Nurses' attitudes towards self-harm: a literature review

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Accessible summary

- People who self-harm experience many problems and needs related to management of emotional and practical stress. A positive attitude among nurses is especially important given the close contact they have with people who self-harm.
- This article is based on a review of the literature. It includes articles that concern both general and mental health nurses who work in various healthcare settings (e.g. acute inpatients wards, community mental health, emergency departments and medical admission units).
- The literature shows that negative attitudes towards self-harm are common among nurses. It remains unclear how nurses' age, work experience and gender influence their attitudes. The setting in which nurses work appears to influence their attitude, as does their level of qualification. For example, mental health nurses appear to have more positive attitudes than general nurses.
- Nurses' attitudes can be improved with the help of education comprising reflective and interactive elements. Supervision and support from colleagues appear to be especially important for mental health nurses.

Abstract

Self-harm is a growing health problem. Nurses in a variety of healthcare settings play a central role in the care of people who self-harm. Their professional attitudes towards these people are essential for high-quality care. This review aims to develop insight into nurses' attitudes towards self-harm as they exist in contemporary nursing practice. A literature search was conducted in four databases, and a total of 15 relevant articles were found. This review indicates that negative attitudes towards self-harm are common among nurses. The influence of nurses' age, gender and work experience remains unclear. Healthcare setting and qualification level appear to be influencing factors. Education can have a positive influence on nurses' attitudes towards self-harm, especially when it includes reflective and interactive components. It is demonstrated in this review that a major change is needed regarding nurses' attitudes. To realize this change, nurses need to be trained and educated adequately concerning self-harm. They need time and resources to build a therapeutic relationship with people who harm themselves so they can offer high-quality care for this vulnerable group.

Introduction

Professionals from all healthcare settings come into contact with people who demonstrate self-harming behaviour. People engage in self-harming behaviour for a wide variety of reasons. To some people, it serves as a coping mechanism that enables them to deal with emotions, such as anxiety, depression or frustration (Nixon *et al.* 2002, Klonsky 2007). Others harm themselves in order to cope with a sense of alienation or dissociation, to punish themselves, or to reach out to others (Laye-Gindhu & Schonert-Reichl 2005, Schoppmann *et al.* 2007). People who self-harm often experience feelings of loneliness. Ultimately, they are much more likely to die from suicide (Dower *et al.* 2000, Hawton *et al.* 2003).

In recent years, there appears to have been an increase in both the incidence and gravity of self-harming behaviour in the general population (Gratz 2001, Ross & Heath 2002, Klonsky *et al.* 2003, McDonald 2006, Cleaver 2007). In an attempt to address this urgent matter, researchers have published numerous articles on the care of people with self-harming behaviour. Many assert that a positive attitude among health professionals contributes to the effectiveness of care (Rayner *et al.* 2005, McAllister *et al.* 2008, Hicks & Hinck 2009).

The emphasis on attitude is also present in literature on other forms of mental health behaviour, such as aggression, seclusion and substance abuse (Foster & Onyeukwu 2003, Jansen *et al.* 2005, Happell & Harrow 2010). Scholars consider that improved attitudes among health professionals towards mental health behaviour will serve to alter behaviour positively.

In the mental health profession, positive attitudes among professionals are especially important because mental health users often feel stigmatized by the society. Negative attitudes among health professionals can reinforce this stigma, further isolating these groups (Pinto-Foltz & Logsdon 2009). People who self-harm have stated that negative attitudes among health professionals can evoke negative emotional responses and cause them to view contact with healthcare as undesirable (Lindgren *et al.* 2004).

Recently, two literature reviews have been conducted on health professionals' attitudes towards self-harming behaviour (McHale & Felton 2010, Saunders *et al.* 2012). Both these reviews regarded the attitudes of health professionals in general, and they included a wide range of professional disciplines (e.g. doctors, nurses, psychiatrists, social workers, occupational therapists, paramedics and psychotherapists). Although most of the studies included in both reviews had nurses in their samples, a literature review focusing specifically on nurses has not yet been conducted. The need for such a review is related to the position that nurses have in the care for people who self-harm. Nurses are often the first line of contact for these people (Clarke & Whittaker 1998). Their role is characterized by therapeutic responsiveness (Chambers 1997). Presumably, the primary reactions of nurses in contacts with those who self-harm are partly based on nurses' attitudes towards self-harm (Pompili *et al.* 2005), and therefore positive attitudes are especially important when treating self-harming behaviours. Providing insight into the specific characteristics of nurses' attitudes allows for a more specific approach to nursing interventions and can direct self-harm policy in the field of nursing care.

