

AN INTERPRETIVE STUDY OF NURSING STUDENTS' EXPERIENCES OF CARING FOR SUICIDAL PERSONS



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Suicide is a worldwide public health problem. Although preparing nursing students to care for suicidal persons has been a standard part of nursing education for many years, nurses consistently report that they lack competencies in caring for this population of patients. The purpose of this phenomenological and hermeneutical study was to understand the experiences undergraduate nursing students had in regard to caring for suicidal persons. The aim of the study was to obtain insights into the basic preparation of students in the care of suicidal persons to inform pedagogical approaches pertaining to suicide and improve the nursing care for these individuals. Twelve senior nursing students were recruited for the study. Data were collected using in-depth, unstructured interviews. The study themes indicated that (a) when participants read about suicidal persons' mental status and behavior in patient records they initially feared interacting with and caring for these individuals; (b) participants' abilities to gather information about suicide risk was influenced by how much patients talked with them about their suicidal tendencies; and (c) participants' capacity to provide safe and therapeutic suicide prevention interventions was impacted by judicious critical thinking skills. Teaching strategies that align with the themes are provided. (Index words: Student nurse; Suicide; Suicide education; Teaching strategies; Phenomenology; Hermeneutics; Interpretive research) *J Prof Nurs* 30:426–435, 2014. © 2014 Elsevier Inc. All rights reserved.

SUICIDE IS A widespread public health problem. According to the [World Health Organization \(2012\)](#), suicide is among the top 20 causes of death in the world, with nearly 1 million individuals succumbing to it each year. In the United States alone, suicide is the 10th leading cause of death for all age groups with more than 30,000 individuals dying from suicide annually ([Centers for Disease Control and Prevention, 2012](#)). These global and national suicide rates may be even greater because unsuccessful suicide attempts are often under-

reported ([Bertolote & Fleischmann, 2009](#)). While the suicide rates are alarming, it is equally disquieting that up to 75% of individuals who committed suicide saw a primary care provider 30 days before their death ([Feldman et al., 2009](#)), making suicide detection a “prevalent and preventable” clinical error ([Oravecz & Moore, 2006](#), p. 269).

There have been a multitude of efforts to curb suicide rates. International and national governmental agencies have developed goals, objectives, guidelines, and reports to support health care professionals in detecting, preventing, and managing suicide ([U.S. Department of Health and Human Services, 2013](#); [U.S. Department of Health and Human Services Office of the Surgeon General and National Action Alliance for Suicide Prevention, 2012](#); [World Health Organization, 2012](#)). Increased funding for suicide research has resulted in a greater understanding of suicide risk factors ([Nock et al., 2009](#)) and the development of suicide risk assessment instruments ([Aflague & Ferszt, 2010](#)). The [Joint Commission \(2013\)](#) has a “behavioral health care national safety goal,” requiring

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health care professionals to identify and provide interventions for those at risk for suicide. Despite the efforts to decrease suicide rates, the total disease burden from suicide is expected to rise from 1.8% to 2.4% by 2020 (Bertolote & Fleischmann, 2009, p. 97).

Amid the current climate of suicide, nurses are vital to the care of suicidal persons. Some authors have indicated that nurses effectively care for suicidal persons through their ability to establish therapeutic relationships (Sun, Long, Boore, & Tsao, 2006; Valente, 2002). Their “therapeutic use of self” (Stuart, 2013) facilitates the “lifesaving goals” of suicide care (Billings, 2003, p. 176). Conversely, numerous authors have documented that nurses consistently report that they do not have the knowledge or skills to provide therapeutic care for those at risk for suicide (Aflague & Ferszt, 2010; Keogh, Doyle, & Morrissey, 2007; Valente & Saunders, 2004). Nurses’ lack of preparation in caring for suicidal persons occurs despite prelicensure education guidelines (International Society of Psychiatric-Mental Health Nurses & American Psychiatric Nurses Association, 2008) and practice policies (The Joint Commission, 2013) about suicide assessment, prevention, and management strategies.

