

Perception Regarding Care of Attempted Suicide Patients among Nursing Students in Kathmandu University School of Medical Sciences

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ABSTRACT

Background

Suicide is an act of deliberately killing oneself. It is a global health problem and is the second leading cause of death in 15 to 29 years. Thus, studying nursing students' perception towards suicide attempters has paramount importance in understanding and addressing the existing gaps in healthcare delivery system.

Objective

To assess the nursing students' perception towards attempted suicide and to find out the association between perception and selected variables.

Method

A descriptive, cross sectional design was carried out to assess the nursing students' perception towards suicide attempters in Kathmandu University School of Medical Sciences. The respondents were 193 nursing students. A structured questionnaire was used in order to collect data. Descriptive statistics including frequency, percentage, mean and standard deviation were calculated to summarize the data and inferential statistics, Mann Whitney-U test was used for the association between perception and selected variables.

Result

A total 193 nursing students participated in this study. The scores between 1 and 2.4 were considered 'positive', 'unsure' or 'uncertain', between 2.5 and 3.4 and negative for 3.5 and above' over all nurses showed relatively negative perception towards suicide attempters. According to results from eight domains of perception, those who did not attend the courses on psychiatry nursing presented higher score, which was found to have significant association with permissiveness, unpredictability and incomprehensibility. A younger nursing student shows significant association with incomprehensibility. Younger nursing student showed statistically significant association with duration of suicide process.

Conclusion

Nursing students are frequently encountered with attempted suicide patients. Therefore, they must be aware of their attitudes toward this group of patients as part of their professional and therapeutic role. Thus a nurse's positive perception towards attempted suicide can play a key role in communicating and preventing a future suicide attempt.

KEY WORDS

Nursing student, Perception, Suicide attempters

INTRODUCTION

Suicide is a global health problem and the second leading causes of death with most common cause of death in age group 15-29years.¹ A person dies by suicide every forty seconds and suicide and self-harm has become a major public health issue in recent years in Nepal. This small south Asian country was ranked 7th by suicide rate globally by the 2014 World Health Organization report with an estimated 6,840 suicides annually. We decided to explore the epidemiology of suicidal behaviour and self-harm, modes of attempt, associated risk factors and trends in specific population.² According to statistics, the number of suicide cases was 5,124 in fiscal year 2016-2017, whereas 4,680 people killed themselves in fiscal year 2015-16.³ suicide in Asian countries, and life stresses related to socio-economic and cultural issues have been shown to be greater than they do in Western countries.⁴ Suicides attempters are not only present with medical problem, but also pose strain on busy medical staffs. Research has indicated that unfavorable attitudes among medical staffs further influence suicide risk assessment, management skills, quality and impact of care.⁵ The nurses have the highest level of contact with patients, attitudes, about them further influences willingness and ability to deliver effective care.⁶

Thus, studying the nurse' attitude towards suicide attempters is important in existing gaps of health care delivery system. Researches show that nursing students who hold negative attitudes towards suicide attempters, give different care than other client in the Hospital. While, nursing students who are positive towards suicide attempters, reduce attempting suicide.

METHODS

Ethical approval was obtained from the Institutional Review Committee of Kathmandu University School of Medical Sciences (KUSMS). Informed verbal consent from each respondent was obtained before data collection. The study was descriptive, cross sectional and based on self-administered questionnaire conducted among the nursing students of KUSMS. The study included all the nursing students in different year of KUSMS at the time of the study. The excluded were nursing students who were unable to inform consent. Hence, the total respondents were 193 (using convenience method of sampling).

Questionnaire consisted of two parts; socio-demographic information and suicide opinion questionnaire (SOQ). The socio-demographic information consisted of age, education level, attended the course on psychiatric nursing, participated in events, read any specific materials on suicide, suicide history in family and type of family. SOQ were distributed in class room setting. Students were explained about the study aim and purpose. The doubts were clarified.

Suicide opinion questionnaire (SOQ)

SOQ is a self-rated, 20 items, Likert scale which measure suicide on the basis of following eight domain: permissiveness, unpredictability, incomprehensibility, noncommunication, right to prevent, preventability, relation cause, and duration of suicide process.⁷ the tool does not present cut-off score, to categorize the result. The questionnaire was 5 point Likert scale: 1=strongly agree, 2=agree, 3= don't know, 4=disagree, and 5=strongly disagree'. Means and standard deviations (SDs) were also calculated to categorize perception into 'positive', negative and 'uncertain'. Scores between 1 and 2.4 were considered 'positive', between 2.5 and 3.4 'unsure' or 'uncertain', and 3.5 and above negative'. The descriptors were reversed for negatively-worded items. Positive and negative statements were included in order to avoid participants' tendency to agree with positive worded items. The possible score ranges from 20 (which reflects the most positive) to 100 (which reflects the most Negative) perception toward attempted suicide.