Another issue with regard to the existing literature concerning attitudes towards self-harm is the type of self-harm it covers. Both of the previously mentioned literature reviews (McHale & Felton 2010, Saunders *et al.* 2012) included studies on professional attitudes towards self-harm regardless of the intent behind it. Therefore, the reviews included studies on staff's attitudes towards self-harm with and without suicidal intent. This is in line with researchers who argue that a distinction between self-harm with and without suicidal intent is not appropriate. They argue that it is unclear how suicidal intent should be determined and by whom, and they fear that separating these behaviours will cause health professionals to overlook the fact that people who self-harm are more likely to die from suicide (Kapur *et al.* 2013).

However, there is a growing body of evidence supporting the distinction between self-harm with and without suicidal intent (Holdsworth *et al.* 2001, Jacobson *et al.* 2008, Plener *et al.* 2009, Brent 2011, Wilkinson *et al.* 2011, Muehlenkamp *et al.* 2012). Self-harm without suicidal intent often serves as a coping mechanism that expresses a strong will to live (Klonsky 2007), clearly differentiating it from suicide. Differentiating between these two forms of self-harming behaviour could lead to more specific care interventions for these behaviours (Butler & Malone 2013).

Furthermore, health professionals' attitudes towards suicide appear to be more positive than to self-harm without suicidal intent (McLaughlin 1995, Sidley & Renton 1996). According to Pompili *et al.* (2005), who conducted a review on professional attitudes towards suicide, there was a slow but constant destigmatization of suicide, and more often people felt comfortable in discussing it openly. The question remains whether this is the case with self-harm without suicidal intent.

This review aims to improve the insight into nurses' attitudes towards self-harm as they exist in contemporary nursing practice. For the purpose of this study, self-harm is defined as 'the deliberate destruction of body tissue *without*

conscious intent of suicide' (Fontaine 2003, p. 221). Three research questions are central in this review. The first question addressed the nature of nurses' attitudes towards self-harm: (1) What attitudes towards self-harm exist among nurses?

Second, it is important to know what factors influence these attitudes in order to make it possible either to change negative attitudes into more positive ones by means of targeted intervention strategies, or to reinforce and maintain existing positive attitudes. To identify these influencing factors, the second research question was formulated: (2) What factors influence nurses' attitudes towards self-harm?

A third research question focuses on the influence of education on nurses' attitudes towards self-harm. This is relevant to guide the future education of nurses working with people who self-harm. The third question of this review was: (3) How does education influence nurses' attitudes towards self-harm?

Method

A literature search was conducted in PubMed, PsycInfo, Cochrane and Cinahl using the search terms 'self-injurious behaviour', 'self-mutilation', 'self-harm', 'nurs*' and 'attitudes'. The reference lists of the selected articles were examined for relevant additional articles (cross-references). The search was conducted in November 2012. The exact search strategy per database can be obtained by contacting the first author. Qualitative and quantitative articles were selected written in English or Dutch that covered both the attitudes of psychiatric and general nurses from all fields of healthcare. Articles were included if they covered nurses' attitudes to self-harm in general, as well as nurses' attitudes to people with self-harming behaviours. The search was not limited to a specific setting because of the variety of settings in which nurses encounter people with self-harming behaviours. Articles reporting on cultural self-harming behaviour were excluded, given the different intention behind the self-harming behaviour and the fact that these people generally do not suffer from severe psychopathology (McAllister 2003). Articles concerning self-harm in people with intellectual disabilities were also excluded due to the fact that this is an entirely different population with a unique type of and function of self-harming behaviour (Favazza & Rosenthal 1993). Studies in which instruments were used that measure attitudes towards suicide, suicidal behaviour, suicide attempts or suicide prevention were excluded, as were studies that focused simultaneously on nurses and other health professionals alike (e.g. doctors, specialists). Articles published before 1990 were also excluded in order to ensure that the review represented the contemporary field of nursing research.

The first author and an independent researcher made the first selection of articles based on title and abstract. In cases of doubt, the researchers discussed the relevance of the articles for this review until agreement was reached. The first author carried out the second selection after reading the full-text articles (see Fig. 1). During this selection round, articles were excluded when inspection of the full articles revealed that the studies did not address the research questions proposed in this review. Because of the nature of the research questions and the content of the reviewed studies, the findings were not synthesized statistically. Instead, in order to make sense of the reviewed evidence, the findings were arranged in a table that also illustrated the features of the studies (see Table 1.). Furthermore, the findings were synthesized in accordance with the three research questions. Findings from the studies that concerned positive and negative attitudes among nurses towards people who self-harm were grouped separately. Findings that addressed influencing factors to these attitudes were also grouped together, as were findings that regarded the influence of education.

