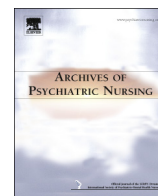




Contents lists available at ScienceDirect

Archives of Psychiatric Nursing

journal homepage: www.elsevier.com/locate/apnu

Emergency Nursing Experiences in Assisting People With Suicidal Behavior: A Grounded Theory Study

Kelly Graziani Giacchero Vedana^{a,*}, Daniel Fernando Magrini^{b,2}, Adriana Inocenti Miaso^{a,1}, Ana Carolina Guidorizzi Zanetti^{a,1}, Jacqueline de Souza^{a,1}, Tatiana Longo Borges^{b,3}

^a Psychiatric Nursing and Human Sciences Department of The Ribeirao Preto Nursing School of the University of Sao Paulo, Brazil

^b Ribeirão Preto School of Nursing, University of São Paulo-USP, Brazil

ARTICLE INFO

Article history:

Received 25 August 2016

Revised 20 March 2017

Accepted 9 April 2017

Available online xxxxx

KEYWORDS:

Suicide

Attempted suicide

Emergency nursing

Emergencies

Nursing

ABSTRACT

AIM: To understand emergency nursing experiences in assisting people with suicidal behavior.

METHOD: Grounded theory study with symbolic interactionism conducted in 2015 to 2016 in Brazil with 19 nurses.

RESULTS: Assistance for people with suicidal behavior is critical, challenging, evokes different feelings and requires knowledge, skills and emotional control. Nurses did not feel prepared or supported, and identified recurrent gaps and problems. Nurses occupied a limited role, restricted to attending to physical needs. They predominantly manifested opposition, judgments and incomprehension about patients.

CONCLUSION: This study presents key elements to be addressed in interventions and investigations regarding nursing support, training and supervision.

© 2016 Published by Elsevier Inc.

INTRODUCTION

Suicide is an underreported, multidimensional and multifactorial phenomenon (Zadravec & Grad, 2013). The World Health Organization (WHO) recommends suicide prevention be prioritized on global public health and public policy agendas. Globally, suicide is the second leading cause of death in 15–29-year-olds and about one person dies by committing suicide every 40 s. Furthermore, low- and middle-income countries bear most of the global suicide burden and cultural variability has

roles both in increasing risk and in protection from suicidal behavior (WHO, 2014).

The impact of suicide indicates the need for strategies to prevent such behavior (Zadravec & Grad, 2013). Nursing assistance for people with suicidal behavior includes, briefly, adequate assessment and interventions to prevent damage and promote health, quality of life and well-being (Emergency Nurses Association, 2012; Menon, 2013; Registered Nurses' Association of Ontario, 2009).

The quality of healthcare provided after a suicide attempt is essential because a previous attempt is the most important risk factor for suicide (WHO, 2014). The emergency nursing team has frequent contact with patients after suicide attempts and plays a central role in the initial management of these cases (Nebhinani, Nebhinani, Tamphasana, & Gaikwad, 2013; Osafo, Knizek, Akotia, & Hjelmeland, 2012).

Qualified healthcare for suicide risk is essential for saving lives (Emergency Nurses Association, 2012; Menon, 2013; Registered Nurses' Association of Ontario, 2009; Yip et al., 2012), yet it can be influenced by professional experiences, beliefs and attitudes toward suicide, professional training, the ability to assess the risk of suicide, planning healthcare and the availability of resources (De Leo, Draper, Snowdon, & Kölves, 2013; Menon, 2013; Nebhinani, Nebhinani, Tamphasana, & Gaikwad, 2013; Osafo, Knizek, Akotia, & Hjelmeland, 2012; Srivastava & Tiwari, 2012; Vannoy, Tai-Seale, Duberstein, Eaton, & Cook, 2011). However, knowledge on these issues is still scarce (Rothes, Henriques, Leal, & Lemos, 2014).

* Corresponding author at: The Ribeirao Preto Nursing School of the University of Sao Paulo, 3900, Bandeirantes Avenue, Ribeirao Preto, Sao Paulo 14040-902, Brazil.

E-mail address: kellygiacchero@eerp.usp.br (K.G.G. Vedana).

¹ This author has substantial contributions to: the conception and design of the work; the acquisition and interpretation of data; drafting the work; final approval of the version to be published and agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

² This author has substantial contributions to: the design of the work; the acquisition and interpretation of data; revising this work critically; final approval of the version to be published and agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

³ This author has substantial contributions to: the design of the work; the interpretation of data; revising this work critically; final approval of the version to be published and agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

Literature indicates, predominantly, that health professionals, including emergency nurses, experience less positive feelings (Yaseen et al., 2013) and more negative attitudes toward people with suicidal behavior (Carmona-Navarro & Pichardo-Martínez, 2012; Hawton, Casañas I Comabella, Haw, & Saunders, 2013), as well as resistance from health professionals to attending to mental health patients (Bertolote, De Mello-Santos, & Botega, 2010).

Furthermore, suicidal behavior has a significant impact on health professionals and may influence their mental health and professional functioning (Fairman, Montross Thomas, Whitmore, Meier, & Irwin, 2014; Scocco, Toffol, Pilotto, & Pertile, 2012; Yaseen et al., 2013).

