http:// ijp.mums.ac.ir
Original Article (Pages: 8941-8950)

Nurses' Attitudes and Beliefs about the Provocative Psychological Factors for Self-Injury: A Descriptive Qualitative Study

Fatemeh Ghaedi Heidari[1], Jahangir Maghsoudi[2], *Masoud Bahrami[3], Gholamreza Kheirabadi[4]

[1]PhD Candidate of Nursing, Student Research Committee, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran. [2]Assistant Professor, Nursing and Midwifery Care Research Center, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran. [3]Associate Professor, Cancer Prevention Research Center, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran. [4]Associate Professor, Behavioral Sciences Research Center, Department of Psychiatry, School of Medicine, Isfahan University of Medical Sciences, Isfahan, Iran.

Abstract

Background

Nurses have an important role in taking care of self-injury patients and their attitudes would affect the quality of care for these patients**.** Controversial results have been reported about the nurses' attitude. Also, culture and context affect nurses' attitudes. The study aimed to explore the nurses' attitudes and beliefs about the provocative psychological factors for self-injury in an Iranian context.

Materials and Methods: The present study was a descriptive qualitative research that was conducted on 12 experienced nurses in taking care of self-injury patients from three hospitals of Isfahan, using purposive and snowball sampling. Data were gathered from January to July 2017 through individual semi-structured interviews and were analyzed using conventional content analysis approach and Graneheim and Lundman method.

Results

Findings of the study were described in two main categories including intrapersonal factors of self-injury and interpersonal factors of self-injury. The first main category contained two subcategories including poor self-awareness and self-esteem and personality immaturity. The second category consisted of three subcategories including outburst of emotions, losing spirituality and low psychosocial efficiency.

Conclusion

The study provide an insight into how people's mental immaturity contributing to the framing of people as vulnerable to self-injury. Therefore, it is necessary to develop and perform multiple psychological interventions such as training coping strategies to decrease the risk of self-injury. Also, policies should be adopted to promote psychosocial support for these patients.

Key Words: Attitudes, Nurses, Precipitating Factors, Self-Injurious Behavior.

*Please cite this article as: Ghaedi Heidari F, Maghsoudi J, Bahrami M, Kheirabadi Gh. Nurses' Attitudes and Beliefs about the Provocative Psychological Factors for Self-Injury: A Descriptive Qualitative Study. Int J Pediatr 2019; 7(2): 8941-50. DOI: **10.22038/ijp.2018.33584.2968**

Corresponding Author:

Masoud Bahrami, Postal address: Soffe Avenue, Faculty of Nursing and Midwifery, Isfahan University of Medical Sciences, Isfahan, Iran, Fax: +983136699398.

Email: bahrami@nm.mui.ac.ir

Received date: Jul. 15, 2018; Accepted date: Aug. 22, 2018

1- INTRODUCTION

Self-injury is a concept with various definitions (1), but in this paper, our intention was non-suicidal self-injury (NSSI). NSSI has been proposed as a new diagnosis in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) for further investigation (2). International Society for the Study of Self-Injury has defined NSSI as a voluntary action to directly destruct body tissues without an intention for suicide (3). The most common types of the disorder are cutting, burning, scratching, and hitting the body (4). The prevalence of this disorder is increasing, in a way that the World Health Organization (WHO) has named it as a global general health issue. NSSI is more common among the teenagers and its prevalence varies from 13 to 22.3 percent. The mean age of its onset among the teenagers is 13 or 14 years old (5). Also, its prevalence among the general population and the adults has been reported between 4% and 5.9%. Furthermore, NSSI is more common among women (6). Few studies have been conducted about the prevalence of this disorder in Iran. For example, the study of Gholamzadeh et al. in 2017 showed that 8.7% of the clients referred to the Forensic Medicine's office had NSSI (7).

