



ATTITUDES OF HEALTH CARE WORKERS TOWARDS DELIBERATE SELF-HARM PATIENTS IN A TERTIARY CARE HOSPITAL IN SRI LANKA

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Introduction

Self-harm and self-injurious behaviours are largely overlooked and the rates are potentially as many times larger than the suicide rate. Attitude amongst HCWs towards these patients is important to address their health care needs and negative attitudes can have a negative impact on the care provided. There is a growing interest regarding attitudes of HCWs towards patients who deliberately self-harm.

Objective

To assess attitudes of health care workers (HCWs) towards patients presenting after committing deliberate self-harm to the North Colombo Teaching Hospital (CNTH), and any inter professional differences and factors associated with these attitudes.

Method

- ❖ **Study design** : Descriptive cross sectional study
- ❖ **Study setting**: Medical and surgery casualty wards of CNTH
- ❖ **Study period** : November 2019- December 2019
- ❖ **Study population** : HCWs at the CNTH dealing with patients with deliberate self-harm
- ❖ **Sample size** : 384
- ❖ **Sampling technique** : Stratified sampling
- ❖ **Study instrument** : Self-administered questionnaire
- ❖ **Data analysis**: Medical software package for statistical analysis

Results

1. Inter professional difference

Profession	n	Mean	SD
Doctors	100	44.46	3.9374
Nurses	184	40.07	2.8999
Attendants	100	39.92	5.1142

Doctors were found to have a significantly better attitude than nurses (95% CI=-5.1974 to -3.5826, DF=282, t=-10.703, P<0.0001) as well as attendants (95% CI=-5.8128 to -3.2672, DF=198, t=-7.034, P<0.0001) towards patients with deliberate self-harm.

2. Factors associated with attitudes

2.1 Religion

Religion	n	Mean	SD
Buddhist	349	38.86	2.9623
Catholic	31	38.41	3.5286
Islam	2	-	-
Hindu	1	-	-

There were only 1 participant representing Hindu and 2 participant representing Islam among our research population therefore. A meaningful interpretation could not be drawn with regard to these religions. However when comparing Buddhists to Catholics in the study population there was no statistical significance in their attitudes towards deliberate self harm patients as far as religions are concerned (95% CI=-1.5596 to 0.6596, DF = 378, t = 0.797, p = 0.4257)

