Nurses’ attitudes towards patients hospitalised for self-harm


Abstract
Self-harm is a public health issue that accounts for thousands of presentations at hospital each year. Self-harm commonly involves self-injury by cutting, burning or poisoning. The incidence of self-harm is increasing in the UK, particularly in young people. Research suggests that people who self-harm experience negative attitudes from healthcare staff, including nurses, on presentation to healthcare services. This is an ethical issue in nursing practice that has implications for the quality of care provided. Nurses with a lack of mental health training provide care for patients who self-harm in emergency departments and acute medical settings. This article presents a literature review exploring the factors affecting nurses’ attitudes towards patients hospitalised for self-harm and makes recommendations for improving practice. The article identifies requirements for nurse education and training in mental health and effective provision of care for patients who self-harm and present at the emergency department.

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SELF-HARM IS A public health problem in the UK, accounting for approximately 200,000 presentations to hospitals in England each year (Hawton et al 2007). Self-harm commonly involves self-injury by cutting, burning or poisoning with medication (National Collaborating Centre for Mental Health (NCCMH) 2012). In the UK, the incidence of self-harm has increased over the past 20 years and is thought to be highest in Europe in people under 25 years (Hawton et al 2012). However, the actual prevalence is unknown because self-harm behaviour is typically hidden by the person.

Nurses with a lack of mental health training care for patients who self-harm in emergency departments and acute medical settings. These nurses are ideally placed to engage patients who self-harm with healthcare services (McAllister et al 2002). People who self-harm present at healthcare services at a time of crisis, with the potential intention of suicide. It is, therefore, imperative that services for this vulnerable group of people are delivered with compassion and in a non-judgemental manner. This is an ethical issue in nursing practice, particularly as having a non-judgemental attitude is a core nursing value in The Code: Professional Standards of Practice and Behaviour for Nurses and Midwives (Nursing and Midwifery Council (NMC) 2015).

The reasons people self-harm are complex; there may be a link between self-harm and painful and negative experiences in childhood or adolescence, including abuse, loss or neglect (Gratz 2006). Furthermore, people with certain types of mental health disorder may be at increased risk of self-harm (NCCMH 2004). Self-harm can affect people of any age, culture or sociological background. Some people who self-harm suggest they do so as a survival mechanism, a way of expressing distress to preserve life, not to end it (Royal College of Psychiatrists 2010). However, research suggests that self-harm is a predictor for suicidal behaviour and death by suicide (Zahl and Hawton 2004). Consequently, suicide prevention strategies emphasise the importance of improving the quality of care and management of patients who self-harm (HM Government 2012).

The NCCMH (2004) guideline on self-harm emphasises the standards of care that people who self-harm should expect. However, people who self-harm may experience stigma and misunderstanding from society and research suggests that they are often subjected to hostility (Friedman et al 2006). A systematic review of
people’s attitudes towards clinical services following self-harm identified that negative experiences of care were exacerbated by suboptimal communication and negative attitudes of clinical staff, and a lack of staff knowledge of self-harm (Taylor et al 2009).

Some nurses report feeling helpless, frustrated and resentful towards patients who repeatedly self-harm and, as a result, they distance themselves from these individuals because they believe they are attention seeking, manipulative and cannot be helped. Repeated encounters with people who self-harm can lead to antipathy and malignant alienation (Patterson et al 2007a).

This article presents a literature review exploring the factors affecting nurses’ attitudes towards patients hospitalised for self-harm, and informs the practice requirements of nurses working with these individuals to ensure that practice is based on the best available evidence (NMC 2015).

