



From Judgment to Understanding Mental Health Nurses' Perceptions of Changed Professional Behaviors Following Positively Changed Attitudes Toward Self-Harm



Pieter Karman ^{a,*}, Nienke Kool ^b, Claudia Gamel ^c, Berno van Meijel ^d

^a The Jutters Foundation, The Hague, The Netherlands

^b Parnassia Group, Palier The Hague and Inholland University of Applied Sciences, The Netherlands

^c Division Woman and Baby and Faculty Nursing Science, Program in Clinical Health Sciences, University Medical Center Utrecht, Utrecht, The Netherlands

^d Inholland University of Applied Sciences, VU University Medical Centre, Department of Psychiatry, Parnassia Psychiatric Institute, The Netherlands

ABSTRACT

Nurses experience feelings of frustration, anger and fear when caring for patients who self-harm. Training programmes were developed that aimed to positively influence nurses' knowledge, attitudes and skills. The aim of this study was to investigate professional behavior of mental health nurses with positively changed attitudes after following a training program. Using grounded theory, semi-structured interviews were conducted with 11 mental health nurses. Participants reported using less restrictive interventions, being more patient oriented, and choosing a more empathic and exploratory approach after the training. A work environment conducive to making autonomous professional decisions with supportive colleagues enabled these changes.

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Health care professionals frequently come into contact with patients who exhibit self-harming behavior. Deliberate self-harm is the intentional, direct or indirect harming of body tissue with a non-fatal outcome (Hawton, Rodham, & Evans, 2006). The prevalence of self-harm is approximately 4% in the general population (Wilhelm, Schneiden, & Kotze, 2000). In mental health settings, however, self-harm rates are much higher, with rates approaching 40% (Wester & Trepal, 2005).

Mental health nurses often play a central role in the treatment of patients who self-harm. An important characteristic of mental health nursing is therapeutic responsiveness to patients (Chambers, 1997). Ideally, the focus in a therapeutic relationship should be to understand the person with mental health problems and to respond effectively to the patient's needs (Holm & Severinsson, 2011). In practice, this focus is often missing in the nurse–patient relationship. Negative attitudes towards patients with self-harm are frequently seen among nurses, with accompanying feelings of incompetence and helplessness (Dickinson, Wright, & Harrison, 2009, McAllister, Creedy, Moyle, & Farrugia, 2002, McHale & Felton, 2010). Additionally, some patients who self-harm report that they feel misunderstood and unsatisfied with the way that nurses behave towards them (McHale & Felton, 2010).

In reaction to the issues described above, the underlying factors concerning nurses' attitudes towards self-harm and the way these

attitudes can be improved have been studied. The importance of education in positively changing nurses' attitudes towards self-harm is widely recognized (Anderson, Standen, & Noon, 2003, Hopkins, 2002, McAllister et al., 2002, McCarthy & Gijbels, 2010, Wilstrand, Lindgren, Gilje, & Olofsson, 2007). Education programs on self-harm have been developed and it is evident that a number of these programs have a positive effect on nurses' self-reported attitudes towards self-harm (Holdsworth, Belshaw, & Murray, 2001, Kool, Van Meijel, Koekoek, Van der Bijl, & Kerkhof, 2014, McAllister, Billett, Moyle, & Zimmer-Gembeck, 2009, Patterson, Whittington, & Blogg, 2007). Furthermore, there is a general assumption among researchers that the nursing care for patients who self-harm will improve as a result of positive changes in attitude (McAllister et al., 2009, Patterson et al., 2007). However, empirical evidence is lacking to support this assumption.

The link of changed attitudes towards self-harm of nurses to actual changes in their professional behavior remains uninvestigated. The present study examines the perceived behavioral changes of mental health nurses who attained positive changes in their attitudes towards patients who self-harm after a training program. This study succeeds an investigation that used a pre- and post-test design to determine the effects of a training program among 360 professionals (Kool et al., 2014). The training program aimed to improve the attitudes and competencies of professionals, in particular mental health nurses, in their care for patients who self-harm. The training study showed significantly improved attitudes towards self-harm together with increased self-efficacy in working with self-harm patients (Kool et al., 2014).

* Corresponding Author: Pieter Karman, MSc, RN, The Jutters Foundation, Dr. Van Welylaan 2, 2566 ER The Hague, The Netherlands.

E-mail address: karmanp@dejutters.com (P. Karman).

The present study explores in what ways these positive changes in attitudes contribute to subsequent changes in the professional behavior of mental health nurses from their perspective. The knowledge gained from this study can lead to improvements in the quality of nursing care.

The following research questions were formulated:

1. Which changes in professional behaviors are reported by mental health nurses who have developed positively changed attitudes towards self-harm after following a training program?
2. What factors contribute to these changes in professional behaviors?
3. What value do nurses ascribe to these changed behaviors?

