



Review

Perceptions of paramedic and emergency care workers of those who self harm: A systematic review of the quantitative literature



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ABSTRACT

Objective: The U.K. has one of the highest rates of self harm in Europe at 400 per 100,000 of population. Paramedics and emergency staff may be the first professionals encountered, therefore understanding their views and approaches to care is crucial. The aim of this study was to systematically review published quantitative literature relating to paramedic and emergency workers' perceptions and experiences of caring for people who self harm.

Methods: CINAHL®, MEDLINE®, OVID® and Psych INFO® databases were searched, PRISMA guidelines were followed, two researchers independently screened titles, abstracts and full papers against a priori eligibility criteria. Data synthesis was achieved by extracting and descriptively analysing study characteristics and findings.

Results: 16 studies met inclusion criteria; one included ambulance staff, all used questionnaires. Training, policies and guidelines improved staff knowledge and confidence in caring for people who self harm. Limited access to training was reported, ranging from 75% to 90% of staff lacking any. Limited departmental guidelines were also reported. Staff in acute settings exhibited increased feelings of negativity, becoming less positive closer to front line care. Recent studies report positive attitudes amongst emergency staff.

Discussion: Despite guidelines indicating need for education and policies to guide staff in self harm care, there is limited evidence of this happening in practice. The lack of literature including paramedics suggests a gap in our understanding about care for self harm patients. This gap warrants greater attention in order to improve care for patients who self harm in their first point of contact.

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Contents

Introduction	450
Methods	451
Search strategy	451
Eligibility criteria	451
Quality assessment	451
Data extraction and synthesis	451
Results	451
Outcome variables, instruments and data analysis	451
Self harm training and education	451
Experience of caring for people who self harm, perceptions and attitudes	452
Age of staff caring for those who self harm	452
Attitudes towards self harm	452
Setting	453
Policies for dealing with people who self harm	453
Gender	453
Discussion	454
Limitations	454

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Conclusion	455
Acknowledgements	455
References	455

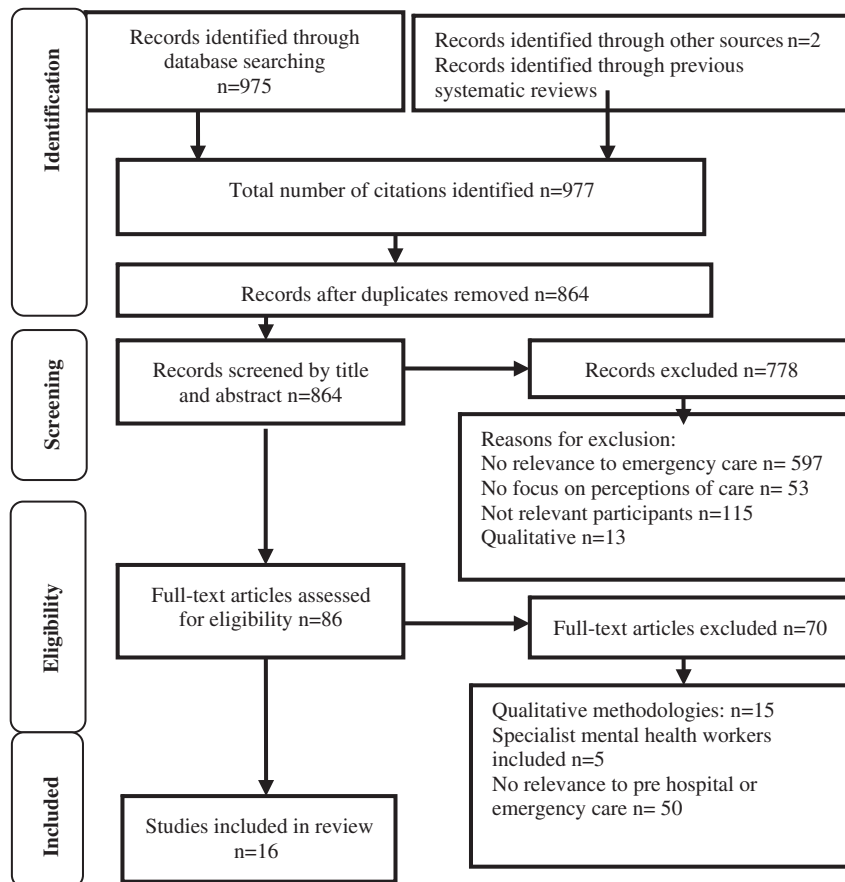
Introduction

Self harm is defined as “intentional self-poisoning or self- injury, irrespective of the nature of motivation or degree of suicidal intent” [1]. The U.K. has one of the highest rates of self harm in Europe at 400 per 100,000 of population [2], which is increasing by 10% every three years [3], and is one of the five top causes of acute hospital admissions [1]. These figures may not represent the true scale of the problem, as self harm often involves attempting to inflict harm without the need for medical intervention, and as such it is often not recorded [4]. Indeed, only 10–20% of people who self harm present at hospital [5,6], meaning that the true scale of self harm could be closer to 3 in 100 people [4].

Despite the scale of this problem in the population, many allege that the quality of care and attitudes from health care staff are unsatisfactory [4,7–9]. Medical personnel are recognised as providing the most unsatisfactory support [10], and patients report negative and hostile reactions from ambulance staff [11]. In a U.K. survey of those who self harm, 43% of people said they avoided emergency services because of previous negative experiences [12]. They recalled being told they were wasting time and resources, which compounded distress, leading to premature self discharge and affecting their future help seeking behaviour. Crawford [13] found that those who discharged themselves from care before receiving a psycho social assessment were three times more likely to repeat self harm.

Many self harm patients' report that they find themselves ignored by health professionals, not just because of negative attitudes towards them, but also because they are perceived as difficult to deal with [14]. In hospital, staff reportedly distance themselves from such patients, rationalising them as manipulative, attention-seeking and untreatable [15]. Yet such perceptions are grounded in everyday inaccuracies and myths [16]. The effect on the patient was noted by Nehls [17] who reported three themes derived from interviews with people who self harm. These included: living with a label, living with self-destructive behaviour seen as being manipulative, and living with limited access to care. Above all, people who engage in self harm want to be seen by empathetic health professionals who are able to listen to them, be supportive and non-judgemental [1,18].

Despite paramedics and emergency staff often being the first point of contact for those who self harm, few research studies have investigated their care. The study from which this paper derives forms part of a larger project entitled paramedics' perceptions of caring for people who self harm, which is using Evolved Grounded Theory Methodology to explore and understand their care in order to inform policy and help tailor education. This paper concentrates on the systematic review of the quantitative literature with the aim of investigating the current level of knowledge about paramedics' and emergency workers' perceptions of caring for those who self harm.



Outcome variables, instruments and data analysis

Fig. 1. Inclusion and exclusion criteria.

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