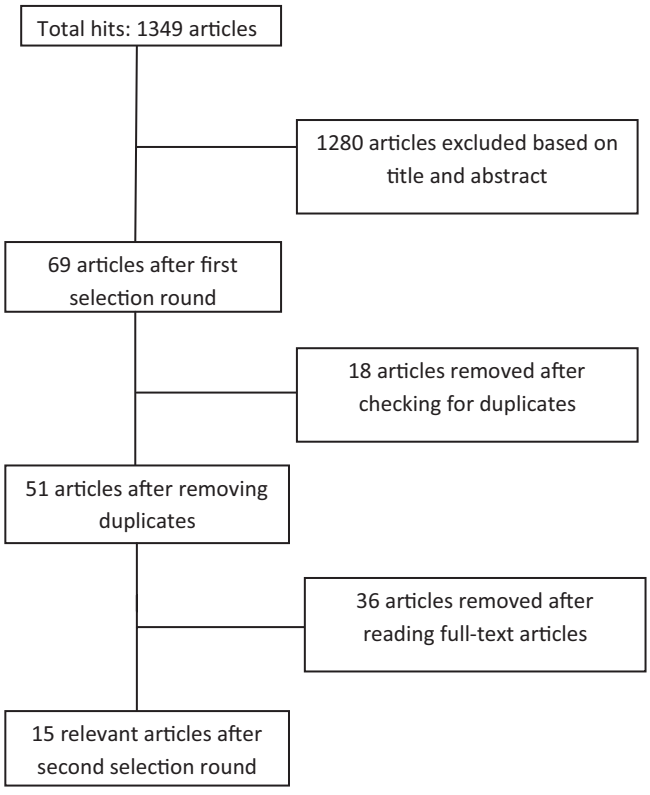

Figure 1
Selection of articles

Table 1
Included articles

Author(s)	Design/approach	Participants	Setting	Instruments used to measure attitudes or influencing factors	Relevant findings
Conlon & O'Tuathail (2012)	Cross-sectional design	87 general nurses	Emergency department	Self-Harm Antipathy Scale (SHAS, Patterson *et al*. 2007b)	- Age was significantly correlated with attitude. Years of nursing registration and length of working with self-harm patients were related to attitude. - Respondents focused largely on patients' physical needs instead of psychological needs. - Respondents felt inadequately trained to care for self-harm patients and experienced a lack of time and support from colleagues to work. - Feelings of powerlessness and frustration were reported. SH patients were ignored and marginalized by nurses.
McCarthy & Gijbels (2010)	Quantitative descriptive and correlational design	68 emergency department nurses	Emergency department	Attitude towards Deliberate Self-Harm Questionnaire (ADSHQ), developed by McAllister *et al*. (2002)	- Respondents held positive attitudes towards individuals presenting with deliberate self-harm. - Gender and emergency department experience did not correlate with attitude. - Nurses with a (postgraduate) diploma had more positive attitudes. - More empathic attitudes because of education.
Wheatley & Austin-Payne (2009)	Cross-sectional design	76 nurses	Adolescent and adult secure inpatient setting	Modified versions of the knowledge and attitudes questionnaires developed by Crawford *et al*. (2003)	- Respondents reported feeling reasonably effective in managing deliberate self-harm. - Female staff reported slightly lower effectiveness, negativity and worry towards deliberate self-harm than male staff. - Qualified staff reported higher effectiveness, lower negativity and lower worry towards deliberate self-harm than unqualified staff.
McAllister *et al*. (2009)	Mixed-methods design	28 emergency nurses	Emergency departments	Survey instruments (not specified in the article), interviews and a think-aloud procedure	- The intervention (an interactive lecture and discussion) had a positive effect on reasoning and intended behaviour among the participants. Participants also reported an increased understanding of self-harming behaviour after the intervention. - The intervention led to the development of new and more effective nursing skills for helping self-harm patients.
Dickinson *et al*. (2009)	Mixed-methods design	60 registered nurses and nursing aides	Forensic units and a young offenders institute	Self-Harm Antipathy Scale (Patterson *et al*. 2007b)	- Of the respondents, 22% expressed empathy or sympathy for self-harming clients in their care, as opposed to 23% expressing antipathy towards them. - A majority of the respondents (75%) felt insufficiently educated. - Attitudes improved if respondents received education regarding self-harm. - The longer respondents cared for self-harm patients, the more antipathy they expressed towards them.
Cooke & James (2009)	Mixed-methods design	21 secondary school nurses	Secondary school setting	A 10-min questionnaire developed by the authors and semi-structured interviews	- Eight out of nine participants felt that school nurses needed self-harm training. - The participants felt frustrated and said they were too focused on the psychical manifestation of self-harm. - Resource constrains and feeling underskilled led to discomfort and uncertainty among nurses. - The respondents expressed a need for training focused on practical approaches and theoretical knowledge.
Thompson *et al*. (2008)	A phenomenological approach	8 senior community psychiatric nurses	Community mental health	Semi-structured interviews	- Working with self-harm patients can be very anxiety-provoking, and nurses experienced a burdening sense of responsibility towards them. - A lack of time and support by other agencies had a negative impact on the care nurses delivered. - The respondents experienced irritation, anger, distress, shock and disgust when working with self-harm patients. However, it was also very rewarding for some nurses. - The respondents felt insufficiently educated to work with self-harm patients. - Support from colleagues, supervision and informal support were important.
Wilstrand *et al*. (2007)	A qualitative descriptive design	6 nurses	Acute psychiatric wards	Narrative interviews	- The respondents described understanding, engagement, hopefulness and the possibility to be helpful when working with patient who self-harm. - Nurses also experienced uncertainty, fear, powerlessness, frustration and anger when caring for patients who harm themselves. - Respondents felt abandoned by co-workers and management when dealing with self-harm. This lack of support led to feelings of separation. - Nurses need conformation by co-workers and management, supervision, education, and sufficient psychical, financial and staff resources in order to care for patients in a satisfying way.

