Introduction

Since 2003, the general acceptance of plastic surgery among all Americans surpassed 50% (American Society for Aesthetic Plastic Surgery, 2003). Elective cosmetic surgical procedures have increased by an astounding 444% since 1997 (American Society of Plastic Surgeons, 2006).

In addition, deliberate self-injury (e.g., cutting), which is non-suicidal by nature, is a growing problem. Nearly 70 percent of counseling center directors report increases in cases of self-injury (Psychology Today, 2011), and rates among college students average 15% (Whitlock, Muehlenkamp et al., 2011).

Current estimates suggest that approximately 4% or more of the population self-injures, and as many as 18% of adolescents around the world report at least one act of non-suicidal self-injury (Klonsky, 2011; Muehlenkamp et al., 2012).

Infection is a potential risk of both deliberate self-injury and elective cosmetic surgery (Mayo Foundation for Medical Education and Research, 2012). Due to infection being a shared potential consequence of both deliberate self-injury and elective cosmetic surgery, both groups of individuals are more likely to present in an emergency services setting.

Prior research has shown attitudes and expectations for care differ among health care professionals for elective cosmetic surgery (ECS) and deliberate self-injury (DSI) patients, which can directly impact quality of care (Mackay and Barrowclough, 2005; Cooper, 2007).

According to Weiner’s (1986) Attributional Model of Helping Behavior, how people perceive and react to negative events occurring in the lives of others is influenced by attributions of control, locus (internal/external), and stability (likelihood of continuing). These attributions influence our feelings, and the emotional reactions impact behaviors, including willingness to help.

Purpose & Hypotheses of Study:

This study aims to evaluate whether the primary attributions of Weiner’s model relate to differential attitudes towards deliberate self-injury (DSI) and elective cosmetic surgery (ECS) patients seeking care for an infection in an emergency department or urgent care setting.

This study was designed to test the hypothesis that medical staff will attribute greater control, internal locus, and stability to a patient presenting with an infection due to DSI than they will attribute to a patient presenting with an ECS post-operation injury. These attributions will negatively impact their attitudes, and consequently their willingness to help the patient.

Procedure:

This study used a hypothetical scenario in which the participants were to envision themselves at work in their respective departments when a young woman presents with an infection. The only variance in the two scenarios was the origin of the infection: elective cosmetic surgery (ECS) in scenario 1 and deliberately self-injury (DSI) in scenario 2. The scenario reads as follows: It is 6 p.m. on a Friday night and you are working your regularly scheduled 12-hour shift in the emergency/urgent care department. It is a busy evening, the waiting room is full and rooms are limited. Ashley is a 24-year-old woman that has come to the your department, accompanied by her female roommate, concerned about a severe infection that is oozing and swollen. The infected areas are Ashley’s upper thighs. Once in triage, you learn that Ashley has undergone liposuction of her thighs/ deliberately cut her thighs. Ashley is quiet, avoids eye contact, but is cooperative.

The scenarios were followed by a questionnaire that assessed attributions of control, locus, and stability, as well as general attitudes and willingness to help. Also included were questions assessing training and education, and demographics.

Participants were primary care staff with direct patient contact recruited from 6 regional hospitals and urgent cares. The scenarios and questionnaires were distributed and collected mostly by hospital or clinic administration due to the private nature of emergency departments and urgent care settings.

Participants:

68 medical staff members (38 ECS scenarios and 30 DSI scenarios) from 3 emergency departments and 3 urgent care centers.

Predominantly female (79%) nurses (46%), age range 51-59 (30%), Caucasian (93%), and had been in their current position for 10+ years (31%).

We measured attributions of control, stability, and locus as our main variables. In terms of control and stability (likelihood the event with continue), the DSI patient was perceived to have more control, t = -3.41, p<.01, and greater stability, t = -8.04, p<.01. Pertaining to locus (internal origin of the event/external origin), the DSI patient was reported to have more internal locus compared to the ECS patient, t = 2.59, p<.01.

Willingsness to help was measured in this study by collectively assessing perceived patient priority, use of healthcare resources and staff time, and the willingness to offer extra time and support to the patient. The mean score approached significance for being higher in the ECS group, t = 1.92, p = .06.

Discussion

Our hypothesis was supported by the study in terms of attributed control, stability, and locus. Medical staff did attribute more control, greater stability, and more internal locus to the DSI patient than what was attributed to the ECS patient.

Weiner’s Attributional Model of Helping Behavior was supported in that because medical staff attributed greater control, stability, and more internal locus to the DSI patient, they also were less willing to exhibit helping behavior to the DSI patient.

Emotions were also shown to be shaped by the attributions of control, stability, and locus, in that the medical staff reported feeling frustrated, burdened, impatient, and less sympathetic towards the DSI patient compared to the ECS patient.

Surprisingly, general attitudes toward both the ECS and DSI patient were equally moderate.

Prior research findings of negative attitudes toward DSI patients in emergency services settings was supported.

Implications:

The findings of this study support the need for education and training dealing with both of these increasing patient groups. Even though, emergency department and urgent care staff report feeling adequately trained, the score was moderate.

The findings of this study do show discrepancy in the attitudes and toward DSI and ECS patients, which supports the need for more education and training.

Limitations of the Study:

This study was limited by the small sample size of 68 medical staff participants.

Self-report bias may have influenced results.

The environments in which the questionnaires were completed varied greatly.

The participants were largely females in the nursing profession of ages 51-59, and mostly Caucasian. The lack of variance in the sample may have skewed results.

This study was regional, and thus did not encompass a large area.

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