



A mixed method study to determine the attitude of Australian emergency health professionals towards patients who present with deliberate self-poisoning



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ABSTRACT

Introduction: Deliberate self-poisoning is one of the frequent presentation types to emergency departments. It has been reported that attitudes of emergency staff may have negative consequences for the wellbeing of the self-poisoning patient.

Aim: Determine the attitude of nursing and medical staff towards patients who present with deliberate self-poisoning and to identify if differences exist between the two groups.

Design: Mixed-method.

Methodology: The "Attitudes towards Deliberate Self-Harm Questionnaire" was distributed to all nursing and medical staff who had direct patient contact at three emergency departments ($N = 410$). Total and factor scores were generated and analysed against variables age, gender, length of experience working in the emergency department, level of education and by profession. Two open ended questions asked staff to write their perceptions and stories about patients who deliberate self-poison and were analysed using qualitative data analysis.

Results: Forty-five percent of staff returned the questionnaire. The attitude of emergency nurses and doctors was positive towards patients who deliberately self-poison. Doctors had significantly higher total and Factor 2 'dealing effectively with the deliberate self-poisoning patient' scores than nurses. After adjusting for length of time working in the emergency department only Factor 2 'dealing effectively with the deliberate self-poisoning patient' remained statistically significant. Staff reported high levels of frustration, in particular to patients who represent.

Conclusion/relevance to practice: This information may be used to develop and implement educational strategies for staff to improve the experiences of and better support patients presenting to the emergency department who deliberately self-poison.

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Introduction/Background

Deliberate self-harm (DSH) is a common reason for presentation to the emergency department (ED) (Bennewith et al., 2001; Carter et al., 2005; Sinclair et al., 2006). Although the number of DSH presentations is numerous there is no universal definition of DSH. The National Institute for health and Clinical Excellence clinical guideline defines DSH as "self-poisoning or self-injury, irrespective of the apparent purpose of the act" (NICE, 2004, p. 16). The reasons why people deliberately self-harm are complex but can include inappropriate response to stress, communication of

distress, inability to deal with a life problem, or non-fatal suicide attempt (Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines Team for Deliberate Self-harm, 2004).

Paramedics and ED health care professionals are usually the first medical personnel a person who deliberately self-harms encounters. The literature has shown that health care workers may hold negative attitudes towards people who deliberately self-harm (Pompili et al., 2005; McHale and Felton, 2010). As a result of these attitudes the ED experience, for patients who deliberately self-harm, may influence their decision whether to stay for medical treatment or to follow up with their mental health care plan. In addition, a negative emergency department experience may participate in the inducement of the cyclic behaviour of self-harm for this population (NICE:CG16, 2004). As DSH has been associated with premature death including future suicide (Gairin et al.,

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2003; Cooper et al., 2005; Bergen et al., 2012; Cleaver, 2014), then the attitude of emergency staff, towards a person who deliberately self-harms, plays an important part in the treatment and care of these patient's (Sun et al., 2007).

Studies investigating health care worker's attitudes toward patients who deliberately self-harm have shown conflicting results. Several researchers have found nurses to have positive attitudes towards patients who self-harm (Anderson, 1997; Sun et al., 2007; McCarthy and Gijbels, 2010; Conlon and O'Tuathail, 2012). Anderson (1997) found ED nurses had similar positive attitudes towards patients with suicidal behaviour (their own terminology for patients who self-harm) as that of community mental health nurses. Conlon and O'Tuathail (2012) using a validated questionnaire "The Self-Harm Antipathy Scale" assessed attitudes from randomly selected nurses from four EDs in the Republic of Ireland and also found an overall positive attitude, which was associated with the nurses age but they also found attitude was associated with the nurses level of education. Studies have demonstrated that ED nurses also held negative attitudes towards DSH patients (Pallikkathayil and Morgan, 1988; Bailey, 1994; McAllister et al., 2002; Mackay and Barrowclough, 2005; Friedman et al., 2006).

The attitudes of medical staff toward patients who self-harm have also been explored. An Australian study, using the Attitudes towards Deliberate Self-Harm Questionnaire (ADSHQ), assessed ED and mental health medical staff attitudes towards patients with borderline personality disorder who self-harmed, and found emergency medical staff had a score that was significantly lower than the mental health clinicians score. Attitude was associated with years of experience and specific training in personality disorders (Commons Treloar and Lewis, 2008). Few studies have compared the attitudes of doctors and nurses. A UK study assessing ED staff attitudes from four EDs in the greater Manchester region found that medical staff expressed higher levels of irritation, less personal optimism, and reported less willingness to help patients who deliberately self-harmed than their nursing colleagues (Mackay and Barrowclough, 2005).

