



Curriculum development through understanding the student nurse experience of suicide intervention education – A phenomenographic study



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ABSTRACT

Suicide remains a global public health issue and a major governmental concern. The World Health Organisation argues for continued investment in education for front-line professionals, with a particular focus on nurses, to address the rising suicide levels. Considering this rate, it could be argued that suicide has impacted on the lives of many, including the student nurse population. Understanding the psychological impact, and influence on learning, whilst developing suicide intervention knowledge is crucial. However, little is known of the student experience in this complex and challenging area of skills development. This phenomenographic study examines the experiences of second year Bachelor of Nursing (mental health) students who participated in the Applied Suicide Intervention Skills Training (ASIST). Experiences were illuminated through two focus groups, Experiences were distilled and categorised through hierarchically relationships to construct a group experiential field to illustrate understandings of the impact this approach has on learning. Students found ASIST to be emotionally challenging yet an extremely positive experience through bonding, peer learning, and class cohesion. The supportive workshop facilitation was essential allowing for full immersion into role simulation thus developing student confidence. Appropriate pedagogy and student support must be considered whilst developing suicide intervention in the pre-registration curricula.

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Background

Suicide remains a global public health issue and a major governmental concern in the UK. The World Health Organisation (WHO, 2012) reports that:

- Every year, more than 800,000 people die from suicide;
- Suicide is amongst the three leading causes of death for those aged 15–44 years in some countries;
- Suicide worldwide was estimated to represent 1.3% of the total global burden of disease in 2004;

- Mental disorders are a major risk factor for suicide in Europe and North America.

In response, the WHO Mental Health Action Plan 2013–2020 (2013) provides clear direction that suicide prevention is everyone's business and should not be the sole responsibility of those working in mental health care. Indeed many countries have developed suicide prevention strategies that include intervention skills for a variety of health professionals (Vijayakamur et al., 2005). The UK statistics echoed that of other European countries (Office of National Statistics (2013); Department of Health (2014)) with Northern Ireland, England, Scotland and Wales developing plans to reduce suicide through targeted responses including education for front line care givers (Scottish Government, 2010; Department of Health, Social Services and Public Safety, 2012; Department of Health (2012); The National Action Plan, 2009).

Whilst nurse training in the UK has focused on the mental health nurses' role in suicide prevention (Nursing and Midwifery

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Council, 2010), specifying that education and competence in this area of practice should be developed, it has surprisingly not been given any level of priority in other fields of nursing and midwifery education. Given the incidence of suicide, it is almost certain that all nurses and midwives will encounter an individual in the course of their work who is actively considering suicide and yet without the right training, knowledge or skills, the opportunity to intervene may go unrecognised. Interventions can include picking up subtle communication cues, screening methods, understanding motivations, confidence to question suicidal intent, and care management if a disclosure is made (Sanders, 2006; Hackley et al., 2010).

Literature review

A literature review was undertaken to identify suicide intervention in health and social care undergraduate curricula as well as the student experience of this type of education. World-wide studies are included, with CINHALL, Medline, Psychinfo, Web of Knowledge and Embase being used for the review. The search terms were student, nurse, suicide intervention, experience.

Suicide intervention education in undergraduate programmes

Many countries recognise that developing suicide intervention education within pre-vocational curricula can improve surveillance and engagement of those considering suicide (Cutcliffe and Stevenson, 2008). In Italy, Palmieri et al. (2008) suggest that although many health care providers are working with those considering suicide on a daily basis, few have received any formal education in suicidal identification and intervention. This failing is mirrored in the US with health professionals reporting having little training (Dexter-Mazza and Freeman, 2003) and in a further study where 600 qualified social workers identified limited or no suicide education in their undergraduate programme (Feldman and Freedenthal, 2006). In Australia, Hazell et al. (1999) advise that suicide education is more comprehensively delivered in nursing and medical schools with somewhat less in social care.