NSSI is common among people with mental health problems and it might be associated with eating disorders, mood disorders, and anxiety disorders. Also, it related to the personality disorders, particularly borderline personality disorder (3). Growing research suggests that NSSI is one of the most robust predictors of suicide (8). Few patients would refer to hospitals and medical centers to receive therapeutic cares after performing self-injurious behaviors. Nurses have an essential role in taking care of these patients and their attitudes would affect the quality of care for them (9). Nurses' attitudes would affect their clinical efficiency and the caring outcomes and would prevent more injuries and future suicidal attempts in NSSI patients (10), but if nurses would not have appropriate attitudes toward these patients, they could not perform a high quality care and might threaten the patients' safety (11). Therefore, nurses' attitudes toward the patients with self-injury are important in care of them, but controversial results have been reported about the nurses' attitudes toward patients with self-injury; some studies have reported nurses' positive attitudes (12), and some have reported their negative attitudes (13, 14) toward self-harm patients. Nurses' attitudes toward NSSI patients are related to a number of factors. Some studies have reported that female, more experienced, and more educated nurses in the field of self-harm have more positive attitudes (9). Furthermore, some nurses believe that these behaviors are mostly aimed at confronting the emotions, coping and attracting attention (15). These factors were recognized as the immaturity of people with NSSI. Also, NSSI patients are perceived as being less able to control their external/social environment and the concomitant influences around them (16).

These attitudes and beliefs are reflecting the social attitudes (17), and influenced by underlying cultural-social factors; but studies on self-injury have been conducted mostly in England and despite the importance of in-depth investigation of nurses' beliefs and attitudes toward NSSI, few studies have been conducted in Iran. Iran has a specific cultural-social background and most of the population is Muslim, which could affect nurses' beliefs and attitudes toward self-injury patients; Muslims believe that any behavior that would harm the body is forbidden. Furthermore, attitudes of nurses in the Middle East about mental disorders are challenging, because they are associated with labeling the patients and their

families. Therefore, it was necessary to perform a qualitative study based on the cultural background of Iran to determine the beliefs and attitudes of nurses about provocative psychological factors for self-injury. It is hoped that the results could be helpful in improving the knowledge of nurses about this less understood concept in the intended culture and also improving provided care for NSSI patients.

2- MATERIALS AND METHODS

This research was performed using descriptive qualitative approach. This is a research design performed to reveal data related to a specific situation and to explore the factors associated with it, not to provide a deep focus on how they affect the related situation and how they are affected by that situation (18).

2-1. Settings and Participants

Sampling was conducted in three hospitals of Isfahan, Iran, from January to July 2017. Twelve participants were selected from emergency, psychiatry, burn and surgery wards. In the present study, the participants were primarily selected using purposive sampling in order to ensure maximum variation regarding gender, age, hospitals, and working experience. Also, additional participants were identified using a snowball approach, mainly through well-connected interviewees. The inclusion criteria were willingness to participate in the study, not having any psychological disorders according to the nurses themselves and having encountered NSSI patients during the past year on duty to reduce the recalling bias.

2-2. Data Collection

To achieve rich and deep data, semi-structured interviews were conducted (19). An interview guide on the nurses' attitudes toward the provocative psychological factors for NSSI was developed and modified by the research team. All interviews were performed by first author. Before performing the main interviews, one pilot interview was performed to modify and correct the questions. The interviews started with the open questions to aid creating trust and rapport between the interviewer and the participant: "Could you please describe what the term self-injury means to you?" and "Would you please tell me about your experiences of caring for patients who perform self-injury?". The interviews followed by the questions: "How would you describe a patient with self-injurious behaviors?" and "What do you think are some of the reasons for performing self-injurious behaviors? Based on the interviewees' responses, follow-up questions were asked to clarify the concept of the study (for instance, "Would you explain more?" or "Could you provide an example?"). Interviews were conducted at a comfortable place of the participant's choice and were recorded digitally. After 12 interviews, the research team discussed data saturation. It was agreed that the categories saturation was achieved and no new major discrepancies were coming up during the interviews (20). Duration of the interviews varied from 35 to 60 minutes. The interviews were audio-recorded and transcribed verbatim by first author.