Patterson *et al*. (2007a)	A two-group before and after, quasi-experimental design	91 qualified healthcare professionals (mostly mental health nurses)	Mental health setting	Self-Harm Antipathy Scale (SHAS, Patterson *et al*. 2007b)	- The educational intervention resulted in decreased antipathy scores towards deliberate self-harm among the respondents.
Patterson *et al*. (2007b)	Cross-sectional	153 nurses (mostly mental health nurses, but also general nurses and some social workers)	Several settings, e.g. mental health, and accident and emergency departments	Self-Harm Antipathy Scale (SHAS, Patterson *et al*. 2007b)	- General nurses reported significantly higher antipathy towards deliberate self-harm than mental health nurses. - Respondents who had previously studied approaches to self-harm reported significantly lower antipathy than those who had not. - Respondents experienced a mixture of feelings, including incompetency, powerlessness, empathy and moral judgement.
O'Donovan & Gijbels (2006)	Qualitative study using content analyses	8 psychiatric nurses	Acute psychiatric admission units	In-depth semi-structured interviews	- The participants viewed working with people who self-harm as both challenging and frustrating. They expressed little satisfaction with their current nursing practice and believed that there was little they could do to improve their practice. - The participants felt that, because of the busy nature of their workplace and the lack of services and resources, they did not have enough time to engage in therapeutic care with individuals who self-harm.
Reece (2005)	Grounded theory approach	14 qualified nurses, 11 woman who have self-injured	Not described	Unstructured and initially open-ended interviews	- Nurses felt personally inadequate when working with self-harm female patients, and they showed hostile responses towards them. - All qualified nurses experienced a sense of helplessness when working with women who deliberately self-harmed.
Hopkins (2002)	Ethnographic approach	2 nurses (1 qualified, 1 unqualified)	Medical admissions units	Participants observation and semi-structured interviews	- Self-harm patients who were admitted to the unit several times caused frustration among the nurses. - The nurses perceived self-harm patients to reduce the flow of admission, causing them to experience a sense of failure and frustration. - Nurses felt a heavy burden of responsibility when self-harm patients are admitted to their unit. They also experienced sadness and anger. - Self-harm patients were sometimes avoided by the nurses. - The nurses felt inadequately trained and supervised.
McAllister *et al*. (2002)	Cross-sectional	352 nurses	Emergency departments	Attitudes towards Deliberate Self-Harm Scale (McAllister *et al*. 2002)	- The nurses had a generally negative attitude towards self-harm patients. - Years of nursing experience and attitudes were not correlated. - Years of experience in the emergency department correlated significantly with attitudes. - Nursing staff working in larger hospitals had more negative attitudes than those working in small hospitals.
Holdsworth *et al*. (2001)	Pretest posttest	13 nurses	Accident and emergency departments and medical admissions units	Two questionnaires not specifically measuring attitudes, both developed by the authors themselves	- The intervention (reflective workshops) resulted in an increase in knowledge and understanding of self-harming behaviour. - The intervention also led to a decrease in anxiety, irritation and helplessness, and increased confidence levels.

