



Health Professionals' Knowledge and Attitudes toward NSSI in USA and Belgium

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Introduction

- ❖ Studies have documented the presence of non-suicidal self-injury (NSSI) in numerous countries (e.g., Jeffrey & Warm, 2002; Heath et al., 2006; Plener et al., 2008).
- ❖ Research suggests that many self-injurers do not seek professional help for their NSSI. Self-injurers report feeling ignored by health care and social workers due to the negative stigmas accompanying self-injury, as well as the perception of self-injurers being difficult patients (Cook et al., 2004).
- ❖ Research shows that health professionals lack knowledge about self-injury and may harbor negative attitudes toward those who self-injure (Jeffery & Warm, 2002).
- ❖ Much of the research pertaining to attitudes has focused on those in medical professions (i.e., doctors, registered nurses) Medical professionals report challenges including little training regarding self-injury, a lack of communication between disciplines and treatment teams, and a lack of clear policy (Bosman et al., 2008), as well as a focus on treatment of physical injury, rather than the underlying factors (Hadfield et al., 2009).
- ❖ Little research has explored the attitudes of those in the mental health professions (i.e., counselors, psychologists). In addition, research has failed to examine how attitudes & training relate to burnout among those treating self-injuring patients. Burnout has been addressed among child protective services workers, and the literature suggests that professional burnout can lead to many negative consequences for the client (Oh & Lee, 2009).

Hypotheses:

1. Mental health professionals will report more accepting attitudes than those in the medical profession.
2. Those who have had training on self injury will report more positive attitudes, more comfort treating self-injuring patients, and less burnout.
3. Due to differences in health care systems and educational training, we also explored whether there were differences in attitudes between the professionals in the United States and Belgium.

Method

United States

An email with a live link to the study survey was sent to relevant professional listservs and individuals in nursing, social work, and psychiatry, who were asked to forward the survey to other relevant professional listservs. The survey consisted of 90 items assessing attitudes toward self-injuring clients, personal experiences with self-injury, and professional training on self-injury.

PARTICIPANTS:

89 health care professionals
(25 males, 64 females).
Mean age was 46.36 (SD = 13.27).

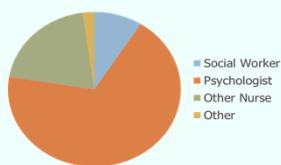
Belgium

Researchers brought envelopes containing the survey to a number of clinics and distributed them to various health care professionals. Surveys were returned via mailbox in a sealed envelope.

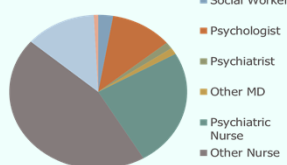
PARTICIPANTS:

364 health care professionals (110 males, 253 females, 1 missing).
Mean age was 34.96 (SD = 10.55).

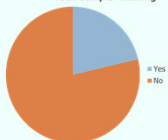
Profession: U.S.



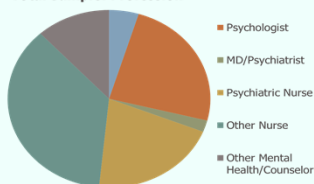
Profession: Belgium



Total Sample: Training

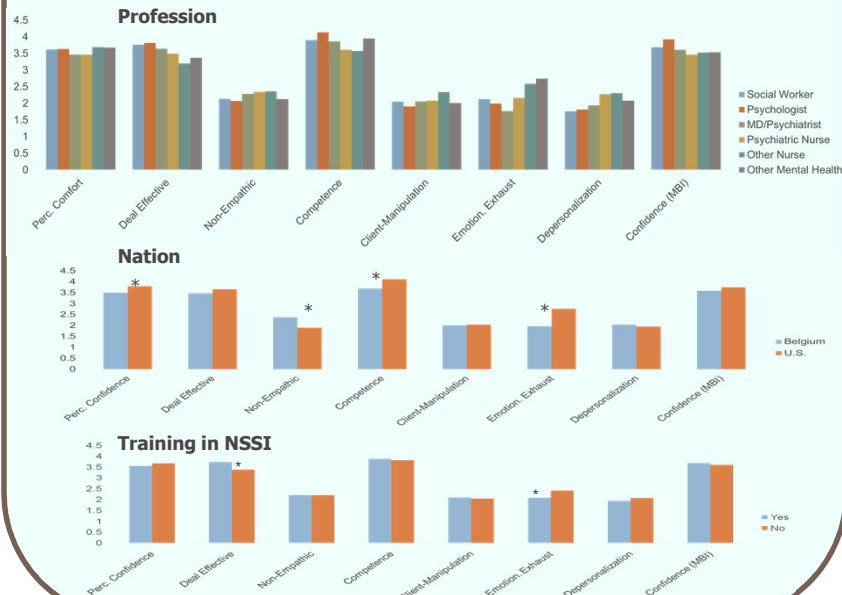


Total Sample: Profession



Results

MANCOVA was used to assess differences between health care professionals, nation, and training experience, controlling for gender. The multivariate model was significant with main effects for nation, profession, and training. None of the interactions were significant.



Discussion

❖ Professionals in the mental health fields (psychologists, counselors, etc.) reported more positive attitudes, greater confidence, and more comfort treating self-injuring clients than professionals in the medical fields. Medical providers in particular (e.g., nurses, physicians) may benefit the most from additional training regarding self-injury. This finding parallels Jeffrey and Warm's (2002) findings on attitudes regarding NSSI.

❖ Training was positively associated with more positive attitudes and greater perceived comfort in dealing with self-injuring clients. This could potentially lead to an increase in help-seeking behavior by self-injuring clients, if they perceive a more understanding attitude by health care professionals.

❖ There was a negative correlation between positive attitudes and burnout. Those with more training reported less burnout; however, while U.S. participants had more training, they still reported higher levels of burnout than the Belgian participants.

❖ Overall, U.S. participants reported greater confidence, more positive attitudes, and more comfort treating self-injuring clients than did the Belgian participants. This could be due to differences in the educational systems and availability of specialized training. Despite these differences, correlations between training and positive attitudes ran in the same direction for both countries, suggesting that there are only a small number of cross-cultural differences in terms of what factors affect attitudes.

Limitations

❖ There were uneven cell sizes between U.S. and Belgian participants. The U.S. study used a snowball recruiting strategy for participants, which could have led to a self-selection bias.

Acknowledgements

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