



## Review

# Perceptions of paramedics and emergency staff about the care they provide to people who self-harm: Constructivist metasynthesis of the qualitative literature



Nigel Rees\*, Frances Rapport, Helen Snooks

Swansea University, Pre Hospital Emergency Research Unit, Welsh Ambulance Services NHS Trust, United Kingdom

## ARTICLE INFO

## Article history:

Received 22 December 2014

Received in revised form 26 February 2015

Accepted 9 March 2015

## Keywords:

Ambulance

Care

Emergency Self Harm Paramedic

Pre-hospital

## ABSTRACT

**Objective:** Presentations of self-harm to paramedic and emergency staff are increasing, and despite being the first professionals encountered, patients who self-harm report the quality of care and attitudes from these staff are unsatisfactory. Understanding this care may provide opportunities to improve services. The aim of this study is to enhance knowledge building and theory generation in order to develop practice and policy through a metasynthesis of qualitative research relating to perceptions of paramedic and emergency care for people who self-harm.

**Methods:** The metasynthesis draws on Evolved Grounded Theory Methodology (EGTM). A search was undertaken of CINAHL®, MEDLINE®, OVID® and Psych INFO®, and grey literature. Subject headings of 'self-harm' were used alongside key words 'suicide', 'paramedic' 'emergency', 'overdose', 'pre-hospital' mental health, ambulance, perceptions of care, emergency.

**Results:** A total of 1103 papers were retrieved; 12 were finally included. No papers investigated paramedic care for self-harm. The following metaphors emerged: (a) frustration, futility and legitimacy of care; (b) first contact in the pre-hospital environment: talking, immediate and lasting implications of the moral agent; (c) decision making in self-harm: balancing legislation, risk and autonomy; (d) paramedics' perceptions: harnessing professionalism and opportunities to contribute to the care of self-harm.

**Conclusion:** Paramedics are often the first health professional contact following self-harm, yet limited qualitative literature has explored this encounter. Metaphors revealed in this paper highlight challenges in decision making and legislation, also opportunities to improve care through professionalization and tailored education.

© 2015 Elsevier Inc. All rights reserved.

## Introduction

The UK has one of the highest rates of self-harm in Europe at 400 per 100,000 of population [1], and it is among the five top causes of acute hospital admissions [2]. Yet this only represents a minority of those who self-harm because most inflict harm without the need for medical intervention [3]; some studies find only 10–20% present to hospital [4, 5]. Service users report that care and attitudes from health staff are unsatisfactory [3,6–8], and many avoid services [2]. Although paramedics and emergency staff are often the first health professionals in contact with those who self-harm, their contribution to care is under researched.

A systematic review of the quantitative literature has been conducted [9], and the following was found: training, policies and guidelines improved staff knowledge and confidence in caring for people who self-harm, but access to such training is limited. Few departmental

procedures to guide staff were also reported, and staff in acute settings exhibited increased feelings of negativity, becoming less positive closer to front line care. Recent studies reported positive attitudes amongst emergency staff. Insights from qualitative research may therefore help to place these findings within a meaningful broader social context. The aim of this research is to enhance knowledge building and theory generation in order to develop practice and policy through a metasynthesis of qualitative research relating to perceptions of paramedic and emergency care for people who self-harm.

## Methodology

The epistemological basis of the study draws on the grounded theory methodology (GTM) [10] and uses Noblit and Hare's (1988) procedural guidelines [11], which were inspired by Finfgeld [12] and Finfgeld-Connett [13]. A constructivist paradigm of inquiry is followed, where the researcher is a 'passionate participant as facilitator of multi-voice reconstruction' (Lincoln & Guba 2005 p. 196) [14]. Such a position strengthens the GTM by viewing data as narrative constructions, focusing on subjective meaning, and acknowledging that findings are only one possible interpretation of reality [15].

\* Corresponding author at: Pre-hospital Emergency Research Unit, Welsh Ambulance Service NHS Trust, Lansdowne Hospital, Sanatorium Road, Cardiff CF11 8UL, United Kingdom.

E-mail address: [nigel.rees5@wales.nhs.uk](mailto:nigel.rees5@wales.nhs.uk) (N. Rees).

Unlike synthesis of quantitative research, qualitative metasynthesis does not involve data aggregation or secondary analysis of raw data, nor is it a type of meta-analysis [13]. It is quite different from accumulative logic averaging across studies. Rather, the goal is interpretive [16]. Whilst there are no universally agreed procedures for synthesising qualitative research [17] many methodologies have been recommended [11, 18–20]. Sandelowski et al. (p. 366) [20], for example, define qualitative metasynthesis as

theories, grand narratives, generalizations, or interpretive translations produced from the integration or comparison of findings from qualitative studies.