The selected articles were critically assessed with appropriate quality assessment tools, i.e. COREQ (Tong *et al.* 2007) for qualitative studies, STROBE (Von Elm *et al.* 2007) for observational studies and the EPHPP tool (Effective Public Health Practice Project 2004) for quantitative intervention studies.

Quality of the reviewed studies

Concerning the quality of the reviewed studies, a number of limitations can be identified. First, there were issues with the questionnaires used in the quantitative studies. The questionnaire used in the study of Holdsworth *et al.* (2001) was not validated. Also, it was unclear how Wheatley & Austin-Payne (2009) adjusted their questionnaire for their population. The questionnaire used in the study by Cooke & James (2009) was only tested for face validity, and McAllister *et al.* (2009) did not clearly describe the instrument used in their mixed-method study. However, validated instruments were used in most of the quantitative studies.

Second, none of the intervention studies included randomized samples, and therefore there might have been differences between the groups prior to the intervention. Also, the participants in the studies of Patterson *et al.* (2007a) and Holdsworth *et al.* (2001) consisted of only motivated nurses, possibly influencing the outcome of the study positively.

Finally, the reviewed qualitative studies all had relatively small samples. The article of Reece (2005) does not include a description of the healthcare setting of the participants, and therefore the transferability of the findings is limited. Nevertheless, the methodological orientations and study methods were described clearly in most of the qualitative studies.

Results

Fifteen relevant articles were found, seven of which concern quantitative studies and five concerning qualitative studies. The remaining three articles were based on both qualitative and quantitative research methods. Six of the reviewed articles included nurses working in various mental health settings, including acute psychiatric care, community mental health and adolescent psychiatric care. The remaining articles included nurses working in emergency departments, medical admission units, forensic units and secondary school settings. Detailed study characteristics and relevant findings of each study are presented in Table 1.

Attitudes towards self-harm

Positive attitudes

Six of the reviewed studies reported positive attitudes among nurses towards self-harm. Attitudes were measured with self-report questionnaires in three studies (Patterson *et al.* 2007b, McCarthy & Gijbels 2010, Conlon & O'Tuathail 2012). Two of these studies concerned Irish nurses working in emergency departments (McCarthy & Gijbels 2010, Conlon & O'Tuathail 2012). The other study included nurses working in various care settings (mental health, accident and emergency departments, and other general settings) (Patterson *et al.* 2007b).

The remaining three studies were conducted with a qualitative approach, and explored nurses' experiences and views concerning people who self-harm (O'Donovan & Gijbels 2006, Wilstrand *et al.* 2007, Thompson *et al.* 2008). All three studies took place in mental health settings (i.e. acute psychiatric wards and community mental health). These studies showed that nurses experienced a range of positive emotions when caring for patient who self-harm, such as understanding, engagement and hopefulness. The participating nurses found that working with these people can be very rewarding and that they did not judge them in any way.

Negative attitudes

Ten of the reviewed studies reported negative attitudes towards self-harm among the participating nurses. Half of these studies also reported positive attitudes among the participants, indicating that the participants from within the separate studies held contradicting views regarding self-harm.

Regarding nurses working in accident and emergency departments, McAllister *et al.* (2002) found generally negative attitudes among their sample of emergency nurses. Additionally, despite the overall positive self-reported attitudes of the nurses from the study by Conlon & O'Tuathail (2012), the participants experienced feelings of frustration and powerlessness when working with people who were admitted repeatedly after incidents of self-harm. Some participants felt that these people were manipulative and a waste of time.

The studies that focused on the field of mental health showed that nurses felt frustrated, powerless, uncertain and anxious when working with people who self-harm (O'Donovan & Gijbels 2006, Wilstrand *et al.* 2007, Thompson *et al.* 2008). The self-harming behaviour was perceived as unpredictable and shocking (Wilstrand *et al.* 2007). Mental health nurses had trouble showing empathy to people who self-harm (Thompson *et al.* 2008), and felt they had to shut 'off their feelings' and be 'emotionally cut off' (Wilstrand *et al.* 2007).