**Literature search**

A review of the literature was undertaken by searching the Cumulative Index to Nursing and Allied Health Literature (CINAHL), PsycINFO and Medline databases, using the inclusion and exclusion criteria in Box 1. The search terms ‘nurse’ and ‘attitude’ or ‘perception’ or ‘view’ and ‘self-harm’, ‘self-inflict’, ‘self-injure’, ‘self-mutilate’, ‘self-cut’, ‘self-lacerate’, ‘self-poison’, ‘parasuicide’ were used. These terms were searched on all databases in combination with truncation (*) to capture variations of words and Boolean operators ‘AND’ and ‘OR’ to ensure a comprehensive search that was both sensitive and specific to the topic (Bettany-Saltikov 2012).

The tool developed by Hawker et al (2002) to enable appraisal of qualitative and quantitative research was used to critically analyse the research articles identified by the literature search. This analysis was used to objectively determine the quality of the studies’ findings and to consider their relevance to practice, research and education. The titles and abstracts of the articles identified from the literature search were read and reviewed against the inclusion criteria to determine if they were suitable to include in the literature review.

**Findings**

Ten articles that met the inclusion criteria were identified in the literature search, and these are summarised in Table 1. A thematic analysis revealed two main themes and related subthemes as factors affecting nurses’ attitudes towards patients hospitalised for self-harm. These are:

- Personal values and beliefs.
- Length of experience.
- Context of care.
- Influence of patient behaviours.

**Lack of education and training**

Patients who self-harm report a lack of knowledge of clinical staff and suboptimal communication as factors affecting the quality of care provided (Taylor et al 2009). In nine of the ten articles reviewed, a lack of education and training was identified as a central theme affecting nurses’ attitudes towards patients who self-harm.

Anderson et al (2003) used an in-depth and flexible questioning approach to conduct semi-structured interviews with 45 doctors and nurses working with young people who self-harm (Gerrish and Lacey 2010). They reported that nurses lack the specialist skills required to communicate effectively with young people who engage in suicidal behaviour. This leads to feelings of inadequacy and frustration in practice. Gibb et al (2010) and Conlon and O’Tuathail (2012) concurred, finding that healthcare staff do not feel confident working with patients who self-harm. Suggestions for improvement included training and effective communication.

Martin and Chapman (2014) found that nurses lack the confidence and skills to manage patients who self-poison, identifying the need for education and training. Training was associated with an increase in the perceived ability of nurses to effectively care for patients who were admitted to emergency departments after self-poisoning.

**BOX 1**

Inclusion and exclusion criteria for the literature review

**Inclusion criteria:**
- English language.
- Full text, peer-reviewed research articles.
- The attitudes of nurses working in hospital settings, including accident and emergency, medical, surgical, and mental health settings, towards self-harm.
- Studies in which nurses’ attitudes were distinguishable from other professions or nurses made up the majority of the sample (>70%).
- Nurses’ attitudes towards adults or adolescents who self-harm.
- Published between 2003 and 2015.