2-3. Data Analysis

Data were analyzed using conventional content analysis based on the Graneheim and Lundman (2004) method. The method followed by manifest content analysis. It can be described as a condensation-abstraction process consisting of six steps (21). In the first step, the transcripts were repeatedly reviewed to reach a full comprehension of the texts and understand the general sense of the interviews. In the second step, the text was divided into meaning units. A meaning unit can be one or several words, sentences, or paragraphs that are related to one another through aspects relevant to the aim of the study with regard to content or context. In step

three, the meaning units were condensed. In the fourth step, the condensed meaning units were compared, discussed, and labeled with codes. The codes were extracted from the texts using participants' words or inferential concepts. In the fifth step, the codes were abstracted, compared, and sorted into subcategories. Finally main categories created from the similarities and differences seen between the subcategories (21). To facilitate the data analysis, MAXQDA software version 10 was used. A sample of the data analysis is shown in table 1.

2-4. Trustworthiness

In the present study, rigor was achieved through Guba and Lincoln criteria. These criteria include credibility, confirmability, dependability, authenticity and transferability (20). To strengthen the confirmability and credibility of the data, participants were selected with maximum variation. Also, to achieve dependability, some parts of the data were analyzed by the researchers independently. Then codes and categories were compared to each other until reaching an agreement. The depth and authenticity of the data were guaranteed using various and new data. To achieve credibility of the data, peer-checking and member-checking methods were used. For peer-checking, researchers discussed and agreed upon emergent categories and subcategories, and examined the transcripts for the connections amongst them. For member-checking, preliminary findings were taken back to the participants for clarifying and confirming. To achieve transferability of the data, a summary of the interviews was given to some nurses working at the hospitals who were not enrolled in the study. They confirmed that the interviews would represent their experiences and attitudes toward self-injury patients.

2-5. Ethical Considerations

The present study was approved by the ethics committee of the Isfahan University of Medical Sciences (ethics code: IR.MUI.REC.1395.3.943). Before the study, the researchers discussed the potential advantages and disadvantages of the study for participants. All of the participants signed an informed consent form for participation and recording of the interviews. Explanations were provided to the participants about voluntary participation in the study, confidentiality of their information and their right to withdraw from the study at any desired time. Also, to comply with the privacy principle, a numeric code was assigned to each participant; for example Participant 1 Interview 1 (I1P1). Also, data were reported in a way that the individuals could not be recognized.

3- RESULTS

From the 12 participants, eight were female and four were male and the mean (standard deviation) of their age was 37.3 (1.96) years. Seven participants were married, and five were single. The working experience of the nurses varied from one to 30 years with a mean (standard deviation) of 13.92 (2.24) years. Six participants held master's degrees in education, six held bachelor's degrees. Results of the study have described the viewpoints of Iranian nurses about the provocative psychological factors for self-injury based on two main categories: Intrapersonal factors for self-injury and Interpersonal factors for self-injury.

3-1. Intrapersonal factors for self-injury

This category consisted of two subcategories: poor self-awareness and self-esteem and personality immaturity.

3-1-1. Poor self-awareness and self-esteem: According to most of the nurses, NSSI patients experience various problems in the field of self-awareness; they believed that these patients are not aware

of their strengths and weaknesses. Therefore, they do not value themselves as an individual.

"Probably they do not know themselves, especially their strengths. I believe that maybe the patient is someone who is not accurately aware of himself/herself and his/her strengths and weaknesses. It is even possible that sometimes some limitations do not actually matter but, they do matter to the patient" (Interview-6, male nurse).

According to some of the participants, another issue related to self-awareness is that NSSI patients do not have sufficient self-esteem and presence of such weaknesses could increase the risk of self-injury and continuity of these behaviors.

"I believe that the main reason for self-injurious behaviors among these patients is low self-esteem in a way the patients would be drawn in a direction where they believe they are useless" (Interview- 4, female nurse).

3-1-2. Personality immaturity: All of the nurses believed that NSSI patients usually suffer from at least one personality disorder or have characteristics that would distinguish them from others. Some of these characteristics were: high mental sensitivity, low self-control, low tolerance threshold, high irritability, various types of personality disorders such as dramatic personality and multiple psychological conflicts.

"The root for these behaviors might be violence and unsolved conflicts that I have not been able to solve in the society or my family for any reason; now I am applying the violence on myself" (Interview-10, female nurse).