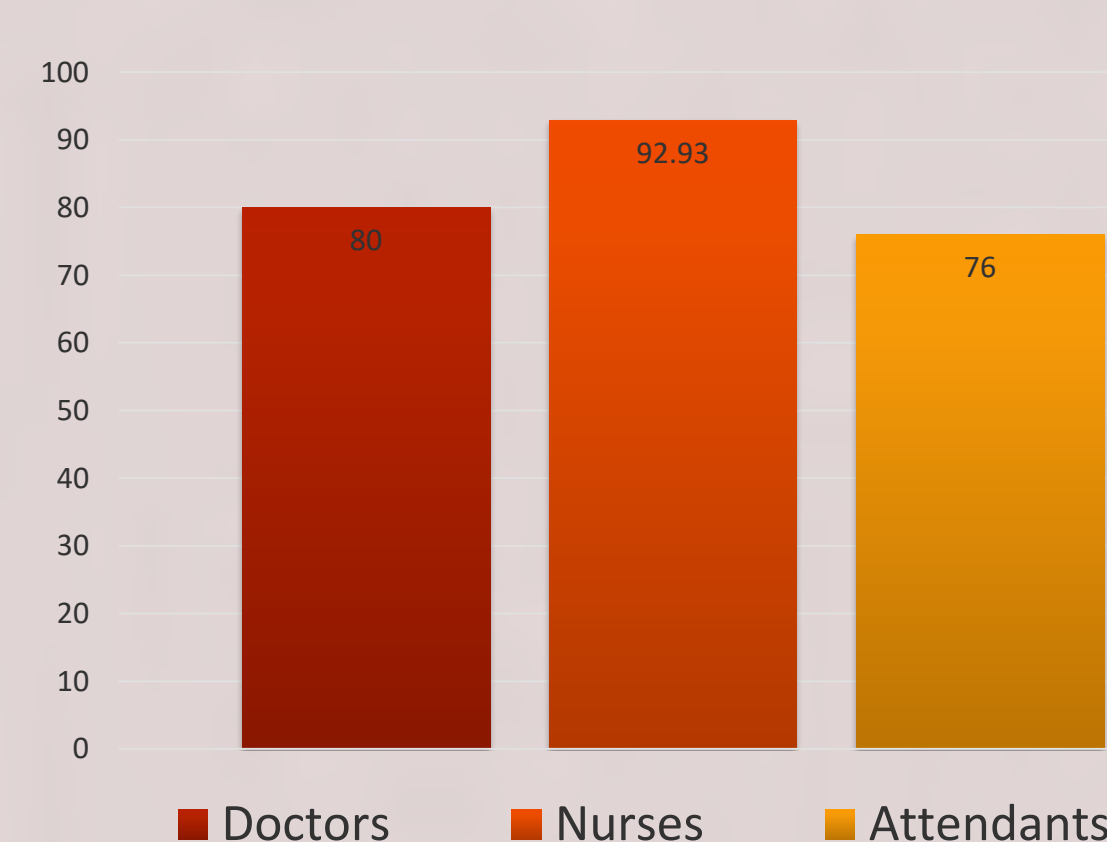
2.2 Gender

Gender	n	Mean	SD
Male	55	37.16	3.0414
Female	329	39.05	2.9837

There was a statistically significant difference in attitudes towards deliberate self-harm patients when gender was compared. Females had a significantly better attitude compared to males. (95% CI=1.0330 to 2.7470, DF = 382, t = 4.336, P<0.0001).