**Exclusion criteria:**
- Not English language.
- Not peer reviewed.
- The attitudes of nurses working in community settings, secure facilities or prisons towards self-harm.
- Studies in which nurses’ attitudes were indistinguishable from other professions made up the majority of the sample.
- Nurses attitudes towards those under 16 years who self-harm or self-harm in specific populations, for example offenders or people with learning disabilities.
- Published before 2003.
<table>
<thead>
<tr>
<th>Reference</th>
<th>Research question or aim</th>
<th>Research design</th>
<th>Sample</th>
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<tbody>
<tr>
<td>Anderson et al (2003)</td>
<td>To examine nurses’ and doctors’ views of young people who engage in suicidal behaviour.</td>
<td>Qualitative, grounded theory approach.</td>
<td>45 nurses and doctors working in emergency departments, paediatric medicine, and child and adolescent mental health were interviewed.</td>
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<td>Conlon and O’Tuathail (2012)</td>
<td>To measure the attitudes of nurses working in the emergency department towards patients who deliberately self-harm.</td>
<td>Quantitative, non-experimental descriptive survey approach.</td>
<td>A simple random sample of 100 nurses was taken from a sampling frame of 168 emergency department nurses working in four chosen hospital sites. 87 (87%) nurses completed the questionnaire.</td>
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<td>Egan et al (2012)</td>
<td>To examine predictors of perceived personal effectiveness in dealing with patients who self-harm, influenced by Bandura’s (1995) social cognitive theory. The authors hypothesise that knowledge of self-harm and suicidal behaviour and confidence in dealing with patients who self-harm will predict perceived personal effectiveness.</td>
<td>Quantitative survey approach.</td>
<td>277 staff from five emergency departments in Ireland were invited to take part in the study. 125 professionals completed the questionnaire; 97 (78%) nurses and 28 (22%) doctors.</td>
</tr>
<tr>
<td>Gibb et al (2010)</td>
<td>To examine healthcare staff attitudes towards patients who self-harm.</td>
<td>Quantitative, survey approach.</td>
<td>Medical and mental health staff working at two hospitals in Christchurch, New Zealand, were invited to participate. 303 questionnaires were distributed, and 395 were completed by 47 doctors, 103 medical nurses and 45 psychiatric nurses.</td>
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<td>Mackay and Barrowclough (2005)</td>
<td>To test the hypothesis that when the precipitants of self-harm were attributed to controllable, internal and stable patient factors, staff would display increasingly negative attitudes, less optimism and less willingness to help the patient. The study applied Weiner’s (1980) model of helping behaviour.</td>
<td>Experimental design.</td>
<td>Nursing staff and junior doctors from four emergency departments in the Greater Manchester region were invited to take part. 180 questionnaires were distributed, 89 were returned by 59 (66%) nurses and 30 (34%) medical staff.</td>
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<tr>
<td>Martin and Chapman (2014)</td>
<td>To determine the attitude of nursing and medical staff toward patients presenting at hospital with deliberate self-poisoning.</td>
<td>Mixed method (qualitative and quantitative) survey approach.</td>
<td>All nursing (247) and medical (163) staff in three emergency departments in Melbourne, Australia, were invited to participate. 186 surveys were returned by 133 (72%) nurses and 53 (28%) medical staff.</td>
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<tr>
<td>McCann et al (2006)</td>
<td>To investigate the attitude of nurses working in the emergency department towards patients who self-harm.</td>
<td>Quantitative, survey approach.</td>
<td>43 nurses from an emergency department in one major city hospital in Australia attending an educational intervention about deliberate self-harm completed the questionnaire.</td>
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<tr>
<td>McCarthy and Gibjels (2010)</td>
<td>To examine the attitudes of nurses working in the emergency department towards individuals presenting with deliberate self-harm, including the relationship between attitudes and factors such as nurse age, academic achievement, length of experience and self-harm education.</td>
<td>Quantitative, descriptive and correlational survey design.</td>
<td>Nurses working in a level 1 trauma centre of one large teaching hospital in Ireland were invited to participate in the study by email, and notices were posted in the emergency department. Out of 80 nurses who were invited to participate, 71 (89%) returned the questionnaire.</td>
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<tr>
<td>Perboell et al (2015)</td>
<td>To examine emergency nurses’ attitudes towards people hospitalised after acetaminophen poisoning, including the associations between attitudes and factors such as age, gender and education.</td>
<td>Quantitative, cross-sectional survey approach.</td>
<td>254 nurses from seven emergency departments in the capital region of Denmark were asked to complete the questionnaire. 122 (48%) nurses completed the questionnaire.</td>
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<tr>
<td>Wilstrand et al (2007)</td>
<td>To answer: what are nurses’ descriptions of experiences of caring for psychiatric patients who self-harm?</td>
<td>Qualitative, descriptive design.</td>
<td>Nurses in four acute psychiatric wards in Sweden were invited to participate. Six psychiatric nurses gave consent; two general nurses and four psychiatric nurses.</td>
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Martin and Chapman (2014) conducted a mixed method study, which included two open-ended questions in a survey to enable an in-depth response, and achieved a 45% response rate. A limitation of the survey approach is that self-reported responses can be unreliable, with participants providing responses they believe to be socially acceptable. However, the anonymity provided by the approach could prompt truthful responses (Nieswiadomy 2014).

