



A descriptive study of baccalaureate nursing students' responses to suicide prevention education



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ABSTRACT

Internationally, little is known regarding the amount of educational content on suicide in undergraduate nursing curriculum. The literature conducted found few published research studies on implementation of suicide prevention instruction in baccalaureate nursing curriculum, even though various international healthcare and nursing initiatives address suicide prevention. The aim was to describe senior baccalaureate students' responses to an evidence-based suicide prevention gatekeeper training program entitled Question-Persuade-Refer implemented in a required course. This is a multi-method descriptive study. Data were collected utilizing a pre–post-survey questionnaire administered to 150 students in four classes of a psychiatric nursing course over a two-year period. The quantitative data were statistically significant ($p < 0.000$) indicating an overall positive rating of the training. From the qualitative data, the main theme was 'becoming capable intervening with persons at risk for suicide'. Students responded very positively to the evidence based suicide prevention gatekeeper training program. The instruction addresses various national initiatives and strategies filling a void in nursing curriculum, as well as empowering students to engage in suicide prevention interventions.

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Introduction

Internationally, little is known regarding the amount of educational content on suicide in undergraduate nursing curriculum. "Serious gaps" in nursing education in the United States have been cited by the American Psychiatric Nurses Association in its position statement on suicide acknowledging the key role of generalist nurses in management of suicidal persons and recognizing their limited instruction in assessment and intervention (Puntill et al., 2013, p. 209). In addition, the American Association of Colleges of Nursing (AACN), and its subsidiary, Quality and Safety Education for Nurses (QSEN), have established standards relating to care of suicidal persons. Suicide prevention is articulated as essential content or a learning outcome in *Essentials of Psychiatric Mental Health Nursing in the BSN Curriculum* (AACN, 2008). QSEN specifically references students and their ability to demonstrate "effective use of strategies to reduce risk of harm to self or others" (Cronenwett et al., 2007, p. 128).

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Persons at risk for suicide are present in most healthcare settings in various countries yet it remains unclear how well undergraduate programs prepare nursing students to encounter them. Therefore, of importance is preparing future generalist nurses with attitudes and knowledge to care for those at risk for suicide. One such approach is implementation in baccalaureate undergraduate nursing curriculum of Question-Persuade-Refer (QPR) Suicide Prevention Gatekeeper Training, an evidence-based educational program. To date, there were no known studies found in published literature on implementation of such a program in baccalaureate nursing students in the United States or other countries.

The aim of the multi-method study was to describe baccalaureate nursing students' responses to an evidence based practice program, Question-Persuade-Refer (QPR) Suicide Prevention Gatekeeper Training implemented in one undergraduate college of nursing in Montana. Results of both quantitative and qualitative data analyzed were statistically significant, informative, and positive. The objective was to analyze quantitative and qualitative data collected from students' self-appraisal of their knowledge, skills, and abilities regarding suicide prevention at pre- and post-instruction.

Background

Examination of available literature on suicide prevention education in undergraduate nursing education was completed through CINAHL, PubMed, and ProQuest Nursing and Allied Health Source. Starting with search terms “nursing education” and “suicide”, results yielded 9220 articles. Narrowing the search field to full-text peer-reviewed journal articles in English from 1990 through 2014 using terms “undergraduate nursing education” and “suicide” resulted in 295 articles which were examined.

Of significance to the education of nurses is that suicide, globally, is among the most preventable causes of death. Internationally, nearly one million persons annually die by suicide making it among the 20 top leading causes of death (WHO, 2013). In the United States, suicide is the 10th leading cause of death resulting in approximately 39,000 fatalities annually, an increase from previous years (Centers for Disease Control, 2012). Suicide among hospitalized inpatients in both general medical and psychiatric units is the second most common sentinel event (The Joint Commission, 2012, 2013). Patient suicide in the hospital setting accounted for 16.5 percent of medical errors and remains second to another type of medical error – wrong-site surgery (Institute of Medicine, 2000). Montana has ranked among the highest in the country for suicide rates since 2002 (Montana Department of Health and Human Services (MDHHS), 2013a,b). The current rate of approximately 24.74 suicide fatalities per 100,000 (MDHHS, 2013a,b) is markedly higher than the global 16 per 100,000 person suicide deaths (WHO, 2013).

Rising suicide rates have resulted in international, national, and statewide referendums and initiatives primarily calling for an increase in suicide prevention education. England in 2002 adopted a national suicide prevention strategy emphasizing nurses' pivotal role in addressing this public health concern (Anderson and Jenkins, 2006). A key element in England's national strategy is Skills-Based Training on Risk Management (or STORM) suicide prevention training. Healthcare personnel, including nurses and nursing students, participated in a six-month study during which time STORM training was implemented (Gask et al., 2006). Outcomes showed improved attitudes toward suicidal persons as a result. A similar suicide prevention gatekeeper training, Applied Suicide Intervention Skills Training (ASIST), has been implemented in Canada, Scotland, Northern Ireland, and Wales (Evans and Price, 2013). Other countries with similar initiatives include Australia, Finland, New Zealand, Norway, and Sweden (Anderson and Jenkins, 2006).