The literature also suggests that nursing students in all fields require knowledge of suicide intervention and that nurses play an integral role in prevention (Glasper, 2011). This has been particularly apparent for those working with older adults (Conwell, 2001), in practice nursing (Peate, 2002), general medical (Botega et al., 2010) and oncology (Weber and Snow, 2006). For many nurses working in generalist areas, where they may regularly interact with those considering suicide, intervention skills levels are low (Scheerder, 2010). This was echoed recently at the RCN Congress debate (2014) where a resolution was passed to influence higher education institutions to include suicide prevention across all fields of pre-registration nurse education. Conversely, in the USA, a large two part comparison study of skilled workers suggested that overall health workers (n = 1337) are knowledgeable about suicidal behavior, but there are very specific areas of need, such as the high rates of suicide in special populations e.g. older people and those with severe mental illness (Smith et al., 2014).

It is recognised that suicide is a complex and ethically challenging phenomenon for students with many feeling ill-equipped to intervene with those wishing to end their life (Valente, 2010). Talseth and Gilje (2011) argue that nurse's attitudes and beliefs relating to suicide can impact on response to the patient considering suicide, highlighting the need for more understanding of the most effective evidence-based approach to preparation.

The case for change

Smith et al. (2014) studied a large mixed group of health care providers from various backgrounds engaging in suicide intervention training. Those receiving online or face-to-face workshop training (Applied Suicide Intervention Training) – ASIST or Question, Persuade, and Refer (QPR) (Quinnet, 1995) out performed those who received no training on measures of knowledge and attitude to suicide intervention. Further, Kishi et al. (2014) evaluated the effect of a 7-hr training programme for emergency room nurses in Japan. A questionnaire was completed by 52 nurses before training and 1 month after the workshop. The nurses' understanding of and willingness to care for suicidal patients positively changed suggesting a relatively short workshop on suicidal prevention can support improved care for those considering suicide in the emergency care setting.

Within the UK nursing and midwifery undergraduate curricula there is limited evidence of proactive attention to suicide education beyond occasional theoretical lectures and in rare cases some specialist provision. However, Sun et al. (2011) argue that interactive sessions run alongside lecturers help students develop a more accepting attitude to suicide and deeper understanding. Scheckel and Nelson (2014) concur suggesting a need to support students to better understand their own attitudes to suicide. In their study of senior students they recognise that students experienced fear in interacting with suicidal patients, which in turn impacts on their ability to provide appropriate nursing care. This supports the argument that suicide intervention is challenging and that the traditional lecture style of knowledge transfer does not sufficiently develop student values and beliefs, which are integral to the intervention process. Wu et al. (2014) suggest discussion groups in addition to a basic suicide intervention lecture also improve understanding and development of values.

Many nurses struggle with the concept of suicide and are confronted by personal and clinical experiences directly impacting on them (Anderson, 1997). For many, being faced with the urgency of intervening with someone considering suicide can be highly stressful and anxiety provoking, as in other life threatening emergencies (Neimeyer, 2000). Osafo et al. (2012) argue that undergraduate education must expand to consider theories, feelings and attitudes to suicide. Cutcliffe (2003) adds that nurses need a deeper understanding of the lived experiences to be able to view the person's situational circumstances holistically and appropriately intervene. Some further argue that there is simply a disparity in education between suicide knowledge and the student's competence in their ability to respond appropriately (Inman et al., 1984; Lilly et al., 2012).

This evidence suggests a need for more sophisticated approach to suicide intervention education that can address the students' development needs whilst exploring the impact of suicide on the lives of individuals, their families, the student and healthcare communities.

The ASIST programme

To respond to the need to include suicide intervention education in undergraduate programmes, one large university in Scotland employed a stepped approach to suicide intervention skills education throughout the undergraduate curricula. The Applied Suicide Intervention Skills Training (ASIST) workshop was selected and introduced within year two of the Bachelor of Nursing (mental health) with an aim to roll out across all fields. Careful

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