Wilstrand et al (2007) conducted narrative interviews focusing on the individual experiences of six nurses working in a mental health setting. These nurses suggested that they lack understanding about how to care appropriately for patients who self-harm and feel fearful, uncertain and powerless in practice (Wilstrand et al 2007).

Egan et al (2012) found that the more knowledge and confidence the nurse had in dealing with self-harm and suicidal behaviour, the greater their perceived personal effectiveness when working with patients who self-harm. This knowledge reduced nurses’ negative attitudes towards these service users. Similarly, Perboell et al (2015) found that nurses working in emergency departments who had received self-harm education displayed positive and empathetic attitudes towards, and increased self-efficacy to manage, these patients. Gibb et al (2010) found that mental health nurses had a greater perception of their ability to help patients who self-harm compared with nurses working in the emergency setting. This could be a result of their mental health training in which therapeutic relationships are prioritised (Wilstrand et al 2007).

A development in practice in the UK is the commissioning of liaison mental health teams to be based in emergency departments (Joint Commissioning Panel for Mental Health 2012). Liaison mental health teams provide rapid assessment of a person with mental health care needs by various healthcare professionals, including consultant psychiatrists, mental health nurses and psychologists. This service provides a holistic approach for patients in crisis, improving access to mental health services and follow-up care (Aitken et al 2014). However, there is a degree of variation in provision of this service, with some hospitals not providing this service (Care Quality Commission 2015).

McCann et al (2006) distributed self-reported questionnaires to 43 nurses attending an educational intervention on self-harm. They found that attendance at self-harm education sessions was associated with the development and reinforcement of positive attitudes towards patients who self-harm. The majority of nurses in the study had not received any educational preparation to care for patients who self-harm, and many were unaware of the practice guidelines available for self-harm in their department (McCann et al 2006).

Similarly, McCarthy and Gijbels (2010) found that nurses who received self-harm education displayed positive and empathetic attitudes towards individuals who self-harm. These findings are supported by Patterson et al (2007a) and McAllister et al (2009) who reported that self-harm education reduces antipathy towards patients who have self-harmed, improves nurses’ knowledge and understanding of the assessment and management of these patients, and helps nurses to develop self-belief in their capacity to positively influence patients’ health.

Personal values and beliefs Anderson et al (2003) and Conlon and O’Tuathail (2012) identified that nurses judge suicidal behaviour as morally wrong, with judgement expressed in practice as negative attitudes. Preserving life is seen as a central principle in nurses’ and doctors’ work, which conflicts with the act of self-harm. Negative attitudes also related to the nurses’ perceptions of the patient’s control of self-harm behaviours. Mackay and Barrowclough (2005) used an experimental design to test this hypothesis. They found that where nurses perceived the act of self-harm to be caused by a factor potentially controllable by the patient, increased levels of negativity were shown. These findings are consistent with Weiner’s (1980) attributional model of helping behaviour, in which judgements are made about whether the cause of behaviour is under the person’s control.

Martin and Chapman (2014) found that nurses were empathetic towards individuals who attempted suicide; however, they held negative views about patients for whom they believed this behaviour to be attention seeking. Similarly, Conlon and O’Tuathail (2012) found that nurses made judgements about the genuineness of patients’ self-harming behaviours. Regardless of the reason a patient attends hospital after self-harming, they need help because individuals who self-harm are at increased risk of suicide (Cooper et al 2005).

Length of experience Length of experience in practice was found to influence nurses’ attitudes towards people who self-harm. Older nurses with more experience have more supportive attitudes towards patients who self-harm compared with younger nurses (McCann et al 2006, McCarthy and Gijbels 2010, Conlon and O’Tuathail 2012, Perboell et al 2015). The more experience a nurse has, the more likely they are to develop a positive attitude. Perboell et al (2015) identified that older
nurses working in the emergency department have increased confidence in their ability to effectively care for patients following self-poisoning.