The term ‘gatekeeper’ refers to individuals most likely to encounter suicidal individuals by the very nature of their work. This includes professionals such as physicians and nurses as well as police officers, firefighters, and teachers. Gatekeeper training was included in a systematic review of suicide prevention strategies conducted by Mann et al. (2005). Results indicated the most promising interventions were gatekeeper training as well as education of physicians and restriction of lethal means (Mann et al., 2005).

In the United States, there has been renewed focus on suicide prevention efforts as outlined in the Surgeon General and the National Action Alliance for Suicide Prevention in its report 2012 *National Strategy for Suicide Prevention: Goals and Objectives for Action* (USDHHS, 2012). The report cites the need to establish suicide prevention education among healthcare professionals as a national priority (USDHHS, 2012, p. 45). Underscoring the preventable nature of suicide, The Joint Commission recommended hospitals promote suicide prevention education among nursing and other healthcare workers (The Joint Commission, 2013).

Montana's Department of Public Health and Human Services adopted a *Strategic Suicide Prevention Plan – 2013* which includes implementation of QPR Suicide Prevention Gatekeeper Training (MDHHS, 2013a,b).

These initiatives highlight the need for further education and instruction on suicide prevention for nurses in practice, yet similarly in undergraduate curricula, there is limited literature on this topic. The ability to care for suicidal persons does reflect upon educational preparation, yet warrants better understanding of experiences of nurses and such patients.

Nurses and suicidal patients

There is limited research on nurses and suicide prevention. It is well known, as cited by several aggregate studies, that nurses in various countries confront burdensome and challenging experiences encountering persons at-risk for suicide. A critical interpretive synthesis of nurses' responses to suicide and suicidal patients (Talseth and Gilje, 2011) was based on a purpose sample of 26 full qualitative and quantitative studies published between 1988 and 2009 and conducted in Australia, Canada, England, Ireland, Norway, Sweden, Taiwan, the United States, and Wales. Results conceptualized four key concepts. These were: ‘Nurses' critical reflections on self, suicide and suicidal patients embedded in philosophical and rational perspectives’; ‘Nurses' attitudinal responses to suicide and suicidal patients’; ‘Nurses' complex knowledge and professional role responsibilities caring for suicidal patients’; and, ‘Nurses' desire for emotional and educational support/resources caring for suicidal patients’.

A qualitative meta-analysis (Gilje and Talseth, 2013) about psychiatric nurses experiences encountering suicidal patients was based on a synthesis of 11 primary clinical nursing studies published between 1996 and 2012 conducted in Europe and the United States. In this study, four themes emerged. They were: ‘Pondering humanistic and mechanistic views of suicide and suicidal patients’; ‘Contemplating various responses to life and death encounters’; ‘Discerning complex competencies while relating therapeutically’; and, ‘Needing informal and formal support’.

A descriptive replication study investigated nurses' attitudes toward suicide in hospitalized medical–surgical patients in the United States (Neville and Roan, 2013). The researchers utilized the Attitudes Toward Attempted Suicide-Questionnaire (ATAS-Q). This includes the 27-item subscale of positiveness reflecting nurses' positive and negative attitudes toward patients who are suicidal. For example, it was found younger nurses were less likely to believe that suicide is related to an absence of religious beliefs and therefore were less condemnatory (Neville and Roan, 2013). Of interest is that medical–surgical settings are seldom addressed in nursing research related to suicide (Ballard et al., 2008) although physically-ill and hospitalized patients are at “significant risk for suicide and this risk substantially increases with multiple illnesses” (Neville and Roan, 2013, p. 36).

It has been suggested nurses would benefit from further education and instruction in management of suicidal patients (Chan et al., 2009; McAllister et al., 2009; McCann et al., 2006; Ouzouni and Nakakis, 2013; Shim and Compton, 2010). Results of a mixed-method study of 54 registered nurses in Hong Kong, showed nurses possessed feelings of guilt, hostility, anger, condemnatory views, lacked empathy, and demonstrated lack of knowledge of risk factors and referral sources regarding suicidal patients, all which negatively impact ability to execute skilled and accurate nursing assessments (Chan et al., 2009). The study found implementation of an 18-h educational program on suicide prevention improved participants' self-perceived competence and attitude scores. Post-instruction qualitative data revealed participants' increased

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