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Review

# Attitudes and knowledge of clinical staff regarding people who self-harm: A systematic review

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ABSTRACT

*Background:* The attitudes held by clinical staff towards people who harm themselves, together with their knowledge about self-harm, are likely to influence their clinical practice and hence the experiences and outcomes of patients. Our aim was to systematically review the nature of staff attitudes towards people who engage in self-harm, including the factors that influence them, and the impact of training on attitudes, knowledge and behaviour of staff.
*Methods and findings:* A comprehensive search for relevant studies was performed on six electronic databases. Two independent reviewers screened titles, abstracts and full reports of studies, extracted data and gave each paper a quality rating. Qualitative and quantitative studies published in English were included. A total of 74 studies were included. Attitudes of general hospital staff, especially doctors, were largely negative, particularly towards individuals who repeatedly self-harm. Self-harm patients were viewed more negatively than other patients, except those abusing alcohol or drugs. Psychiatric staff in community and hospital settings displayed more positive attitudes than general hospital staff. Negative attitudes were more common among doctors than nursing staff although this was only true of general hospital staff. Active training led to consistent improvements in attitude and knowledge in all groups.
*Conclusions:* Attitudes of general hospital staff towards self-harm patients are often negative, mirroring the experience of service users. Interventions can have a positive impact and improve the quality of patient care.
*Limitations:* Included only English language publications.


**Contents**



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## 1. Introduction

The improved management of patients who engage in self-harm is highlighted in most suicide prevention strategies (Department of Health, 2002; Health Service Executive et al., 2005; Ministry of Health New Zealand, 2006). It is also the subject of clinical guidelines such as the NICE guideline on self-harm (National Collaborating Centre for Mental Health, 2004). This document highlights standards of care and notes the often negative experiences of self-harm patients of current services, which were the subject of a recent systematic review (Taylor et al., 2009).

The attitudes held by clinical staff towards people who harm themselves, together with their knowledge about self-harm, are likely to be important influences on their clinical practice and hence on the experiences and outcomes of those they treat (Pompili and Girardi, 2005). We have conducted a systematic review of the international literature on staff attitudes towards patients who present to hospital following an episode of self-harm. Our aim was to summarise current knowledge about staff attitudes and knowledge of clinical staff regarding people who self-harm to inform the design of clinical services, particularly with regard to training staff.

## 2. Method

We sought to include both quantitative and qualitative studies of staff attitudes towards, and knowledge about, people who engage in self-harm where staff were involved in the provision of services to them. We searched Electronic databases (AMED, British Nursing Index, CINAHL, International Bibliography of Social Sciences, MEDLINE and PsychInfo) for any relevant literature up to the first week of July 2011. The search strategy is shown in Appendix 1. References from identified studies were searched by hand. Studies were included if they were based on either direct observation or other types of research (i.e. not opinion pieces or reviews that did not contain new primary data). Studies addressing attitudes or knowledge were included if they demonstrated evidence of a sampling strategy and some form of standardised measurement. Studies in which participants were qualified staff in clinical roles together with either students or non-clinical staff were only included if we were able to extract data for qualified clinical staff only (i.e. results reported separately), or if qualified clinical staff represented a clear majority of the sample. We excluded studies exploring attitudes to suicide deaths alone, to assisted suicide, towards a particular intervention, and towards self-harm in certain specific populations (including learning disability, prisons, secure social services provision), general population surveys and evaluations of treatment following self-harm. Studies were limited to those published in English.

Titles, abstracts and then full texts were screened by two members of the research team independently (all members of the research team participated in this). Disagreements were discussed with a third member of the team (KH) and a consensus agreement reached. Data were initially extracted independently by two reviewers (KS, SM) and quality ratings given using a combination of the Social Care Institute for Excellence's quality assessment tool (Social Care Institute for Excellence, 2006) and the Critical Appraisal Skills Programme's "10 Questions to Help you Make Sense of Qualitative Research"(Critical Appraisal Skills Program, 2002) (see Appendix 2). This method was used in the recent review of service user experiences of self-harm services (Taylor et al., 2009). Disagreements were then discussed at consensus meetings and final data agreed. The second reviewer ensured that all relevant quotations and topics were recorded, with the additional aim of reducing possible bias. Papers were not excluded from the review on the basis of quality.

The results of quantitative studies did not lend them themselves to meta-analysis. Therefore we conducted a narrative analysis of the findings of both the quantitative and qualitative data, giving greater weight to studies of better quality. The main output from this study was descriptive.

### 2.1. Included studies

A total of 3044 reports were initially identified, of which 77 met the inclusion criteria. These included 73 separate studies (see Fig. 1). These were published between 1971 and 2009. Half of these studies (N = 36) were performed in United Kingdom, with the rest coming from a wide range of other countries, including Australia (N = 9), USA (N = 6), Sweden (N = 5), Finland (N = 3), Brazil (N = 2), Taiwan (N = 2), Ireland (N = 3) and one each from Canada, Malta, Norway, Switzerland, New Zealand, Zimbabwe and Israel. A third of studies (n = 24) explored the attitudes of nursing staff only while the majority included mixed samples of clinical and non-clinical staff. Doctors alone were investigated in four studies. The quality of studies was generally reasonably high with a mean score of 8.02 out of a maximum of 12.

## 3. Results

The studies included in the review are summarised in Table 1. Six main themes were identified: (i) general attitudes, (ii) relationship between staff characteristics and attitudes, (iii)