"Some of their reactions are a kind of cry for attention. The point is these people are missing something in their personality. They are looking for something, but they have chosen the wrong way"(Interview-2, female nurse).

"I believe that the problem is in the individual's collapsed personality; a personality of the dramatic type or even anti-social. Consider someone with a heart problem. A heart problem is not something that would come up in a day or two. The problem has occurred overtime gradually, but the patient has ignored it. When 60 to 70% of his/her arteries are blocked, then he/she starts to care. So, someone who would perform such a thing (self-injury) must have been caught up in the idea for years. He/she must have had a sick personality for years, and now the problem has come up"(Interview-6, male nurse).

"Some of them have a little problem (in their lives). If they had a little more patience, they could solve their problems. These people would perform self-injury for really small purposes" (Interview-12, female nurse).

3-2. Interpersonal factors for self-injury

This category was consisted of three subcategories: outburst of emotions, losing spirituality and low psychosocial efficiency.

3-2-1. Outburst of emotions: All of the nurses believed that NSSI patients are not able to control their negative emotions such as anger at different situations and suppressing these emotions, would lead the patients to perform self-injurious behaviors.

"I believe that people who would perform such a thing (self-injury) could not control their sense of angry and so, they would bang their head against the wall! Or they would hurt themselves somehow… It is not just the sense of angry, sometimes they have once been in love, but the relationship is one-sided, and now they could not detach their heart; the result is what you see now" (Interview-8, male nurse).

"If the patients know how to deal with their emotions and have control over them,

then why would this happen?! The problem is that uncontrolled emotions would outburst and involve the patients" (Interview-10, female nurse).

3-2-2. Losing spirituality: Some of the participants emphasized that one of the most important psychological factors related to the formation of self-injurious behaviors is individual's inability to communicate with God. They believed that the patients had weak belief in God. So, they had little hope and trust in God; therefore the possibility of reaching emptiness would increase among them.

"I think that their faith has weakened, maybe, if the individuals would believe that God have their back in any condition, even the worst. This belief would make them stop doing something like that. Yes. They cannot feel that strong wall behind them"(Interview-5, female nurse).

"I think that they have disappointed with God. They do not trust in God's magnificence. They cannot see God's magnanimous"(Interview-8, male nurse).

"They are nihilist people. Maybe they have reached emptiness in life"(Interview-2, female nurse).

Another spiritual problem of the patients, from nurses' point of view, was patients' spiritual exhaustion and tension before and during the act of self-injury.

"These patients were really exhausted; - spiritually exhausted. They were suffering spiritually… If they had a good relationship with God, they would never choos this way, because people who are religious and have a good spiritual relationship with God would never behave this way with themselves" (Interview-5, female nurse).

3-2-3. Low psychosocial efficiency: All of the participants believed that NSSI patients were weak in at least one of the essential psychosocial skills (making effective communications, problem-solving and coping skills). Having inadequate skills would increase mental vulnerability and expose the individual to the risk of self-injury.

"Well, this young girl was insistent and trying to persuade her family, but realized that she could not do that through negotiation and verbal communication. So, she tried to draw attention of her family through the behaviors such self-injury; she blackmailed her family in a way that if they do not want her to perform self-injury, they should do whatever she wants" (Interview-12, female nurse).

"They do not know the problem-solving mechanisms. They do not know how to deal with problems and so, they would harm themselves in some situations" (Interview-1, male nurse).

Some of the participants stated that the reason for self-injurious behaviors is using ineffective coping styles by the patients, because nurses believed that the patients use self-injury as a way to gain peace or punish themselves.

"Sometimes the patients feel suppressed by someone or something and to gain peace, they have performed self-injurious acts"(Interview-9, female nurse).

"That physical pain would make them think a little less about their mistakes. It would be a kind of punishment" (Interview-7, female nurse).

Also, according to most of the participants, effective coping mechanisms are less observed among these patients.

"The patient has suppressed his/her anger in the family, in the workplace or among his/her friends, now he/she would want to compensate for it. So, he/she would pour his/her anger on himself/herself" (Interview-6, male nurse).