The lack of consensus regarding the attitudes of staff towards patients who deliberately self-harm may be related to methodological variances between the studies including the use of different tools and sample groups to gather information on attitude of perceptions of staff. The researchers have used non-validated questionnaires (Crawford et al., 1998; Friedman et al., 2006), interviews (Anderson et al., 2003; McAllister et al., 2009), case notes (Crawford et al., 1998) and vignettes (McKinlay et al., 2001) in order to measure staff perception.

Deliberate self-poisoning (DSP) is the most common method of self-harm (Hawton et al., 2007). Previous studies have focused mainly on staff attitude toward self-harm with few conducted exploring this phenomena toward patients who deliberately self-poisoned (Creed and Pfeffer, 1981; McKinlay et al., 2001). An English study (Creed and Pfeffer, 1981) assessed house physicians attitudes towards DSP patients and found almost half of the physicians had hostile attitude towards patients who deliberately self-poisoned compared to only 2.5% hostility for patients with medical illnesses such as asthma or diabetes. In another English study 74 nurses from the ED and a Medical Assessment Unit, were shown two vignettes to assess their attitude towards DSP patients. One vignette showed negative nursing behaviour towards DSP patient, the other positive nursing behaviour. Study participants were asked questions such as 'I intend to behave like Nurse A' or 'I intend to behave like Nurse B'. Responses were then analysed to determine nurses' attitudes and behavioural intentions toward patients who deliberately self-poison. Nurses who favoured the positive scenario were more likely to have had experience with DSP patients, feel empathy towards DSP patients but were also more likely to feel their skills were not adequate in looking after DSP pa-

tients. (McKinlay et al., 2001). We were unable to find any Australian studies that explored the attitudes of doctors and nurses toward patients who present with DSP.

Previous studies have mostly examined emergency staff attitudes towards patients who deliberately self-harmed (Crawford et al., 1998; McAllister et al., 2002; Anderson et al., 2003; Friedman et al., 2006; McCann et al., 2006; McCarthy and Gijbels, 2010; Conlon and O'Tuathail, 2012), with only a few studies specifically examining the attitude of emergency staff towards patients who deliberately self-poison (Ghodes, 1978; Ghodes et al., 1986), which is the most common method of DSH, accounting for up to 80% of DSH presentations (Hawton et al., 2007). In order to ensure that patients presenting to ED with DSP are effectively supported during their hospital stay it is important to explore the attitudes of ED health professionals providing front-line care to this vulnerable population. Therefore, this study aimed to bridge this gap by determining the attitude of doctors and nurses working in Australian ED's toward patients who present with DSP and to determine if a difference in attitude exists between these two professional groups. Findings from this study will be used to assess the need for the development and implementation of education strategies for ED health care workers to improve the experience of and provide better support for DSP patients in the ED setting.

Method

This study utilised a self-administered questionnaire to collect quantitative and qualitative data. Ethics approval was obtained from the health network and university human research ethics committee. The questionnaire was sent to all doctors ($N = 163$) and nurses ($N = 247$) permanently employed in three EDs of one health care network in Melbourne's south eastern suburbs, between March and May 2013. Consent was implied on return of the questionnaire.

Questionnaire

The Attitude toward Deliberate Self Harm Questionnaire (ADSHQ) was chosen as it was previously validated in a sample of Australian emergency nurses (McAllister et al., 2002). The ADSHQ has subsequently been tested in Irish ED nurses (McCarthy and Gijbels, 2010) and in Australian medical staff (Commons Treloar and Lewis, 2008). The ADSHQ consists of four factors: perceived confidence in assessment and referral of deliberate self-harm patients; ability to deal effectively with deliberate self-harm patients; use of an empathetic approach; and hospital regulations that guide practice. Content and face validity was established and the reported reliability of the ADHSQ using Cronbach's alpha for each of the four factors were 0.71, 0.74, 0.67, and 0.57, respectively (McAllister et al., 2002). The four factors are (1) perceived confidence in assessment and referral of DSP client's score ('perceived confidence'), (2) dealing effectively with DSP patients ('dealing effectively'), (3) empathic approach ('empathy') and (4) ability to cope effectively with legal and hospital regulations that guide practice ('cope effectively with regulations'). Permission to use the tool was requested and granted from the original authors. The ADSHQ was revised so that deliberate self-harm was changed to deliberate self-poison. As the ADHSQ was distributed to both doctors and nurses question 32 was changed to "I feel that patients who self-poisoned are treated less seriously by emergency staff than patients who present with serious medical problems".

Two open-ended items were included at the end of the questionnaire to provide more in-depth data and explore further the participant's perceptions of patients who present with DSP. The two open ended questions asked staff to (1) share how they felt

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