For analysis, statistical package for social science evaluation version 16.0 (SPSS Inc.; Chicago, IL) was used. Frequencies with percentage were calculated for categorical variables and mean and standard deviation were calculated for continuous variables and Mann Whitney- U test was used to test categorical variables. The level of significance was set at $p < 0.05$.

Table 1. Socio-demographic profile of the responded (n = 103)

Characteristics	Frequency	%
Age		
16-20	144	74.6
21-25	40	20.7
More than 26	9	4.6
Mean \pm SD 19.84\pm2.71		
Education Level		
Certificate level nursing	80	41.5
Bachelor level nursing	113	58.5
Attended the course on psychiatric nursing		
Yes	89	45.9
No	104	53.6
Participation in events		
No	136	70.5
Yes	57	29.5
Had read any specific material on suicide		
No	76	39.4
Yes	117	60.6
History of Suicide in family		
No	173	89.6
Yes	20	10.4
Types of family		
Nuclear	154	79.8
Joint	39	20.2

RESULTS

Table 1 shows that more than half (58.5%) of the respondents were from Bachelor level Nursing. Only 89 respondents (45.9%) attended the course on psychiatric nursing, minority of the students (29.5%) were participated in suicide event and more than half (60.6%) of the respondents had read suicide related material. Among them only 10.4% of respondents had history of suicide in their family members, Majority of the respondents were from nuclear family. Out of 193 respondents, three-fourth (74.6%) of the nursing students were age group < 20 and the mean age of respondents was 19.84 (SD±2.71).

Table 2 illustrates that when the value obtained in the eight domains are compared; lower scores in permissiveness and higher scores in right to prevent are identified.

Table 2. Mean and standard deviation for each domain and total score for opinion towards attempted suicide questionnaires (n=193)

Domains of Perception	Possible Score	Mean	SD
Permissiveness	0-20	9.18	2.336
Unpredictability	0-10	6.62	2.091
Incomprehensibility	0-15	8.90	2.715
Noncommunication	0-10	6.62	1.33
Right to prevent	0-10	7.93	1.60
Preventability	0-10	7.64	1.66
Relation-caused	0-10	6.49	1.396
Duration of Suicidal Process	0-15	8.25	1.474

Table 3. Mean and standard deviation for each domain and total score for opinion towards attempted suicide questionnaires (n=193)

Variables	Permissiveness		Unpredictability		Incomprehensibility		Noncommunication	
	Mean (SD)	P-value	Mean (SD)	P-value	Mean (SD)	P-value	Mean (SD)	P-value
Age								
<20	9.23± 2.449	0.725	6.72 ±2.470	0.490	9.29±3.100	0.046	6.70±1.262	0.355
≥20	9.12± 2.22		6.52±1.617		8.51±2.197		6.53±1.398	
Attended the course on psychiatric nursing								
Yes	8.719±2.15	0.012	6.236±1.461	0.017	8.415±2.044	0.021	6.561±1.348	0.598
No	9.57±.429		6.951±2.467		9.32±3.129		6.663±1.31	
Participation in events courses or lectures on suicide								
Yes	8.947±2.379	0.428	6.368±1.531	0.276	8.561±2.163	0.243	6.789±1.264	0.243
No	9.272±2.320		6.727±2.281		9.044±2.910		3.544±1.355	
Had read any specific material on suicide								
Yes	9.068±2.180	0.428	6.547±1.556	0.539	9.153±3.013	0.109	6.675±1.285	0.449
NO	9.342±2.564		6.736±2.724		8.513±2.138		6.526±1.400	
Suicide family history								
Yes	9.15±3.265	0.901	6.35±1.755	0.540	9.1±2.174	0.730	6.25±1.712	0.193
NO	9.179±2.217		6.653±2.128		8.878±2.774		6.658±1.277	
Type of family								
Nuclear	9.123±2.399	.534	6.707±2.240	0.257	8.883±2.8559	0.852	6.688±1.330	0.137
Joint	6.333±1.304		6.707±2.240		8.974±2.096		6.333±1.304	

* Significant at 0.05 level

Table 3 shows that those who did not attend the courses on psychiatry nursing presented the higher score, which was found to have significant association with permissiveness, unpredictability and incomprehensibility. Younger nursing students were also found to have significant association with incomprehensibility.