"Sometimes the individual says that others do not understand me or believes that his family is problematic. Then he/she would

perform self-injury. This person is using the defensive mechanism of projection" (Interview-11, male nurse).

4- DISCUSSION

The present study explored the provocative psychological factors for self-injury from nurses' point of view. Results of the study showed that from all nurses' point of view, NSSI patients are suffering from various internal and external psychological issues, which have a significant role in the onset and continuity of self-injurious behaviors. These problems were proposed in different aspects including poor self-awareness and self-esteem, and personality immaturity, as intrapersonal factors and outburst of emotions, spiritual issues and low psychosocial efficiency, as interpersonal factors. The nurses participated in the study proposed poor self-awareness in NSSI patients which leads to disturb emotional regulation (22), and increases the risk of self-injurious behaviors.

Also, in the present study, nurses believed that some personality traits and disorders such dramatic personality could be considered as provocative factors for the disorder in some patients. They believed that personality issues are inevitable in NSSI patients. However there are no personality disorders in all patients with self-injury (8), most clinical evidence has also shown that nurses have prejudices about self-injury patients such as existence of personality disorders and attention drawing behaviors (13). The next category was the interpersonal factors of self-injury. One of the subcategories was patients' weakness in regulating their emotions and outburst of them. Negative emotions could result in psychological pain and increase the risk of occurrence of self-injury behaviors (23), because patients would use self-injury as a strategy for regulating their emotions (24). Evidence has shown that NSSI patients have more difficulty in understanding and expressing their emotions than others (25). According to the results of the study, lack of a strong relationship with God and disappointment in God was considered as one of the factors for the occurrence of self-injury behaviors. This factor has been neglected in many related articles, but considering the Iranian background of the study and that most of the Iranian population is Muslim, it was expected that this matter would draw the attention of the participants. Muslims believe the outcomes of faith in God such as mental peace. Therefore, losing spirituality could be considered as one of the factors that decrease mental health and peace in NSSI patients. A meta-analysis showed that spirituality and being religious could be a predictor of individual's mental health; individuals with stronger spirituality have higher levels of mental health (26). Since the occurrence of self-injurious behaviors is a sign of mental disorders in individuals (27), it could indicate spiritual issues among NSSI patients.

The nurses in the present study believed that NSSI patients have low levels of psychosocial skills. One of these skills is the skill for communicating with others. Evidence has shown that inability in making effective communication with others would increase the risk of self-injurious behaviors (28). Also, patients' inability in solving problems was proposed by the nurses as one of the provocative factors for NSSI, which has been approved by various studies (29). Results of the present study also revealed that nurses believed that NSSI patients do not use adaptive styles and usually have ineffective coping. Nock (2009) believed that self-injurious behaviors occur, whenthe individuals do not have sufficient skills in communicating with others, adaptation and problem solving (23). Therefore, these viewpoints in the present study would confirm the experimental

evidence in the Nock's study. The most important issue in the study was that during the interviews, the researcher encountered the fact that the nurses would rarely distinguish the concept of self-injury from other similar concepts such as suicide. After researcher's explanations about NSSI and introducing the present self-injury patients in their clinical field, they could determine NSSI patients. This indicated the poor knowledge of nurses about NSSI patients would influence their beliefs and attitudes toward these patients adversely. It has been confirmed in many studies (10). Therefore, some misconceptions and psychological labels about NSSI patients would exist in the results of the study. The presence of such prejudices would create the ground for discrimination between NSSI and other patients by the nurses and decrease the quality of provided care for self-injury patients (30). Therefore, it is recommended to perform further studies after training nurses about NSSI. Then it is recommended to perform a qualitative comparison between the results of the study and the results after training with focus on provocative psychological factors for self-injurious behaviors.