Negative attitudes were also found among nurses working in medical admission units (Hopkins 2002), secure environments for young offenders (Dickinson *et al.* 2009) and school settings (Cooke & James 2009). Nurses

in a medical admission unit felt frustrated, disgusted, angry and sad when caring for people who self-harmed, and they felt that these people were an impediment in the system and patient circulation owing to their complex needs (Hopkins 2002). The same study showed that nurses saw people who self-harm as less entitled to care compared with other service users (Hopkins 2002). School nurses stated that they were too focused on the physical manifestation of self-harm, and that they did not pay enough attention to the underlying causes of the self-harming behaviour (Cooke & James 2009). Nurses working in a secure setting labelled young offenders who self-harm as attention seekers and manipulators (Dickinson *et al*. 2009). Seventy-six per cent of these nurses ($n = 60$) viewed people who self-harm negatively and perceived them to compete with each other to get attention by harming themselves (Dickinson *et al*. 2009).

Patterson *et al*. (2007b) found a sense of powerlessness among nurses working in various fields of healthcare. The study showed that they experienced feelings of moral judgement when caring for people who harmed themselves. This moral judgement was also found by Reece (2005), who investigated qualified nurses' experiences with women who harmed themselves. These nurses felt a sense of blame towards woman who self-harm and showed them hostile responses.

Feelings of incompetence

The literature reviewed showed that nurses frequently felt inadequate and incompetent when caring for people with self-harming behaviour (Hopkins 2002, Reece 2005, Patterson *et al*. 2007b, Conlon & O'Tuathail 2012). Apparently, nurses perceived people who self-harm as difficult to manage and were not satisfied with the care they provided (O'Donovan & Gijbels 2006, Thompson *et al*. 2008). Hopkins (2002) found that nurses even avoided people who self-harm because they did not feel competent in caring for them. Nurses from various fields of healthcare (medical admission units, accident and emergency care, paediatric medicine, and mental healthcare) also expressed feelings of incompetence. In relation to these feelings of incompetence, nurses from mental health settings explicitly expressed a need for supervision and support from colleagues (Wilstrand *et al*. 2007, Thompson *et al*. 2008).

Influencing factors

Nurses' characteristics

Nurses' age was found to be related to their attitudes towards people who self-harm, although the research results are contradictory. Research by Conlon & O'Tuathail (2012) revealed that older nurses working in Irish accident and emergency departments adopted a more positive attitude towards people who self-harm than their younger colleagues. However, McCarthy & Gijbels (2010) found that emergency nurses between 41 and 50 years of age had more positive attitudes towards self-harm than their older colleagues between 51 and 60. In contrast with these findings, Patterson *et al*. (2007b) showed that age did not correlate significantly with the attitudes of nurses working in various settings, including accident and emergency departments.

Studies that addressed the relationship between work experience and nurses' attitudes towards self-harm also produced contradictory results. According to McAllister *et al*. (2002) and Wheatley & Austin-Payne (2009), no significant correlation existed between years of nursing experience and nurses' attitudes. Dickinson *et al*. (2009), however, found that attitudes became more negative the longer they worked with people who self-harm. As to accident and emergency nurses, McCarthy & Gijbels (2010) and Conlon & O'Tuathail (2012) found that nurses' attitudes became more positive as years of emergency department experience increased. However, once nurses had more than 16 years of experience in the emergency department, their attitudes became less positive again (McCarthy & Gijbels 2010). It should be noted, however, that these findings were non-significant trends. In contrast, McAllister *et al*. (2002) did not find a correlation between nurses' work experience in the emergency department and attitudes towards self-harm.

In several studies, gender was found to be related to nurses' attitudes towards self-harm. However, the findings concerning gender are also inconclusive. Female nurses working in an inpatient setting reported slightly lower effectiveness, more negativity and more anxiety than male nurses in their care for people who self-harm (Wheatley & Austin-Payne 2009). In contrast, Dickinson *et al*. (2009) showed that male staff working in secure environments had a more negative attitude towards self-harm than female staff. These findings could not be supported by McCarthy & Gijbels (2010). They found that gender had no significant effect on the attitudes of nurses working in mental healthcare and emergency departments.

Qualification level and healthcare setting

Several studies addressed the relationship between nurses' attitudes and their level of qualification. It appears that qualified nurses' attitudes were more positive than those of less qualified nurses (Wheatley & Austin-Payne 2009, McCarthy & Gijbels 2010). Particularly, positive attitudes were more common among nurses with a postgraduate diploma (McCarthy & Gijbels 2010).

The healthcare setting in which nurses worked also seemed to influence their attitudes towards self-harm. Nurses working in small hospitals or mental healthcare settings had a more positive attitude than those working in large hospitals or general healthcare (McAllister *et al.* 2002, Patterson *et al.* 2007b).

The influence of education

In the following paragraphs, the findings from studies reporting on the influence of education on nurses' attitudes towards self-harm are described. First, cross-sectional studies (i.e. retrospective findings on the influence of education) are addressed, followed by findings from intervention studies.

