminophen poisoning. It is suggested that education on self-harm is a worthwhile endeavor with the potential to strengthen and improve attitudes, for the benefit of both the nurses and the patients.

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1. Background

Deliberate self-harm (DSH) has been defined as “a report of at least one of the following acts deliberately undertaken with non-fatal outcome: Initiated behavior (e.g. self-cutting, jumping from a height), which they intended to cause self-harm; Ingested a substance in excess of the prescribed or generally recognized therapeutic dose; Ingested a recreational or illicit drug that was an act that the person regarded as self-harm; Ingested a non-ingestible substance or object” (Madge et al., 2011, p. 500). DSH is a major public health problem, with an estimated worldwide lifetime prevalence of 13%–30% among adolescents (Jacobsen and Gould, 2007; Skegg, 2005).

In Denmark, the incidence rate of DSH is 217 per 100,000 among women and 111 per 100,000 among men. These numbers are increasing, especially among younger women in the ages of 15–19

years, with an increase of 19% from 1999 to 2009 (www.selvmoedsforskning.dk, 2013).

In Denmark it is difficult to separate DSH and suicide attempts, as these two are equated in practice. Any contact with the hospital system is registered in the National Patient Register (NPR). “Self-injurious acts” are registered as covering all forms of self-harm, including suicide/suicide attempts, drug intoxication and self-mutilation (Zøllner, 2006).

It is therefore not possible to assess if the prevalence of this encoding is an expression of self-harm without intent to die or actual suicidal behavior with intention to die. Correspondingly, in the scientific literature many different definitions of self-harm and suicide attempts, respectively, are used, and in many cases they are equated to each other and sometimes suicide attempt is a surrogate for DSH (McAllister, 2003; Toftagen and Fagerstrøm, 2010). Accordingly, in this paper the term DSH is used to cover all self-harming acts, irrespectively of suicidal intent.

DSH is a strong risk factor for the subsequent repetition of this behavior and suicide, and the risk is highest immediately after hospital discharge (Qin et al., 2009).

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Self-poisoning is one of the most common methods of DSH in Denmark, and it is estimated that approximately 20% of all DSH cases involve taking weak analgesics, according to the newest update from 1998 (National Board of Health, 1998). Also, 74% of suicide attempts in Denmark, in 2011, were due to self-poisoning (www.selvmordsforskning.dk, 2013). Among patients admitted for self-poisoning with weak analgesics, the risk of subsequent suicide is 24.7-fold higher compared with the background population (Qin et al., 2009). The risk is highest within the first week after the act of self-poisoning (IRR = 738.9; CI = 173.9–3139.1) but remains elevated even three years after (IRR = 4.2; CI = 3.5–5.0) (Qin et al., 2009). The risk of suicide is especially high among patients with acetaminophen poisoning (Qin et al., 2009).

Several studies have found that hospitalization, care, and treatment after DSH in general have a major impact on a patient's well-being. Some of these studies show that a positive, respectful, and understanding attitude among health care professionals can relieve the patient's discomfort, infuse hope, affirm the self, and soothe the shame (Cerel et al., 2006; Lindgren et al., 2004; Samuelsson et al., 2000; Wiklander et al., 2003).

On the other hand, a negative experience with health care professionals such as being patronizing and stigmatizing (Cerel et al., 2006; Lindgren et al., 2004); not showing respect, sensitivity, sympathy, and empathy (Lindgren et al., 2004; Samuelsson et al., 2000; Wiklander et al., 2003); and not taking patients seriously (Cerel et al., 2006; Samuelsson et al., 2000; Wiklander et al., 2003) can lead to feelings of guilt, shame, worthlessness, and a sense of being ignored, being neglected, and being a burden (Lindgren et al., 2004; Samuelsson et al., 2000; Wiklander et al., 2003). The study by Samuelsson et al. (2000) described that lack of confirmation of the self, which in this case means the recognition of the individual person, from health care professionals has been found to leave patients with a strong desire to repeat DSH. Therefore, it can be argued that the relation and interaction with the professional staff are crucial for these patients' psychological well-being across their patient trajectory and in the following rehabilitation period.

