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Five high-risk factors for inpatient suicide[☆]

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ABSTRACT

Objective: The aim of this study was to identify the risk factors for inpatient suicide in a general hospital.

Methods: Thirty suicide victims were drawn from the adverse event reports of suicidal acts during hospitalization in a general hospital from 2008 to 2014. Data were gathered from a focus group. Interview of 6 medical staff who had experienced inpatient suicide. Interpretative phenomenological analysis was used to analyze the data.

Results: Five main themes regarding high risk factors for inpatient suicide emerged from this study: mental disorders, diseases, and the source of money to meet medical expenses, social support, and the hospital environment. Patients with mental disorders were at a high risk of suicide. Having a serious disease, paying high medical expenses alone, the loss of social support and unsafe hospital environments were also associated with an increased risk of suicide.

Conclusions: This study puts forward different perspectives on the reasons that inpatients commit suicide and corresponding preventive measures based on these 5 main themes that could be implemented to avoid or reduce suicidal acts among inpatients during hospitalization.

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1. Introduction

Suicide is a multidimensional phenomenon of psychiatric diagnoses, particularly mood disorders, and is complex both terms of causation and the treatment of those who are at risk.¹ The World Health Organization estimates that approximately one million people die from suicide each year.² Inpatient suicide is typically defined as the suicide of registered inpatients within psychiatric facilities or while on approved or unapproved leave.¹ Some studies have suggested that the risk factors for inpatient suicide might be different from those for suicide in the general population.^{3–5} Compared to the numerous studies that have concentrated on patients in mental hospital settings, patients who commit or attempt suicide in general hospitals have received considerably less attention in the medical literature.⁶

Therefore, we should give more attention to inpatient suicide and identify the risk factors for inpatient suicide rather than the common causes among the general population. Although the suicide rate is not that high among inpatients, such suicides cause great harm. Inpatient suicide can not only adversely affect families but can also frequently causes medical disputes. Patient safety has been increasingly recognized as an important concern in hospital settings, and inpatient suicide is the second most common sentinel event (accounting for 12% of all sentinel events) according to the Joint Commission on Accreditation of Health Care Organizations.⁶ The present study was conducted to investigate the risk factors for suicide among inpatients with the aim of providing a theoretical basis for the reduction of the inpatient suicide rate.

2. Material and methods

2.1. Subjects

We collected primary material related to 30 inpatients who committed or attempted suicide from the adverse event reports of suicidal acts during hospitalization in a general hospital from 2008

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to 2014. Among these inpatients, 17 (57%) committed suicide and 13 (43%) attempted suicide.

2.2. Data collection

Six medical staff who had experienced inpatient suicides participated in a focus group interview. A focus group interview refers to a group interview in which data are collected based on the interactions between the participants.⁶ Discussions concerning the 30 cases were conducted and recorded by a designated person, and the recorded data were then transcribed verbatim for content analysis.

2.3. Data analysis

SPSS13.0 software was utilized to manage the basic information about the 30 study subjects. The data were analyzed based on interpretative phenomenological analysis.

Interpretative phenomenological analysis consists of 4 steps⁶: (1) the text is read repeatedly, (2) topics that represents the features of each part of the text are identified, (3) the structure of each topic is analyzed to form new concept groups, (4) a list of structured themes that encompass the explanations of each theme is created, (5) these lists are integrated into an advanced theme list, and (6) the meaning of the advanced theme list is explained. NVivo 8.0 was utilized to manage and analyze the data.

3. Results

3.1. Basic information about the suicidal inpatients (Table 1).

3.2. Main themes related to the risk factors for inpatient suicide (see Fig. 1).

Table 1
Basic information about the suicidal inpatients (n = 30).

Cases (total 30)	n	%
Gender		
Men	13	43
Women	17	57
Age (average 55.6)		
44 and younger	6	20
45–59	14	47
60 and older	10	33
Diagnoses		
Cancer	15	50
Chronic serious disease	14	47
Others	1	3
Personality		
Introvert	27	90
Extrovert	3	10
Source of funding to meet medical expenses		
Private	18	60
Public	1	3
Medical insurance	11	37
Social support		
Yes	19	63
No	11	37
Other diseases		
Depression	3	10
Other mental disorders	17	57
Others	10	33
Location of suicide		
In the hospital	21	70
Out of the hospital	9	30

4. Discussion

4.1. Theme 1: mental disorders

The results of the present study suggest that the presence of a mental disorder is a major risk factor for suicide and suicidal behavior.^{2,7,8} Mental disorders are present in approximately 90% of all completed suicides. Patients with mental disorders that require inpatient care are at an increased risk of suicide that is 10-fold higher than that of the general population. Affective disorders are associated with a high risk of suicide; a systematic review and meta-analysis found that the lifetime prevalence of suicide of 6%.⁹ In the present study, we found that nearly all of the inpatients who committed suicide had mental disorders of varying severity during their hospitalizations. However, the histories of these disorders and suicidal behaviors were not identified when the patients were admitted to the hospital. For example, general hospital patients who commit suicide are less likely to have a known history of psychiatric illness or suicidal behavior.¹⁰ Psychological problems appeared in some inpatients during hospitalization; however, this is considered a normal phenomenon and does not elicit the attention of medical staff or family members, which allows tragic events to occur. Moreover, there are no evaluation items related to depression on the nursing assessment. Although many inpatients have depressive tendencies, these patients cannot be identified.

4.2. Theme 2: disease

A distinctive characteristic of inpatients who committed suicide is the presence of serious disease. Other distinctive features of suicidal inpatients in general hospitals have also been described in independent studies and include older age or and chronic physical conditions (e. g., pain, pulmonary disease or terminal illness).⁶ In addition to mental disorders, physical diseases have been regarded as risk factors for suicide. Patients with physical diseases are at a risk of suicide that is two to three times higher than that of those without such conditions.¹¹ In our 30 study subjects, 15 cases (50%) had malignant tumors, and 14 cases had other chronic serious illnesses. Diseases cause great pain to patients, and many patients cannot endure substantial suffering and thus choose to end their lives to seek relief. Moreover, many suicide victims with physical illnesses (ranging from 52% to 88%) also suffered from concurrent mental disorders. In the present study, 3 cases had depression, and 17 cases had other mental disorders among the 30 cases who were suffering from physical illness. Both physical illness and mental disorders predispose inpatients to choose to commit suicide.

4.3. Theme 3: source funding to meet medical expenses

The source of payments for medical expenses plays a substantial role in inpatient suicide.¹²

Among 30 study subjects, 18 (60%) were private patients, and 12 (40%) paid their medical costs at the public's expense or with medical insurance. The majority of these 30 inpatients were required to pay their medical expenses by themselves. These patients were required to bear tremendous economic burdens while they were suffering from the substantial pain of serious diseases, which caused them extensive mental stress. These patients might also have been afraid of burdening their families, which might have increased the likelihood of suicide in some cases.

4.4. Theme 4: social support

A lack of social support is a major cause of inpatient suicide. Poor relationships with family members or medical staff, loss of financial

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