Table 4 shows the means obtained in younger age group students who did not read any specific materials on suicide had high score and showed statistically significant association with duration of suicide process.

DISCUSSION

Nursing students reflect a group of future gatekeepers, as they will be more concerned with suicidal patient in their professional life.⁵

Overall nursing students displayed relatively negative perception towards attempted suicide which is consistent with other studies.^{8,9} This findings are inconsistent with findings in nurses' attitudes study done in Royal college of physician, Canada.¹⁰ The present study found that junior nurses hold more negative attitudes towards attempted suicide, which is in congruence with other studies carried out in different countries.^{11,12} The present study is also congruent with study done in Greek, where over all doctors showed relatively unfavorable attitudes towards attempted suicide.¹³

This suggests that their 'negative perception' to some extent may be a result of lack of knowledge and uncertainty rather than a hostile attitude. The nurse has a responsibility to create a positive climate in the patient's encounter with

Table 4. Socio-demographic variables of nursing students according to the scores on obtained in the four factors of perception (n=193)

Variables	Right to prevent		Preventability		Relation-caused		Duration of Suicidal Process	
	Mean (SD)	P-value	Mean(SD)	P-value	Mean(SD)	P-value	Mean(SD)	P-value
Age								
<20	7.88±1.372	0.557	7.47±1.748	0.106	6.57±1.355	0.425	8.50±1.561	0.039
>20	7.99±1.267		7.84±1.417		9.41±1.440		8.06±1.351	
Attended the course on psychiatric nursing								
Yes	8.719±2.148	0.912	7.629±1.53	0.850	6.584±1.406	0.398	7.719±1.288	3.760
No	9.942±1336		7.673±1.66		6.413±1.390		8.769±1.456	
Participation in events courses or lectures on suicide								
Yes	8.122±1.226		7.561±1.81		6.588±1.463		8±1.464	
No	7.852±1.352	0.196	7.691±1.51	0.607	6.456±1.370	0.578	8.404±1.468	0.0821
Had read any specific material on suicide								
Yes	8.085±1.336		7.598±1.70		0.512±1.430		8.487±1.500	
NO	7.697±1.265	0.437	7.737±1.44	0.993	6.460±1.350	0.979	7.973±1.385	0.017
Suicide family history								
Yes	8.15±1.182	0.438	7.65±1.814	0.993	6.5±1.791	0.979	8.15±1.756	0.667
No	7.907±1.334		7.653±1.58		6.491±1.349		8.300-1.443	
Type of family								
Nuclear	7.941±1.339	0.852	7.610±1.67	0.465	6.435±1.423	0.259	8.299±1.478	0.798
Joint	7.897±1.252		7.820±1.27		6.717±1.47		8.299±1.478	

* Significant at 0.05 level

the health services. Knowledge and understanding are needed to enable the nurse to provide professional care for a difficult and challenging patient group.

This study shows the significant association with different domains of perception toward attempted suicide among nursing undergraduates students. The study has clearly revealed the presence of association between who attend the courses on psychiatry nursing and permissiveness, unpredictability and incomprehensibility respectively. Nursing students' age found to be significantly associated with incomprehensibility in this study. It is aligned with study done by Royal College of Physician which indicated that among all the nurses, the older personnels were more favorable than the younger ones.¹⁰ No significant association were found between perception and respondents characteristics of participation on events, courses or lecturer on suicide, family history of present in suicide and types of family, which is consistent with the findings in Australia which also found no significant association between attitudes and respondents characteristics.¹⁴

This study shows that the most of nursing students had negative perceptions towards suicide prevention which was found to have inconsistency with research done in Institute of Medical Science, Haryana and Taiwan and aligned with research done in medical school at Yokohama Japan.^{15,16}

The study did not take participants' personal exposure to suicide into account. In this research, the relationship between perceptions' of nursing students and actual nursing care was not examined.

CONCLUSION

This study reveals negative dispositions of nursing students towards attempted suicide. These perceptions related to respondents feelings, low educational level, social norms that influence these perceptions. Therefore, it is vital for nurses to transform their attitudes through training, reflection and clinical psychiatric posting in order to be more positive and therapeutic towards attempted suicide patients, helping them to eliminate the potential of a future attempt to suicide.

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