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Nurses' experiences of inpatients suicide in a general hospital[☆]Mirriam Matandela, Mokgadi C. Matlakala^{*}

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ABSTRACT

When suicide occurs, it is regarded as an adverse event. Often, little attention is given to the nurses who cared for the patients prior to the adverse event. Instead the affected nurses are expected to write statements and incident reports about the adverse event. The aim was to explore the experiences of nurses who cared for patients who successfully committed suicide whilst admitted at a specific general hospital in Gauteng Province, South Africa. A qualitative exploratory research was conducted. Data were collected through in-depth interviews with a purposive sample of six nurses and content analysis was done. Nurses experienced feelings of shock; blame and condemnation; inadequacy and feared reprisal. This study suggests a basis for development of support strategies to assist the nurses to deal with their emotions following experience of adverse events.

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1. Introduction and background

The World Health Organization (WHO)'s global report on violence and health indicates that one person commits suicide every 40 s, and that approximately one million people of all ages die from suicide every year (WHO, 2012). The WHO further estimates that by 2020, these figures may have increased to 1 death every 20 s. A study on the profile of suicide in South Africa indicate that suicide accounted for 7.7% of all non-natural deaths in South Africa (Alberdi-Sudupe et al. 2011). According to Burrows and Schlebusch (2008) 6500

suicides occur annually in South Africa. Gauteng province was dubbed the second leading province in South Africa with regard to high suicide statistics (Uys & Middleton, 2010). However, there is limited literature on general hospital based suicides in Gauteng province, except for incidents reported on the media.

Suicide is described as the act of taking one's own life. It is multi-factorial in nature, with associated risk factors such as demographic factors, psychiatric disorders, terminal or chronic medical conditions and recurrent unresolved psychological stressors (Masango, Rataemane, & Motojesi, 2008). Different methods of committing suicide include amongst

[☆] This study suggests a basis for development of support strategies to assist the nurses to deal with their emotions following patient suicide incidents in a general hospital. The study will contribute knowledge to the importance of designing and strengthening Employee Assistance Programmes for nurses who experience such serious adverse events.

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others, shooting, hanging, poisoning, gassing and burning and jumping from heights. Suicide can be committed anywhere including at home or even in hospitals.

The Joint Commission (2010) indicates that 14.25% of suicides occur in the non-behavioural units of the general hospitals such as medical or surgical units. Knoll (2012) indicates that 'inpatient suicides do occur in the medical settings and are viewed as the most avoidable and preventable because they occur in close proximity to staff. Therefore hospitals are faced with adverse events when patients commit suicide. Some patients sustain serious injuries before or may die instantly. When suicide occurs in general hospitals, it poses challenges to health care workers, including nurses who witness or care for these patients before they die, as well as the patients' families, and hospital administrators (Knoll, 2012). The patients include those who are admitted for conditions such as respiratory, cardio-vascular, endocrine, haematological and renal diseases rather than mental illness. Whilst the cause of suicide is often not known, some conditions may lead to confusion; whilst some patients may not accept their disease status; and therefore resort to suicide. According to Cheng, Hu, and Tseng (2009) inpatient suicides often have devastating effects on survivors and on staff morale. However, there is limited literature on the experiences of nurses who cared for patients who successfully committed suicide in the general hospital units such as medical wards.

When a patient commits suicide in hospital, it is regarded as an adverse event. The National Core Standards for Health Establishments in South Africa indicate that adverse events are sub-domain in the domain of Patient Safety, Clinical Governance and Clinical Care domain which includes support of any affected patient or staff (National Department of Health, 2011). The criteria in this sub-domain requires that the health establishment actively encourages reporting of adverse events. Therefore each health establishment should design a procedure to report the adverse event.

In this specific hospital, management of such adverse events includes in-depth investigation of the incident. A procedure of writing incident reports, often called statements, file analysis by quality assurance coordinators, clinical managers and nurse managers is followed to investigate the incident. The reports are written to assess the clinical status of the patient prior to the incident, to facilitate preliminary investigation. Inpatient suicide is an unnatural death that is reported to the South African Police Services (SAPS) who further request statements from nursing personnel involved. Post-mortem of the deceased, in case of successful suicide is mandatory as part of investigation for confirmation of injuries that led to the death of the patient.

Nurses are the frontline workers in providing nursing care to patients in the hospitals. When adverse events such as patient suicide occur, they raise concerns from hospital authorities, the media, the police, the community as well as the affected family. The nurses that were involved in the care of these patients have to provide full details of any action, care plans and are expected to write reports on the occurrence of the incidents. Following such adverse events, the anecdotal observations of the researchers is that the

affected nurses absent themselves from work or are admitted in hospital with stress. If there is any alleged negligence of the patient who committed suicide, the nurses may be required to appear before disciplinary hearings in their institutions and eventually the South African Nursing Council (SANC) if the incidents are related to nursing omissions.

2. Problem statement

In the specific hospital for this study, four patients committed suicide whilst admitted in the medical unit of the specific hospital during the period 2008–2012. All the patients were males, aged 39–48 years. The patients jumped through the windows from the 3rd floor of the medical ward. During the adverse event, hospital managers focused on getting written statements from the nurses involved, addressing the families of the deceased, and reporting the incident to the relevant authorities. Essentially, (in the nurses perceptions) hospital managers became more concerned about the impact that the adverse event would have on the family, hospital budget, the image of the institution and the perception of the community towards the institution. Very little attention was given to nurses that were involved and affected by the adverse events.

The nurses were very traumatized by the events, had to go through the stress of having to explain what happened, and were in fear of being disciplined and reported to the SANC. Anecdotal information indicates that the reactions such as guilt, anger, self-blame, sadness, fear, and feelings of failure were observed from the affected nurses. Some nurses absented themselves from work; whilst others were admitted in hospital with depression or stress following the suicide incidents.

3. Aim

The aim of this article is to present the experiences of nurses who cared for patients who successfully committed suicide while admitted in a general hospital in Gauteng Province, South Africa.

4. Research design and method

A qualitative design was used (Denzin & Lincoln, 2011), following interpretivism (Creswell, 2009). This design was deemed suitable because the researchers needed a complete understanding of the experiences from the affected nurses (Babbie, 2012; Burns, Gray, Grove, Behan, & Duvall, 2012). The epistemological assumption of this study was that to understand the experiences of nurses following patient suicide, it is important to allow them to narrate their feelings following the incidents.

The study was conducted at an urban general hospital in Gauteng Province, South Africa. The hospital is a five level-storey high rise; and the medical unit is situated on the third floor of the building, is twenty-five bedded with big glass

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