MATERIALS AND METHODS

Design

The study used a grounded theory approach.

Study Participants

Participants were selected from the total sample of 360 professionals enrolled in the training study. The training program aimed to improve the understanding of self-harm among professionals and to promote constructive communication and therapeutic interactions with patients who self-harm. The assumption of the training was that effective communication is crucial to a supportive therapeutic relationship and that a non-judgmental approach among professionals is essential. The methodological approach of the training is described in the nursing intervention program developed by [Bosman and Van Meijel \(2009\)](#). One trainer had a nursing background and the other was a lay-expert.

Participants were included if they:

- were mental health nurses.
- participated in the training program ([Kool et al., 2014](#)) 10–14 months before the start of the present study. This period allowed sufficient time for participants to apply the acquired skills in nursing practice and to reflect on their professional experience regarding this application, yet still ensured that participants remembered their behavioral changes (if any) after participating in the training program.
- had a positive attitude change of at least four points between the pre- and post-test measurements on the Attitudes towards Deliberate Self-harm Questionnaire (ADSHQ) ([McAllister et al., 2002](#)), which was one of the primary outcome measures in the training study.

The participants in this study were employed in three of the nine mental health organizations that participated in the training study. These were chosen because the nurses from these organisations fit the time criterion of the study (i.e. training 10–14 months before the study). Purposive sampling was used to recruit participants who had relevant information on the study topic. To ensure heterogeneity of the sample, efforts were made to select both male and female nurses from different mental health settings. Participants were first contacted by email with information about the study. After this, the first author contacted them by telephone to provide further information and to answer possible questions. All the participants gave written informed consent. Because no patients were involved, approval by an ethics committee was not needed according to Dutch legislation.

Data Collection

Semi structured interviews were conducted by the first author using an interview guide and techniques described by [Holloway and Wheeler \(2002\)](#). The interview guide was prepared after discussion within the research team and contained several open-ended questions derived from the research questions. The interviews started with the question: “Have there been changes in your behavior towards patients who self-harm after following the training program?” In cases of behavioral

change, follow-up questions were asked about the nature, consequences and conditions of the self-observed changes. The participants were encouraged to describe situations from their practice experience as concretely as possible, in order to avoid general and socially desirable answers. In cases of unchanged behavior, the interviewer asked the participant about possible explanations for the absence of behavioral change. The respondents were encouraged to elaborate as much as possible on their behavioral changes and the conditions under which these could occur. As theoretical ideas were developed, the interview guide was adapted in order to obtain information that was relevant for the emerging conceptual model. For example, a question was added to the interview guide during the study about the rationale for the participant's behavior before and after the training. This provided information that explained the nurses' behavioral changes towards self-harm patients and appeared to be relevant for the emerging conceptual model. The interviews took place at a location that was convenient for the participant. All interviews were recorded with a digital recorder, after which they were transcribed verbatim by the first author. Descriptive characteristics of the participants were registered at the start of the interview.

Data Analysis

The systematic data analysis proceeded in three stages conform to grounded theory ([Glaser & Strauss, 1967](#)). The software program NVivo 9 was used. First, the transcripts were read completely by the first author in order to obtain a first understanding of their content. Essential code words were identified and a preliminary code tree was constructed. The first and second authors discussed the coherency of this preliminary code tree several times during the study. After this, lines and sections of text that seemed relevant to answering the research questions were coded, whereby the further elaboration of the code tree occurred. Coherent code words were organized into categories (open coding). Second, the categories were then linked together to create a conceptual model that explained the process of behavioral change and the conditional/causal factors. To ensure the conceptual model was clear and logical, the first author discussed it with the three co-authors. Negative case analysis was conducted and the model was adjusted on the basis of new theoretical insights (axial coding). Finally, all categories were linked to a major category. This core category represented the essence of participants' perceptions of the study topic (selective coding).

Data were analyzed using the constant comparative technique ([Glaser & Strauss, 1967](#)). The theoretical ideas and emerging categories guided the data collection and previous interviews were reanalyzed in light of the emerging conceptual model. Memos were written concerning theoretical and provisional ideas about categories and their mutual relations.

Quality of the Study

Numerous techniques described by [Holloway and Wheeler \(2002\)](#) were used to enhance the quality of the study. The process, context and people who participated in the research project were described in detail (thick description). Both the members of the research team and peers (fellow graduate students in nursing science) discussed methodological decisions and interview techniques with the first author (peer debriefing). Negative case analysis was conducted by thoroughly investigating the cases that did not fit in with the emerging conceptual model. Finally, throughout the entire study process, the first author adopted a critical stance towards the research and his own role, relationships, and assumptions (reflexivity).

RESULTS

Sample

In total, 25 mental health nurses who worked at the three selected organizations were eligible. All were approached to participate in the

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