Studies have shown that negative attitudes toward suicidal behavior are associated with unprepared professionals and may reinforce suicide-related stigma and discrimination and may impair care for people who attempt suicide (Karman, Kool, Poslawsky, & van Meijel, 2015; Saunders, Hawton, Fortune, & Farrell, 2012). In the literature, the relationship among attitudes about suicide and many factors is unclear (Conlon & O'Tuathail, 2012; Karman, Kool, Poslawsky, & van Meijel, 2015; Kelly, McCarthy, & Sahm, 2014; McCarthy & Gijbels, 2010; Santos et al., 2014). Additionally, studies need to consider the variations in different countries, cultures and times. The available studies are predominantly quantitative, restricted to some specific components of the professionals' experiences and do not enable us to capture what is relevant from the nursing professionals' perspective.

More investigation is required about the attitudes, knowledge, beliefs, feelings and reactions of nursing professionals related to suicide (Nebhinani et al., 2013; Talseth & Gilje, 2007) and there is a lack of knowledge regarding this subject in the context of emergency in Latin America. Thus, this study aimed to understand emergency nursing experiences regarding assistance for people with suicidal behavior.

METHOD

The research question of this study was: What are emergency nurses' experiences of providing assistance for people presenting with suicidal behaviors?

This qualitative study used the version of Grounded theory (GT) proposed by Strauss and Corbin as a methodological framework to answer the research question. Systematic principles and procedures based on GT were used to generate concepts and to provide a consistent explanation of the social phenomenon studied (Strauss & Corbin, 2008).

Symbolic interactionism (SI) was employed as a theoretical framework. This theoretical perspective presupposes that behavior (observable external action and internal experience) is guided by an individual's definitions of reality. These definitions in turn are derived from social interactions in which active individuals exert mutual influence (Blumer, 1969).

Thus, according to SI, suicide is defined and redefined by nursing professionals in a dynamic and interactional process. The individual's definitions in each situation determine decision-making regarding healthcare. These assumptions guide the investigator's thinking and provide a way of looking for the phenomenon.

SI is traditionally identified as a component of the theoretical underpinnings of GT methodology (Strauss & Corbin, 2008), and the conceptual linkage between SI and GT has solidified within the qualitative health research literature (Handberg, Thorne, Midtgaard, Nielsen, & Lomborg, 2015). In this study, GT was used to determine methodological procedures, including theoretical sampling, memo writing, the constant comparative method, coding and categorizing, and theory generation. SI was the theoretical framework, providing a basis for understanding how meanings are developed and the nature of meanings that are constructed in interactions among human beings.

This study was carried out in an emergency department and a pre-hospital service in a municipality in the state of São Paulo, Brazil. These groups and sites were chosen because of their ability to reveal

the phenomenon. These were the main emergency departments of the municipality studied that provide care for patients at risk for suicide, or after suicide attempts.

Theoretical sampling was used to maximize opportunities to compare events or concepts and formulate a comprehensive theoretical model grounded in data. In total, 19 nursing professionals were selected to participate in the study. There was internal variation in the sample in terms of personal characteristics and experiences related to suicide. Data collection was maintained until data saturation was achieved, the objective of the study was reached and data could not add relevant information about the phenomenon under study.

This study was presented in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ), thereby ensuring the comprehensive and explicit reporting of the study (Tong, Sainsbury, & Craig, 2007). Nursing professionals in the study locale (with an e) were eligible if they had attended to, or met, a patient at risk for suicide or who had attempted suicide.

Between April 2015 and January 2016, the collection and analysis of data were undertaken simultaneously, as recommended by GT (Strauss & Corbin, 2008). Initially, a pilot study was performed with three nursing professionals to evaluate the guiding question and the performance of the interviewers in conducting the interviews. Subsequently, two experienced researchers who were not part of the clinical staff at the study location collected the data.

The data were obtained through individual, audio-recorded, open, nondirected or unstructured interviews. Each person attended one or two interviews of approximately 40 min in duration. Participants were interviewed at a private location. Three people refused to participate in the study due to a lack of availability.

The first interview was based on the following guiding question: "Tell me: what is it like for you to assist someone who attempted suicide?" New questions based on evolving theoretical concepts were added to clarify the studied experience. A structured questionnaire was also applied to obtain demographic and professional data.

The research was conducted entirely in Portuguese and was subsequently translated into English. The transcribed interviews were analyzed through open, axial and selective coding in accordance with GT (Strauss & Corbin, 2008). During open coding, data were broken down into discrete parts, closely examined, and compared for similarities and differences to events, incidents, situations or characteristics of participants. In axial coding, categories were related to their subcategories, and the properties and dimensions of categories were refined to form more precise and complete explanations about phenomena. In selective coding the categories were clearly integrated and refined.

In the analysis process, the procedures include making comparisons for the identification of patterns and variations in the data, asking questions and sampling based on evolving theoretical concepts. Memos and diagrams were composed to support the development of the research.

Open coding was performed by two data coders and was subsequently compared. In this phase, interviews are broken down into discrete parts and closely examined. In axial coding, categories were related to their subcategories and the interpretation was verified against data. At selective coding, the theoretical scheme was reviewed to verify internal consistency and for gaps in logic.

The axial and selective coding was supported by a group of researchers who systematically questioned the credibility of the preliminary conclusions. The participants in the study, as indicated by GT, validated the results.

The research began after receiving approval from the Research Ethics Committee, confidentiality was preserved, all participants gave their informed consent prior to their inclusion in the study and the work complied with all recommendations concerning research involving human beings.

Download English Version:

<https://daneshyari.com/en/article/4929599>

Download Persian Version:

<https://daneshyari.com/article/4929599>

[Daneshyari.com](https://daneshyari.com)