Until now, studies have indicated both positive attitudes among health care professionals toward patients presenting with DSH (Anderson, 1997; Conlon and O'Tuathall, 2012; McCann et al., 2007; McCarthy and Gijbels, 2010; Norheim et al., 2013; Sun et al., 2007), and negative attitudes (McAllister et al., 2002; Patel, 1975; Suokas et al., 2008). Some studies have indicated that the health care professional's age and work experience could have a central role in the development of positive attitudes. However, internationally the results are conflicting in terms of the directions of the found associations. (Conlon and O'Tuathall, 2012; Friedman et al., 2006; McCann et al., 2006; McCarthy and Gijbels, 2010; McLaughlin, 1994; Samuelsson et al., 1997). Likewise, results have shown that education on self-harm behavior (Anderson, 1997; Gibb et al., 2010; McCann et al., 2006; Norheim et al., 2013; Ramberg and Wasserman, 2003) and being female (Mackay and Barrowclough, 2005; Samuelsson et al., 1997; Suominen et al., 2007) may have a positive effect on attitudes.

Nurses working in the ED are the first health care professionals that patients presenting with DSH meet at the hospital (Conlon and O'Tuathall, 2012; McAllister et al., 2002; McCarthy and Gijbels, 2010). Therefore, it is important to examine what attitudes the ED nurses have toward these patients.

Despite the fact that the incidence of patients presenting with DSH is increasing in Denmark, so far, no studies have been conducted to examine the attitudes of Danish nurses working in ED toward patients presenting with DSH. An increased insight into the nurses' attitudes toward patients presenting with DSH as well as an understanding of which factors may influence these attitudes has the potential to affect the future planning and targeting of care offered to this patient group. The nurses in our study were asked

about their attitudes toward a specific group of patients with DSH, specifically patients presenting with acetaminophen poisoning, because of the multiple meanings of DSH (McAllister, 2003) and the fact that, in Danish context, patients presenting with acetaminophen poisoning are the only group in the DSH patient group that is admitted for treatment in a period of 20–36 hours in a somatic emergency department.

The aim of this study was to examine Danish emergency nurses' attitudes toward hospitalized patients after an acetaminophen poisoning. Furthermore, the study examined the relationship between attitudes and factors such as age, gender, and education on self-harm.

2. Methods

2.1. Design and participants

The survey was conducted as a cross-sectional study involving registered nurses from seven EDs at seven hospitals in the Capital Region of Denmark (from January 2013 to April 2013).

2.2. Data collection

At every hospital, the approval to conduct the study was given in advance. The senior head nurse on the departments was contacted, and written information about the study was sent by e-mail. By consenting to participate, the charge nurses were contacted, and the time for investigation was agreed upon. Information materials were distributed among the nurses. The agreed-upon period of investigation started when the charge nurse wrote an e-mail to the staff nurses, in which they were informed about the study. In the e-mail, there was an information letter that explained the study and the use of data, including an explanation that participation was voluntary and anonymous.

The charge nurse or researcher (first author) distributed the questionnaire to the nurses and reminded them to complete the questionnaire. In addition, it was agreed that the researcher attended the departments on several occasions to ensure that all nurses in the department were aware of the study. A weekly e-mail was sent to the staff nurses with a reminder to complete the questionnaire. Along with the questionnaire, demographic data were also gathered, such as age, sex, education on self-harm, length of experience with DSH, and years of experience in the ED. Completed questionnaires were collected in a sealed box. Duration of data collection from start to finish on each department was three weeks.

2.3. Presentation of the questionnaire ADSHQ

The Attitudes towards Deliberate Self-Harm Questionnaire (ADSHQ), developed by Margaret McAllister et al., was selected because it was designed to measure the attitudes to self-harm of nurses working in EDs (McAllister et al., 2002). ADSHQ contains 25 items divided into four factors. Factor 1, "perceived confidence in assessment and referral of DSH clients," relates to nurses' perceived confidence in assessment and referral of DSH patients (possible score, 8–32; low score, 8–20; high score, 21–32).

Factor 2, "dealing effectively with deliberate self-harm clients," measures nurses' perceptions of their ability to cope with the patient group (possible score, 6–24; low score, 6–15; high score, 16–24).

Factor 3, "empathic approach," reflects nurses' empathy toward the patient group (possible score, 5–20; low score, 5–12; high score, 13–20), whereas factor 4, "ability to cope effectively with legal and hospital regulations that guide practice," reflects nurses' perceived ability to cope with the regulatory requirements and hospital

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