



# Attitudes of psychologists and nurses toward suicide and suicide prevention in Ghana: A qualitative study

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## ABSTRACT

**Background:** One way of preventing suicide has been increasing awareness among health care professionals of their own attitudes and taboos toward suicide and its prevention. **Objective:** The purpose of this study was to understand the attitudes of health professionals toward suicidal behavior and its prevention in Ghana.

**Methods:** A total of 17 informants (9 clinical psychologists and 8 emergency ward nurses) in an urban center were interviewed using a semi-structured interview guide. Interpretative Phenomenological Analysis (IPA) was used to analyze the data.

**Results:** We found that the attitudes of these health workers toward suicide and suicide prevention seemed to be transiting between morality and mental health. The psychologists generally saw suicide as a mental health issue, emphasized a caring and empathic view of suicidal persons and approached suicide prevention from a health-service point of view. Mental health education and improvements in primary health care were reported as practical approaches toward suicide prevention. The nurses on the other hand, held a moralistic attitude toward suicide as a crime, viewed suicide persons as blameworthy and approached suicide prevention from a proscriptive perspective. Informal approaches such as talking to people, strengthening the legal code against suicide and threatening suicidal persons with the religious consequences of the act were also indicated as practical approaches to suicide prevention. Educational level, clinical experience with suicidal persons, and religious values, are discussed as influencing the differences in attitudes toward suicide and suicide prevention between psychologists and nurses.

**Conclusion:** Health workers in Ghana need training in suicidology to improve both knowledge and skills relevant for suicide prevention.

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## What is already known about the topic?

- Health professionals are key players in suicide prevention in all countries.
- To effectively engage them, it is important to examine their attitudes toward suicide and how it could either enhance or impede suicide prevention programs.

## What this paper adds

- The attitudes of psychologists and nurses toward suicide and suicide prevention in Ghana seem to be in transition from morality toward mental health.

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- The idea that suicide is condemnable and the suicidal person blameworthy seemed to make nurses approach suicide prevention from a proscriptive approach.
- The view that suicide is pathology and the suicidal person a needful individual seemed to make psychologists approach suicide prevention from a health-service approach.
- A closer move toward the mental health view, has better implications for caring attitudes toward suicidal persons in Ghana.
- Contributes to knowledge on the relationship between culture and suicide and demonstrates the need to understand health professionals' attitudes toward suicide and suicide prevention.

Suicide is a major cause of death in many countries and a considerable public health problem both to individuals and society in general (Suokas et al., 2009; Samuelsson and Åsberg, 2002). Globally, the urgent need to coordinate and intensify actions aimed at preventing suicide has been pointed out by the World Health Organization (WHO) (WHO, 2004). One of the recommended ways of preventing suicide has been increasing awareness among health care professionals of their own attitudes and taboos toward suicide and its prevention (WHO, 2007). Consequently, their attitudes toward suicide and its prevention have received attention from several researchers around the world. For instance a study by Sethi and Uppal (2006) in India among 50 medical doctors working on accident and emergency wards reported the doctors viewed suicide as unlawful and manipulative. Negative attitudes toward suicidal attempters included avoidance, rejection, hostility and anxieties, with the consequence of low quality care. In another related study general practitioners in the UK reported more negative attitudes toward suicide than psychiatric and community nurses (Herron et al., 2001). In another study in the UK, psychiatrists were reported as perceiving attempted suicide as not punishable, not immoral and the suicidal person as needing care (Platt and Salter, 1989). Additionally, a study in Taiwan that examined casualty nurses' attitudes toward suicide attempters reported that suicidal attempters who survive the act require therapy and that training in interpersonal skills could be beneficial in the care for such patients (Sun et al., 2006).

Compared to other health professionals, the attitudes of nurses have received considerable investigations (e.g., Berlim et al., 2007; Botega et al., 2007; Samuelsson and Åsberg, 2002) with conflicting results. Some studies have reported negative attitudes of nurses toward suicidal patients (e.g., Herron et al., 2001) whereas other studies have reported positive attitudes (e.g., Sun et al., 2006). Socio-demographics such as level of nursing education, religion, and experience of suicide care, have been found to influence nurses' attitudes toward suicide (Sun et al., 2006; Botega et al., 2007). Negative attitudes are those attitudes which reinforce the patient's feelings of worthlessness and hopelessness such as judgment and rejection; whilst positive attitudes refer to those attitudes which are protective, making the patient feeling loved and cared for (Aish et al., 2002).

Few studies have examined the attitudes of psychologists toward suicide, and have reported that they accept suicide under certain circumstances (e.g., pain, terminal illness) and those with more years of clinical experience showed more acceptability for suicide than those with less clinical experience (Hammond and Deluty, 1992; Werth and Liddle, 1994). Additionally, psychologists' empathic understanding of suicidal patients has been found to reflect their psychological orientation toward health (Swain and Domino, 1985).

Studies on attitudes toward suicide and suicide prevention among health professionals are scarce in Ghana. The only studies which come close to the present one are those that have examined the attitudes of psychology students (who are potential health professionals in the future) toward suicide and suicide prevention in Ghana (Knizek et al., 2010–2011; Hjelmeland et al., 2008a,b; Osafo et al., 2011a), which is part of a broader study of which this present study is an aspect. In these studies the students' negative attitudes toward suicide were reported to be strongly influenced by religious values, but they were also found to be endorsing the need to prevent suicide.

In the context of Africa, health care professionals are key opinion leaders in their communities and in most social settings are in a power category whose attitudes can affect the views held by society (Awusabo-Asare and Marfo, 1997; Dodor et al., 2009). For instance in Ghana, it has been reported that the way health workers' relate with tuberculosis patients such as shouting at them and standing at a distance when talking to them contributes to the stigmatization of such patients (Dodor, 2008; Dodor et al., 2009).

The focus on emergency nurses and psychologists in this study is important. Like elsewhere in the world, nurses are the first point of contact when a suicide attempter seeks attention at a health facility (McCann et al., 2007). In Ghana most suicide attempters are first sent to the emergency wards of general hospitals for medical attention and nursing care and then later referred for psychological attention. Thus the emergency nurse is likely to encounter a considerable number of suicide attempters and their role becomes central in the initial management (Suokas et al., 2009). The psychologists thus become equally central in the treatment and management of suicide attempters due to the referral chain (E. Dickson, personal communication, October 10, 2008).

The attitudes of health care professionals can be detrimental to suicide prevention (Lang et al., 1989) and as long as these two groups are active and key handlers of suicidal patients, it becomes essential to examine their attitudes toward suicide and suicide prevention in Ghana. Additionally, it will be noted that emergency nurses and psychologists belong to different health perspectives; medical and mental respectively. It is also therefore important to have a comparative analysis of how each views suicide and reacts toward suicidal persons. The purpose of this study is to examine the attitudes of psychologists and emergency ward nurses toward suicide and suicide prevention and examine the implications for suicide prevention in Ghana.

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