Cross-sectional studies

Three cross-sectional studies reported an association between self-harm education and nurses' attitudes. Dickinson *et al.* (2009) found that the attitudes of nurses working with young people in a secure environment were more positive when they had received education regarding self-harm in the past (e.g. short workshops, single study days, self-directed study). Supporting these results, Patterson *et al.* (2007b) found that nurses who had previously studied approaches to self-harm reported significantly less negative attitudes than those who had not. In contrast to the findings described above, McCarthy & Gijbels (2010) found no significant association between emergency nurses' attitudes and a past history of education regarding self-harm behaviour.

Intervention studies

The influence of education on nurses' attitudes towards self-harm was investigated in greater depth in three intervention studies (Holdsworth *et al.* 2001, Patterson *et al.* 2007a, McAllister *et al.* 2009). These studies all showed that educational interventions improved nurses' attitudes towards self-harm. The interventions consisted of a 2-h lecture and discussion (McAllister *et al.* 2009), a long-term course of 12 separate study days (Patterson *et al.* 2007a) and a series of five half-day workshops (Holdsworth *et al.* 2001). With regard to the content of the interventions, information was offered concerning practical issues, features of self-harming behaviours, interventions and risk assessment. The three educational interventions were all interactive in nature. In two of the studies, the participants were encouraged to reflect on their responses and feelings towards self-harm and practical issues concerning this behaviour (Holdsworth *et al.* 2001, Patterson *et al.* 2007a). With regard to the influence of the educational interventions, the studies indicated that the interventions served to improve nurses self-reported attitude scores by 20% (Patterson *et al.* 2007a), increase understanding of and practices for self-harming behaviours (Holdsworth *et al.* 2001, McAllister *et al.* 2009), and improve their self-confidence while also reducing feelings of anxiety, irritation and helplessness (Holdsworth *et al.* 2001).

Discussion

The aim of this review has been to develop insight into the attitudes of nurses towards self-harm and the factors that influence these attitudes. The results show that both positive and negative attitudes towards self-harm appear to exist among nurses. However, a substantial number of the reviewed articles reported negative attitudes. Nurses working in a variety of settings experienced irritation, frustration and even anger when working with people who self-harm. This is a major reason for concern about contemporary nursing practice concerning self-harming behaviours. Furthermore, there is reason to believe that nurses' attitudes are in fact more negative than the results of this review indicate, relating to the use of self-report questionnaires to measure nurses' attitudes in several studies featured in this review (see Table 1). The use of self-report questionnaires as a method of investigating attitudes is known to produce overly optimistic scores because negative attitudes are not in accordance with nurses' professional self-images and social expectations (Hopkins 2002, Patterson *et al.* 2007b).

When comparing the attitudes of mental health nurses with non-mental health nurses, both groups appear to experience feelings of frustration and inadequacy when working with people who self-harm. However, mental health expressed a greater need for supervision and support by co-workers and management (Wilstrand *et al.* 2007, Thompson *et al.* 2008). This could be caused by the fact that mental health nurses deal with self-harming behaviours more frequently and have more intensive contact with people who self-harm than nurses from other settings. Hence, the need may be greater to talk about their experiences and receive support from colleagues.

This review is the first to present an insight into the attitudes of nurses towards self-harm without suicidal intent. Interestingly, the findings from both reviews on health professionals' attitudes towards self-harm regardless of intent (McHale & Felton 2010, Saunders *et al.* 2012) largely correspond with the findings from the present review. Both these literature reviews also found mostly negative attitudes towards self-harm among health professionals. Feelings of frustration, inadequacy and helplessness were also reported repeatedly in these reviews. These corresponding findings appear to point to the assumption

that nurses' attitudes towards self-harm might not depend that strongly on the intent behind it. However, any definitive statements on this topic are beyond the scope of this review and need more specific investigation in future research.

The similarities between the findings of this review and those of McHale & Felton (2010) and Saunders *et al*. (2012) also raise the question whether nurses' attitudes to self-harm differ from those of other healthcare disciplines. This issue was addressed by Saunders *et al*. (2012). They found more negative attitudes among medical than nursing staff, and suggested that this might be related to gender differences, expectations of professional role and the fact that nurses have more time to build a therapeutic relationship with people who self-harm (Saunders *et al*. 2012).