Similarly, McCarthy and Gijbels (2010) found that nurses aged 21-30 years with less experience lacked positivity with regard to their ability to care effectively for patients who self-harm. These studies suggest that nurses require education and training to equip them with the knowledge and skills to effectively care for patients who self-harm, and this, in turn, will improve their attitudes towards these individuals.

**Context of care**

The context in which care is delivered influences nurses’ attitudes towards patients hospitalised for self-harm. Anderson et al (2003), Conlon and O’Tuathail (2012) and Martin and Chapman (2014) found that nurses are frustrated as the emergency department is not conducive to treating patients who have self-harmed. Nurses identified that the busy nature of this environment, and the lack of time, privacy and resources prevent the development of therapeutic relationships.

Emergency departments continue to have targets to see patients within four hours (NHS 2013). The busy nature of this environment, understaffing and time constraints may result in nurses not identifying and addressing the reasons for patients’ self-harming behaviour. This could potentially lead to repeated admissions at a time when emergency departments are already under pressure.

Gibb et al (2010) reported that nurses felt the treatments and interventions they had to offer were insubstantial, recognising this as a difficulty in working with patients who self-harm. In Anderson et al's (2003) study, nurses were frustrated that they were unable to treat self-harm as if it is a physical illness, whereas McCann et al (2006) found that nurses felt that patients who self-harm require specialist treatment, which the emergency department is unable to provide. This is a concern, given that emergency departments provide the main service for people who self-harm (NCCMH 2004).

Nurses working in mental health settings also identified time pressures as problematic when providing care to people who self-harm (Wilstrand et al 2007, Gibb et al 2010). Nurses feel overwhelmed having to balance responsibility and burden in the mental health setting (Wilstrand et al 2007). Some nurses have to be on their guard at all times with constant awareness of the risk that self-harm behaviour could be fatal. Wilstrand et al (2007) found that nurses feel unsupported by colleagues and management, resulting in negative feelings towards patients. Better ways to care for patients who self-harm were identified, such as appropriately trained staff specifically caring for these patients in smaller units, thus emphasising the need for sufficient time to engage with these individuals (Wilstrand et al 2007).

**Influence of patient behaviours**

Patients’ behaviour affects nurses’ attitudes towards them. Nurses may experience feelings of frustration and powerlessness when patients repeatedly present to services having self-harmed (Wilstrand et al 2007, Gibb et al 2010, Conlon and O’Tuathail 2012, Martin and Chapman 2014). Nurses were less optimistic about whether the patient could be helped when faced with repeated self-harm behaviour and this decline in optimism led to a decline in helping behaviour (Mackay and Barrowclough 2005). When patients who self-harm repeatedly present to services, nurses feel incompetent, displaying increased negativity towards this patient group (Patterson et al 2007b). In addition, providing care for patients who exhibit manipulative behaviours can be challenging (Wilstrand et al 2007, Gibb et al 2010).

These findings suggest that the context in which care is delivered, often affected by lack of time, privacy and resources, leads to feelings of frustration and negativity from nurses when caring for this patient group. Furthermore, the patients’ behaviours, including repeated presentations at services having self-harmed, challenge the nurses’ ability to cope, which in turn affects their confidence in their abilities.

**Discussion**

Nurses’ behaviour and their attitudes towards patients who self-harm are important in ethical and professional nursing practice (NMC 2015). Patients who self-harm should be treated in the same way as any other patients. The report Right Here, Right Now: People’s Experiences of Help, Care and Support During a Mental Health Crisis (Care Quality Commission 2015) identifies the need to improve the quality of care patients who self-harm receive in the hospital setting.

