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The Role of Nurses in the Care of Patients with Deliberate Self-Harm in Rural Sri Lankan Communities

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Abstract

The role of the nurse is rapidly evolving as nurses undertake a wider range of healthcare responsibilities. In rural areas of Sri Lanka, nurses who work in the local primary health sector have a vital role in the public healthcare system and strong local connections. This translates to a high level of direct communication with community members on health issues. Deliberate self-harm is a major public health problem in rural Sri Lanka. Understanding contributions of nurses in this issue could facilitate improved healthcare and suicide prevention.

Objective: This study is aimed at exploring nurses' role and experiences in managing deliberate self- harm patients.

Methods: This was a hospital based qualitative study; conducted in the North Western Province of Sri Lanka. Semi-structured in-depth interviews were conducted with 33 nurses from rural primary care hospitals, selected using purposive sampling method. Interviews were audio recorded and transcribed for thematic analysis.

Results: Analysis of the study qualitative data provided five major themes leading to an understanding of nurses' experiences and role in managing deliberate self-harm patients in rural hospitals. Nurses informally acted as counselors in addition to conducting clinical management. However, they had no specific training or assigned responsibility to counsel patients in general nursing care. Nurses believed that counseling is the effective answer for the issue and that they had qualities specifically which a counselor possess. Nurses' self-examination of poisoning patients was different from other patients and they believed it led them to be especially close with the patients. Close relationships with patients and detailed understanding of the rural community provided background for nurses to carry out this role.



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As counselors, they accessed self-harm patients and identified patients potentially at risk from among the other general patients. Rural communities perceived nurses to have a social status which led to acceptance and positive feedback on their roles as counselors in rural hospitals.

Conclusions: The study findings highlighted the fact that nurses believe that they have the ability and capacity to provide counseling to deliberate self-harm patients. The rural primary care hospital setup enables their access to self-harmed patients and facilitates delivery of psychological care. In restricted resource settings, nurses are the alternative health profession to provide counseling. This role could be enhanced by providing further specific training in counseling and suicide prevention. Further research is required to explore nurses' strengths and weaknesses related to this role for improve quality of health care.