Furthermore, the reviews of McHale & Felton (2010) and Saunders *et al*. (2012) both emphasized the need for change in healthcare practice. The present review supports this need for change. It indicates that negative attitudes are common among nurses from all healthcare settings, regardless of their age, gender and work experience. Nurses with a low qualification level, nurses working in large hospitals and nurses working in general healthcare appear to be especially at risk in taking a negative attitude towards people who self-harm (McAllister *et al*. 2002, Patterson *et al*. 2007b, Wheatley & Austin-Payne 2009, McCarthy & Gijbels 2010). Given the prevailing negative attitudes towards self-harming behaviours across all fields of healthcare, future educational efforts should be directed at nurses in all these different settings.

The findings of this literature review are supported by research on the perspectives of people who self-harm. Research reporting on the experiences of people with healthcare services stresses the importance of changed attitudes among health professionals, since those who self-harm perceive negative attitudes and a lack of understanding among nurses (Dennis *et al*. 1990, Arnold 1994, 1995, Barstow 1995, Ryan *et al*. 1998, Hemmings 1999, Mangnall & Yurkovich 2008).

Be that as it may, improving nurses' attitudes towards self-harm is not easy. It is a complex matter that might most successfully be resolved with a multifaceted approach. The literature reviewed indicates that this approach needs to focus on two main areas: self-harm education and the conditions of nursing practice.

Recommendations for self-harm education

The need for education is reported in a number of studies included in this review (Hopkins 2002, McAllister *et al*. 2002, Wilstrand *et al*. 2007, Thompson *et al*. 2008, Cooke & James 2009, Dickinson *et al*. 2009, McCarthy & Gijbels 2010, Conlon & O'Tuathail 2012), and the established positive link between education and attitudes (McAllister *et al*. 2002, Wheatley & Austin-Payne 2009) indicates that education is fundamental in changing nurses' attitudes towards self-harm. Future education concerning self-harm should contain reflective and interactive elements (Holdsworth *et al*. 2001, Patterson *et al*. 2007a, McAllister *et al*. 2009). If education is used to improve nurses' attitudes towards people with self-harming behaviour, we can expect the quality of nursing care to improve (Patterson *et al*. 2007b, Cooke & James 2009).

Recommendations for nursing practice

Literature indicates that lack of time and resources is common in nursing practice, and that this has a negative impact on the care that nurses provide to people who self-harm (O'Donovan & Gijbels 2006, Thompson *et al*. 2008, Cooke & James 2009, Conlon & O'Tuathail 2012). Addressing this issue by ensuring that nurses have the time and resources to work closely and supportively with people who self-harm might result in an increased understanding among nurses of what self-harm means from a patient perspective, thereby improving their attitudes towards this behaviour. Nurses should receive supervision, a structured and coordinated approach to treating self-harm, and support from colleagues and management (O'Donovan & Gijbels 2006, Wilstrand *et al*. 2007, Thompson *et al*. 2008), so that they can support and care for people who self-harm.

Limitations

This review has several limitations. Considering the small number of studies included and the methodological issues described, the findings should be treated with caution. This applies especially to the findings on the second and third research question, focusing on the factors that influence attitudes and the merits of educational interventions. Therefore, all comments made about this are preliminary and warrant further investigation in future research.

Recommendations for future research

This review suggests that future research into the effects of education on attitudes towards self-harm is needed. The number of studies on this topic is too small when considering the urgent and evident need for education reported in the literature. Furthermore, when considering the type of intervention studies included in this review, there is a need for randomized control trials and quasi-experimental trials that focus on the effect of self-harm

education on the attitudes of nurses. More empirical research using reliable and valid instruments into nurses' attitudes towards self-harm is required, since many existing studies have used self-developed or invalid questionnaires. This problem was already identified by McAllister *et al*. (2002) and Patterson *et al*. (2007b), and is confirmed by the findings of this review. Furthermore, the limited ability of self-report questionnaires to measure nurses' attitudes towards self-harm accurately indicates an urgent need for observational and patient-oriented research on this topic.

More research on the underlying factors of positive attitudes towards self-harm among nurses is needed. Examining these factors could make interventions that aim to improve attitudes more effective.

Finally, the reviewed articles were predominantly empirical in nature and did not address theory development on the topic of nurses' attitudes towards self-harm. Theory development can improve insight into this topic and provide a framework for future interventions.

Conclusion

Although nurses express hopefulness and empathy when working with people who self-harm, negative attitudes towards self-harm prevail among nurses in various fields of healthcare. They often feel incompetent and frustrated when providing care to people who self-harm. To improve these attitudes and reduce negative emotions, nurses need to receive interactive and reflective education about self-harm. Additionally, improving the conditions of nursing practice appears necessary to optimize care for people who self-harm.

This review provides insight into the matter of nurses' attitudes towards self-harm and contains valuable information for improving these attitudes.

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