When presenting metasynthesis research, validity is based on 'trustworthiness' [21], which can be established through transparent data collection, extraction, and analysis methods, clearly reported [13]; these are presented below. The first author has been a practising paramedic for twenty 3 years, which is important as Noblit and Hare [11] hold that metasynthesis reveals as much about the perspective of the synthesiser as it does about the substance of the synthesis. The audit trail in this study recognised the constructivist paradigm, the researcher's past experiences, and is clear about putting to one side the researcher's personal assumptions or subjective opinion during both data collection and analysis. Finfgeld-Connett [13] points to the triangulation that occurs in metasynthesis through findings from multiple qualitative investigations comprising of multiple frameworks. In the present study, the sample of papers included papers employing ethnography, grounded theory, hermeneutics and other methodologies.

Noblit and Hare [11] suggest synthesis is achieved by translation which entails examining key concepts in relation to others in the original study and across studies; Noblit and Hare's (pp. 26–29) [11] seven steps of metasynthesis were followed.

### Getting started (the search)

A search was undertaken of the databases CINAHL®, MEDLINE®, OVID® and Psych INFO®. A broad search strategy was chosen that used the subject heading of 'self-harm', and the key words included in the sub-headings are as follows: 'suicide', 'paramedic' 'emergency', 'overdose', 'pre-hospital' mental health, ambulance, perceptions of care and emergency. Manual searches of academic journals, grey literature, policy documents, procedures, clinical guidelines and government legislation were conducted.

### Confirming initial interest

Given limited paramedic and pre-hospital literature, all articles with a paramedic focus were selected for review and manually scanned for relevance and eligibility. The following criteria were used to select studies for analysis:

- a. The expressed a priori purpose of the study was to examine paramedic or emergency care for self-harm
- or
- b. A focus on education for paramedics
- or
- c. Studies including decision making in relation to mental health in the pre-hospital environment
- and
- d. Data were gathered from paramedics or emergency care providers
- and
- e. The studies were conducted using qualitative methods.

### Reading studies and extracting data

In order to eliminate publications that were clearly not reports of qualitative research relevant to paramedics' and emergency staff perceptions of care for people who self-harm, a review of each citation title and abstract was conducted. Each study was subjected to a quality critique form, based on Burns's [22].

### Determining how studies are related

The concept-indicator model advocated by Strauss [23] was used in order to identify common themes. Each paper was read; findings were highlighted and compared for similarities, differences and questions regarding emergent phenomena.

### Translating studies

An 'indicator' refers to a word, phrase or sentence, a 'concept' is a label associated with that indicator. The concept-indicator model relies on constant comparisons in the text. Indicators were grouped together under concept headings, when another indicator did not generate new insights to a concept, it was deemed theoretically saturated and thus well grounded.

### Synthesising translations

It was the intention to review studies that examined perceptions of paramedic and emergency care personnel for those who self-harm; however, no such studies were found to have been published. Therefore, synthesis drew on a wide body of literature, which involved conceptualisations within studies and across contexts. Fresh insight into paramedics' and emergency staff perceptions of care for people who self-harm therefore emerged, along with its line of argument.

### Expressing the synthesis

Theoretically saturated concepts were woven back together into the narrative translation presented in results.

### Results

A total of 734 papers were retrieved; a final 12 met the inclusion criteria Fig. 1. No studies were identified that specifically studied paramedic care for self-harm. However, hospital studies with emergency doctors and nurses were found that explored self-harm care. Self-harm was also considered in studies exploring paramedic or emergency staff care for patients within the wider context of mental health problems. Studies included are presented in Table 1. The quality of studies included one low, six moderate and five high. The studies methodologies included ethnography, ethnomethodological, grounded theory, narrative accounts, hermeneutics and thematic analysis. The methods included structured, semi-structured and in-depth interviews, observational field work and surveys. Participants and practice settings included emergency department (ED) and medical admissions doctors and nurses, paramedics and pre-hospital nurses. Studies were carried out in the UK, Sweden, USA, France and Australia.

Four interrelated metaphors emerged capturing perceptions of paramedic and emergency care personnel for people with mental problems including those who self-harm: (a) frustration, futility and legitimacy of care; (b) first contact in the pre-hospital environment: talking, immediate and lasting implications of the moral agent; (c) decision making in self-harm: balancing legislation, risk and autonomy; (d) paramedics' perceptions: harnessing professionalism and opportunities to contribute to the care of self-harm.

#### *Frustration, futility and legitimacy of care*

Caring for people who self-harm evokes experiences of frustration in practice, with a sense of insubstantiality of interventions. This was articulated by a doctor in the study of Anderson et al. [25] who said,

When you've got a department or ward full of severe asthma, meningitis,...etc and then you've got a couple of young girls who have taken a cocktail of things... They cannot... with our current resources... be looked after in the same way.

Neither asthma nor meningitis is dealt with in the same way. Self-harm can be more damaging to health than these conditions, yet it appears to be of less importance, and

Download English Version:

<https://daneshyari.com/en/article/949193>

Download Persian Version:

<https://daneshyari.com/article/949193>

[Daneshyari.com](https://daneshyari.com)