The present study evaluated the viewpoints and beliefs of nurses about provocative psychological factors for NSSI; while most of the previous studies have evaluated the concept of self-harm which does not have all of the criteria of the DSM-V. Therefore, the results of the present study would provide the pure viewpoints of nurses about psychological factors for NSSI in Iranian context. Since the study only evaluated nurses' viewpoints, the study could not provide a comprehensive view in this regard. Therefore, it is recommended that future studies would evaluate the viewpoints of other members of medical team including physicians and psychiatrists. Then, based on the achieved results, psychological care and support programs for NSSI patients develop and execute. Also, it is recommended that to confirm the qualitative results in the present study should be evaluated in quantitative studies. Also, the study has explored the viewpoints of nurses working at the hospitals, but other clinical fields such as prisons and schools have not been studied. Therefore, the results could not be generalized for the nurses working in other clinical fields. However, in qualitative studies, the concept of transferability is used instead of generalizability and the readers could judge about applying the results of the present study in their own situation. Overall the results of the study indicated that based on the nurses' viewpoints, NSSI patients need to learn about life skills such as effective communication and coping styles skills to decrease psychological vulnerability to NSSI.

5- CONCLUSION

Based on the results of the present study, psychological problems have important role in occurrence and continuity of self-injury behaviors from the nurses' point of view. The results provide an insight into how people's mental immaturity contributing to the framing of people as vulnerable to self-injury. Given the psychological problems of NSSI patients according nurses' beliefs, it is necessary to develop and perform multiple psychological interventions such as training strategies for emotional regulation and effective coping to decrease the risk of self-injurious behaviors to the patients. Furthermore, policies can be adopted to promote psychosocial support for NSSI patients. It could be said that the earlier the interventions, the higher the probability of averting serious long-term problems, including suicide. Also, performing such interventions could prevent the repetition of self-injury behaviors and decrease the visits to the health centers. Furthermore, it seems

necessary to add contents about NSSI to the nursing curriculum especially to the bachelor's courses. By promoting nurses' knowledge, it is expected that they would understand NSSI patients better.

6- CONFLICT OF INTEREST: None.

7- ACKNOWLEDGMENTS

This article is part of the PhD dissertation of Nursing, approved as research project no. 395943 and was financially supported by the research and technology deputy of Isfahan University of Medical Sciences. The authors would like to thank different managerial levels of the hospitals and all the nurses participated in the study for their sincere cooperation.

8- REFERENCES

1. Laporte N, Ozolins A, Westling S, Westrin Å, Billstedt E, Hofvander B, et al. Deliberate self-harm behavior among young violent offenders. PLoS one. 2017;12(8):e0182258.

2. Benjet C, González-Herrera I, Castro-Silva E, Méndez E, Borges G, Casanova L, et al. Non-suicidal self-injury in Mexican young adults: Prevalence, associations with suicidal behavior and psychiatric disorders, and DSM-5 proposed diagnostic criteria. J Affect Disord. 2017;215:1.

3. Victor SE, Davis T, Klonsky ED. Descriptive characteristics and initial psychometric properties of the Non-Suicidal Self-Injury Disorder Scale. Arch Suicide Res. 2017;21(2):265-78.

4. DiCorcia DJ, Arango A, Horwitz AG, King CA. Methods and functions of non-suicidal self-injury among adolescents seeking emergency psychiatric services. J Psychopathol Behav Assess. 2017;39(4):693-704.

5. Tang J, Yang W, Ahmed NI, Ma Y, Liu H-Y, Wang J-J, et al. Stressful life events as a predictor for nonsuicidal self-injury in Southern Chinese adolescence: a cross-sectional study. Medicine. 2016;95(9): e2637.

6. Plener PL, Allroggen M, Kapusta ND, Brähler E, Fegert JM, Groschwitz RC. The prevalence of nonsuicidal self-injury (NSSI) in a representative sample of the German population. BMC psychiatry. 2016;16(1):353.

7. Gholamzadeh S, Zahmatkeshan M, Zarenezhad M, Ghaffari E, Hoseni S. The pattern of self-harm in Fars Province in South Iran: A population-based study. J Forensic Leg Med. 2017;51:34-8.

8. Selby EA, Bender TW, Gordon KH, Nock MK, Joiner Jr TE. Non-suicidal self-injury (NSSI) disorder: A preliminary study. Personality Disorders: Theory, Research, and Treatment. 2012;3(2):167.