Suicide trends, suicide risk assessment research, suicide prevention guidelines and policies, and nursing education about caring for suicidal persons indicate that nurses have an evidence base from which to provide care for suicidal persons. However, their reported lack of preparation in caring for suicidal persons point to a need for understanding how undergraduate nursing students learn to care for these individuals. Obtaining insights into the basic preparation of students in the care of suicidal persons can inform pedagogical approaches pertaining to suicide and can improve the nursing care for these individuals. The purpose of this study, therefore, was to seek an understanding of the experiences undergraduate nursing students have in regard to caring for suicidal persons by asking them about their experiences of assessing suicidal ideation. The focus on students’ assessment of suicidal ideation stems from the fact that questioning patients about suicidal ideation is the most commonly used approach to beginning a suicide risk assessment (Welton, 2007) and one that students are taught to use when initiating care for suicidal persons.

Literature Review

The research on teaching undergraduate nursing students about suicide is sparse. The few studies that do exist describe students’ knowledge and attitudes about suicide and their skills in providing suicidal care. To determine knowledge and attitudes about suicide, Kawanishi et al. (2006) administered a questionnaire to groups of nursing students, psychiatric nurses, and social workers. They compared the findings between these groups with a group of medical students who had previously completed the questionnaire. The findings suggested that all of the groups lacked knowledge about suicide. In particular, the groups were unable to identify common suicide risk factors and were unaware that

suicide was a major public health problem. In addition, all of the groups had empathetic attitudes toward suicide victims. However, they reported attitudes of unconcern or “no comment” about suicide, which the authors also attributed to a lack of knowledge about suicide.

Other studies regarding students’ knowledge and attitudes about suicide have included those evaluating the effect of suicide educational interventions. Sun, Long, Huang, and Chiang (2011) conducted a quasi-experimental study with 174 second year nursing students to investigate learning outcomes following an educational program about suicide. The experimental group learned about theoretical perspectives of suicide and nursing care for suicidal persons, whereas the control group did not receive the educational program. Study findings indicated that, as compared with the control group, the experimental group demonstrated more nonjudgmental attitudes about suicide, better understood that suicide can coincide with mental illnesses, and had a greater understanding that suicidal persons wanted help to alleviate “psychic pain” (p. 842). Pederson (1993) conducted a similar study with 51 senior nursing students. The experimental group participated in an interactive structured controversy session where they debated, for or against, the need for nurses to provide suicide prevention interventions. The control group received a lecture about suicide. As compared with the control group, the experimental group had more accepting attitudes (e.g., less stress and frustration) about caring for suicidal persons. Conversely, compared with the experimental group, the control group had more positive beliefs about their abilities to care for suicidal persons.

In addition to studies examining students’ knowledge and attitudes about suicide, a few studies focused on developing and evaluating students’ suicide risk assessment skills. Robinson-Smith, Bradley, and Meakim (2009) used a descriptive design to evaluate 112 junior undergraduate nursing students’ perceptions of satisfaction, self-confidence, and critical thinking following an activity where the students used textbooks and other literature to prepare for performing a suicide risk assessment with a depressed standardized patient (SP). The findings indicated that students were satisfied with the learning experience and did perceive increased self-confidence and critical thinking in suicide risk assessment. However, the authors reported that the students did not extend risk assessment beyond asking the SP about suicidal ideation. For example, they did not include other components of suicide risk assessment such as asking the SP about self-harm plans. Consequentially, the students did not demonstrate skills in obtaining safety contracts (patients’ agreement to inform staff about suicidal ideation) or patient education about 15-minute suicide safety checks. This study is consistent with an earlier study, which suggested nursing students do not adequately learn the skills necessary for reducing inpatients’ risk for self-harm (Hazell, Hazell, Waring, & Sly, 1999).

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