This literature review describes the difficulties nurses face when caring for patients who self-harm in the hospital setting, and how this influences their attitudes and behaviour. Nurses commonly identify that a lack of education and training, and the busy nature of the working environment affect the provision of care, and that repeated admissions of patients who have self-harmed affect their attitudes. However, nurses must ensure that all patients are treated with dignity and respect, thus upholding the high standards of care outlined in The Code (NMC 2015).
Although a lack of education and training, and the context in which care is delivered affect nurses’ attitudes towards people who self-harm, the findings from this literature review should be considered in the light of several potential limitations. Each of the articles used different research methodologies. The disparate nature of the literature is identified as a limitation when developing an evidence base beyond general themes (Nieswiadomy 2014). Furthermore, international articles were included, which might affect generalisability of findings to the UK. While recognising these limitations, the findings from this review are applicable to the wider population of nurses who care for patients who self-harm, since the evidence from each article reached similar conclusions.

The need for training and education to improve nurses’ knowledge and confidence when caring for patients who self-harm was identified (Mackay and Barrowclough 2005, McCann et al 2006, Wilstrand et al 2007, Gibb et al 2010, McCarthy and Gijbels 2010, Conlon and O’Tuathail 2012, Egan et al 2012, Martin and Chapman 2014, Perboell et al 2015). Nurse training and education should incorporate effective communication skills (Conlon and O’Tuathail 2012). In addition, support for nurses is essential because they often encounter distressing situations in practice when caring for patients who self-harm (Wilstrand et al 2007). Staff access to mental health training, mental health liaison teams in acute trusts and managerial support is recommended (HM Government 2014).

NHS England has taken over development of the guidelines for safe nurse staffing levels from the National Institute for Health and Care Excellence (2015). However, this action has been criticised by patient safety groups, nurse leaders and Sir Robert Francis (Campbell 2015). The concern is that lower standards will be introduced, in terms of the number of nurses required, or that guidelines on safe staffing levels will be abandoned altogether, with a detrimental effect on the care delivered to vulnerable patient groups.

**Recommendations**

Several recommendations are proposed to improve practice for nurses who provide care for patients hospitalised for self-harm, promoting the provision of holistic, person-centred care. Nurses working in areas that frequently admit patients who self-harm require ongoing post-registration education and training on self-harm. This will enable nurses to continuously update their knowledge and skills regarding best practice when caring for patients who self-harm. Training should address nurses’ knowledge, understanding, attitudes and behaviours, and include effective risk assessment and management of patients who self-harm that takes into account individual need. Education should incorporate communication and interpersonal skills, which will enable nurses to discuss the sensitive issue of self-harm with patients and assist in the development of therapeutic relationships.

Management in settings in which patients who self-harm are cared for should provide support by ensuring that safe staffing levels are achieved and that nurses are supervised and have the opportunity to debrief following distressing situations. Specialist liaison mental health teams, including mental health nurses with specialist knowledge, should be commissioned in all emergency departments so that thorough assessments are conducted and referrals and follow-up care are provided. This will ensure the provision of individualised, person-centred care for patients who self-harm. The presence of mental health nurses in emergency departments would promote learning among nurses, enabling them to develop their knowledge and skills and providing them with support. This could help to reduce the number of patients with self-harm presenting repeatedly.

Further research on the educational intervention that is most effective in improving the attitudes of nursing staff towards patients who self-harm would be valuable.

**Conclusion**

Nurses require education and training to care effectively for patients hospitalised for self-harm. Emergency departments would benefit from the provision of liaison mental health teams that have specialist knowledge and expertise in caring for patients who self-harm, ensuring individualised care plans are put in place, including follow-up care, and that nurses receive appropriate support.

It is imperative that nurses are sensitive to the needs of patients who self-harm and who attend healthcare services at a time of crisis. Nurses are the initial point of contact for patients who self-harm, and consequently they have an important role in developing a plan of care. Therefore, it is crucial that nurses are supported in practice to develop their knowledge and skills to provide patients who self-harm with effective and appropriate care.

**Acknowledgement**

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