9. Kumar N, Rajendra R, Majgi SM, Krishna M, Keenan P, Jones S. Attitudes of general hospital staff toward patients who self-harm in South India: A cross-sectional study. Indian J Psychol Med. 2016;38(6):547.

10. Timson D, Priest H, Clark-Carter D. Adolescents who self-harm: Professional staff knowledge, attitudes and training needs. J Adolesc. 2012;35(5):1307-14.

11. Osafo J, Knizek BL, Akotia CS, Hjelmeland H. Attitudes of psychologists and nurses toward suicide and suicide prevention in Ghana: A qualitative study. Int J Nurs Stud. 2012;49(6):691-700.

12. Conlon M, O'Tuathail C. Measuring emergency department nurses' attitudes towards deliberate self-harm using the Self-Harm Antipathy Scale. Int Emerg Nurs. 2012;20(1):3-13.

13. Dickinson T, Wright KM, Harrison J. The attitudes of nursing staff in secure environments to young people who self-harm. J Psychiatr Ment Health Nurs. 2009;16(10):947-51.

14. Friedman T, Newton C, Coggan C, Hooley S, Patel R, Pickard M, et al. Predictors of A&E staff attitudes to self-harm patients who use self-laceration: influence of previous training and experience. J Psychosom Res. 2006;60(3):273-7.

15. Sandy P. Motives for self-harm: views of nurses in a secure unit. Int Nurs Rev. 2013;60(3):358-65.

16. Cleaver K. Attitudes of emergency care staff towards young people who self-harm: a scoping review. Int Emerg Nurs. 2014;22(1):52-61.

17. Long M, Manktelow R, Tracey A. We are all in this together: working towards a holistic understanding of self-harm. J Psychiatr Ment Health Nurs. 2013;20(2):105-13.

18. Silverman D. Doing qualitative research: A practical handbook: SAGE Publications Limited; 2013.

19. Scott G, Garner R. Doing qualitative research: designs, methods, and techniques: Pearson Upper Saddle River; 2013.

20. Lincoln YS, Guba EG. But is it rigorous? Trustworthiness and authenticity in naturalistic evaluation. New Dir Eval. 1986;1986(30):73-84.

21. Graneheim UH, Lundman B. Qualitative content analysis in nursing research: concepts, procedures and measures to achieve trustworthiness. Nurse Educ Today. 2004;24(2):105-12.

22. Salvatore G, Lysaker PH, Gumley A, Popolo R, Mari J, Dimaggio G. Out of illness experience: metacognition-oriented therapy for promoting self-awareness in individuals with psychosis. Am J Psychother. 2012;66(1):85-106.

23. Nock MK. Why do people hurt themselves? New insights into the nature and functions of self-injury. Curr Dir Psychol Sci. 2009;18(2):78-83.

24. Mikolajczak M, Petrides K, Hurry J. Adolescents choosing self-harm as an emotion regulation strategy: The protective role of trait emotional intelligence. Br J Clin Psychol. 2009;48(2):181-93.

25. Fliege H, Lee J-R, Grimm A, Klapp BF. Risk factors and correlates of deliberate self-harm behavior: A systematic review. J Psychosom Res. 2009;66(6):477-93.

26. Smith TB, McCullough ME, Poll J. Religiousness and depression: Evidence for a main effect and the moderating influence of stressful life events. Psychol Bull. 2003;129(4):614.

27. Good M, Hamza C, Willoughby T. A longitudinal investigation of the relation between nonsuicidal self-injury and spirituality/religiosity. Psychiatry Res. 2017;250:106-12.

28. Greydanus DE, Shek D. Deliberate self-harm and suicide in adolescents. Keio J Med. 2009;58(3):144-51.

29. McAuliffe C, McLeavey BC, Fitzgerald T, Corcoran P, Carroll B, Ryan L, et al. Group problem-solving skills training for self-harm: randomised controlled trial. Br J Psychiatry. 2014;204(5):383-90.

30. Law GU, Rostill-Brookes H, Goodman D. Public stigma in health and non-healthcare students: Attributions, emotions and willingness to help with adolescent self-harm. Int J Nurs Stud. 2009;46(1):108-19.