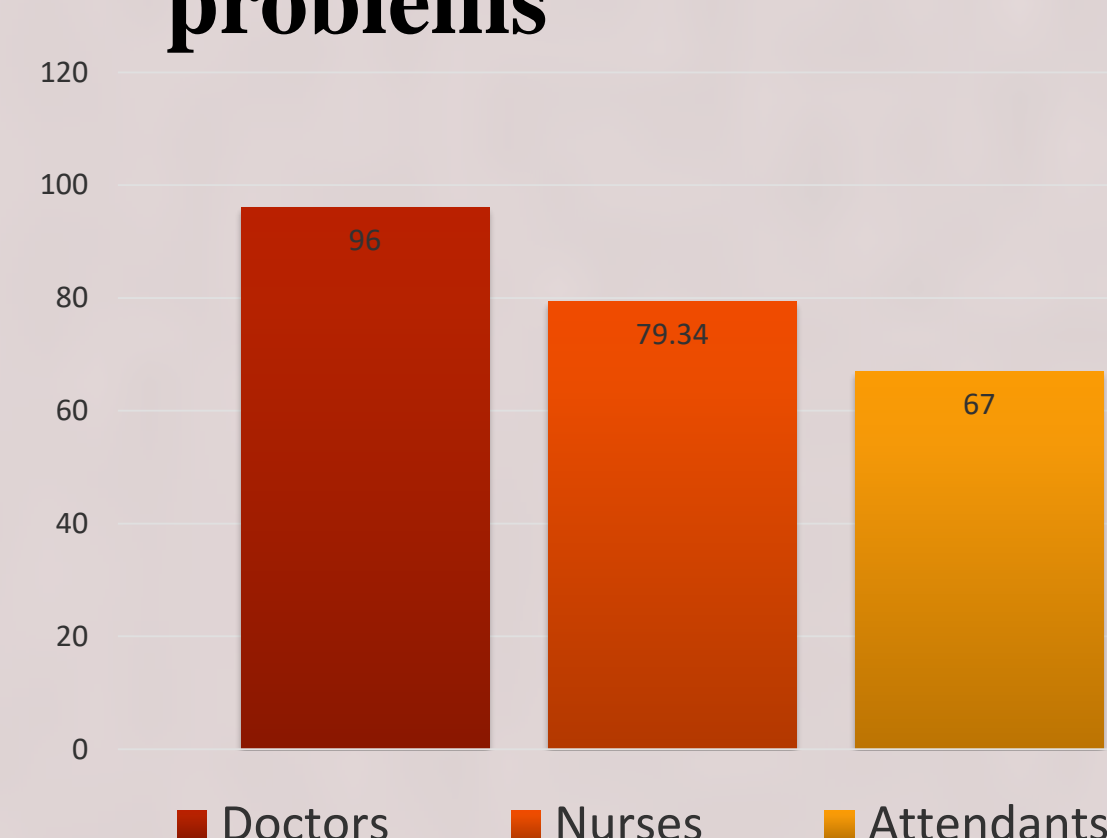
3. Other attitudes

3.1. Taking actions to discourage repeated acts of deliberate self-harm



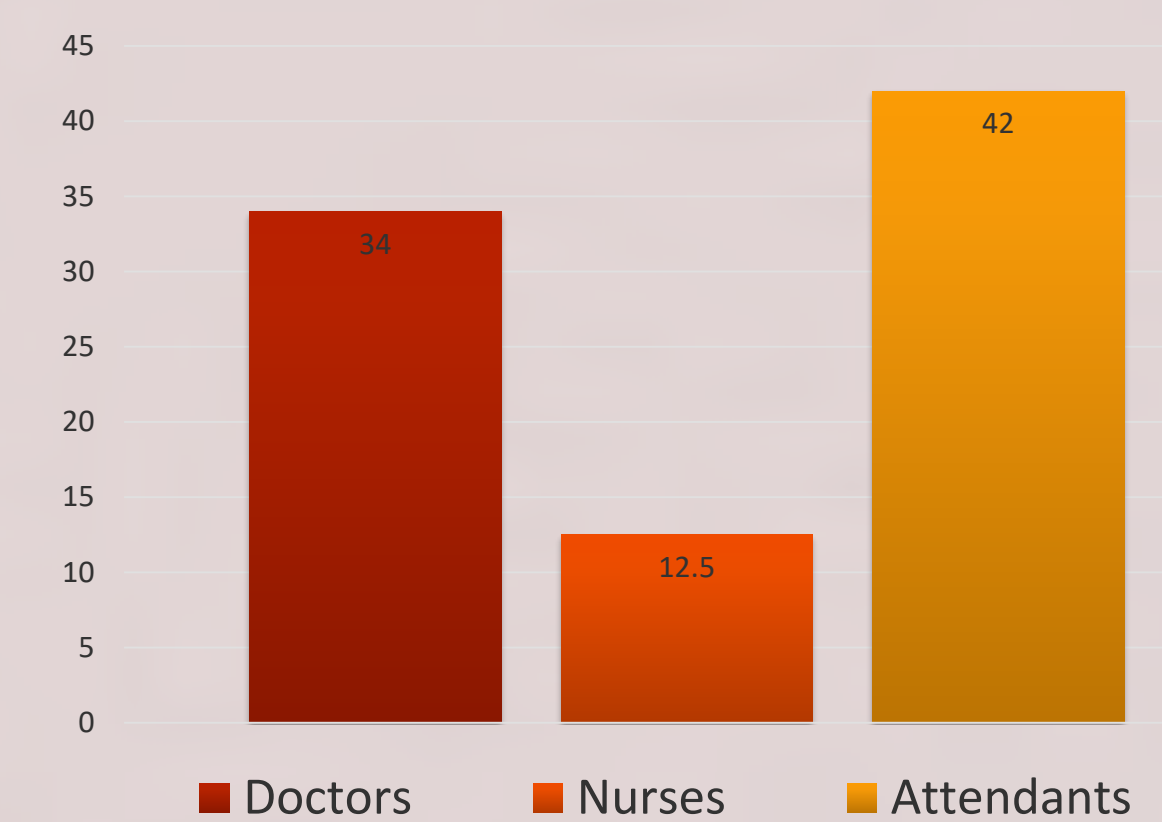
A higher proportion of nurses claimed that they take active measures to discourage deliberate self-harm patients repeating these acts.

3.2. Self-harm patients being victims of various social problems



Majority of HCWs believed that those who commit deliberate self-harm are victims of other social problems.

3.3. Are patients who self-harm treated less seriously by the medical staff?



Almost a third of doctors, half of attendants and a minority of nurses believed that HCWs treat Patients who self-harm less seriously by the medical staff than patients who present with other medical problems.

Conclusion

According to our study, attitudes towards patients presenting with deliberate self-harm was significantly different between various professional groups and the two genders. There was no effect of religion on these attitudes. Majority of HCWs believed that self-harm is a result of various social problems and they took actions to prevent repetition of these acts; while a minority of HCWs claimed that these patients are treated less seriously than other patients. The results of this study can be the base of a targeted systematic in-service programme to improve the attitudes of different health care professional groups towards deliberate self-harm patients.

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