

A study to assess attitude of nursing students towards suicide attempters - A cross sectional study at Bagalkot.

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Abstract

Background: In this era of advanced medicine, significant association between negative attitudes of health workers related to suicide has been found, which may be attributed to inadequate quality of health workers towards patient care. Nursing personnel being first level contacts with regards to suicide prevention, they play an important role in suicide risk assessment and management. However, knowledge about these issues is very limited, especially among nursing students in India.

Aims: The present study is aimed to assess attitudes related to suicide among nursing students studying in Sajjalashree Institute of Nursing Sciences, Bagalkot.

Methodology: In the Covid-19 era, the study conducted was an online survey, using the Google forms. A survey link was circulated using WhatsApp. The survey questionnaire included of specifically designed socio demographic proforma to collect sociodemographic data and Suicide opinion questionnaire was administered to assess their attitude towards suicidal patients. First 150 responses were recorded and Data was analyzed using SPSS software.

Results: Majority of study participants were single females (61.3%) coming from rural locality with mean age of 21 years. Only few had previous exposure to psychiatric posting or suicide prevention programmes. 76.9% of respondents held an uncertain attitude towards patients presenting with deliberate self-harm, 15.3% had a favourable attitude and 7.6% had a negative attitude.

Conclusion: Uncertain attitude was seen in two thirds of among most of the statements while favourable attitude was seen only among one third of the attitudinal statement.

Key words: suicide, attitude, nursing students, self-injurious behaviour.

Introduction

Suicide is defined as an act of intentionally killing oneself. It is among the top 20 leading causes of mortality globally for all ages^[1]. WHO estimated worldwide suicide rate in 2016 was 10.5/100,000, among which India ranks 22nd in suicide rates^[2]. It shows that the suicide rate in India was 16.5/100,000 population, which was higher than the global average^[3], 15-29 year being the most vulnerable age group^[4].

Suicide is a preventable cause of death. Research reveals that 98% of those who committed suicide had suffered from diagnosable mental disorder like adjustment disorder, depression, substance use

disorders^[5]. An alarming increase in the risk of suicidal behaviour in adults with multiple medical conditions has also been documented^[6].

Approximately 90% of persons who die by suicide have at least one contact with a health professional during the three months leading up to death^[7]. Caring for the suicidal client can be influenced by a variety of factors like suicide beliefs and attitudes, professional education, the ability to assess suicide risk, and care planning. These factors can interfere in the proper management and follow-up of patients who are at risk of attempting suicide. Such data emphasize the importance of considering contacts like health workers as opportunities for suicide prevention^[8-10].

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Despite this a lot of difficulties come in its path of prevention and an important part of it is the shortage of trained human resources for mental health care and treatment^[9].

It is important to highlight that along with mental health professionals and emergency physicians, it is the nursing team that come in frequent contact with patients after suicide attempts, and thus they play a central role in the initial management of these cases^[10].

The literature has also shown significant association between negative attitudes of health workers related to suicide, unpreparedness among professionals, stigma and discrimination leading to inadequate quality of care. Still, knowledge and attitude about these issues are very limited, especially among nursing students in India^[11].

Therefore, training of Nursing Personnel can be a valuable resource for the attention imparted to the people who are suicidal. This training and support should involve not only knowledge acquisition, but also a change in negative attitudes into favourable and positive attitude s^[12] of the nursing team giving the services.

Thus, present study is aimed to investigate attitudes related to suicide among nursing staff and students studying in Sajjalashree Institute of Nursing Sciences and HSK Hospital, Bagalkot, Karnataka.

Methodology

A cross sectional study, after approval from the Institutional Ethical Committee, was conducted in Sajjalashree institute nursing sciences, Bagalkot, Karnataka from September 2020- October 2020. Sample size estimation was done using open epi software version 2.3.1 at 95% confidence level; the minimum sample size calculated was 92, which we extended to 150 in our study. Nursing students pursuing Basic Bachelor of Science (BSc) course and post Basic BSc nursing were included in the study and those Participants suffering from a known psychiatric illness on treatment were excluded.

An online survey was conducted using the Google form platform, a survey link was circulated using WhatsApp to 250 students out of which the first 150 responses were selected. The survey included of specifically designed socio demographic proforma and Suicide opinion questionnaire to assess attitude towards suicidal patients. The time duration given for answering the survey was 30 minutes.

Statistical Package for Social Sciences (SPSS) V24 was used. In sociodemographic profile, categorical variables were calculated using frequencies with

percentages and continuous variables were calculated using mean and standard deviation.

Suicide opinion questionnaire is a 52-item, self-rated scale which measures suicide attitude. It is based on five factors: Acceptability, perceived factual knowledge, social disintegration, personal defects, and emotional perturbation. 5-point Likert scale was used for Attitudinal statements scoring:1. 'Strongly agree' to 5. 'Strongly disagree'. Attitudes were categorised into 'favourable', 'unfavourable', and 'uncertain' after calculating means and standard deviations (SDs). t-test was used for comparing mean attitude scores among two groups. Once the scoring was done it was categorised as 1 to 2.4 was considered as 'positive dispositions' or 'favourable attitude', 2.5 to 3.4 as 'unsure' or 'uncertain attitude', and 3.5 to above 'negative dispositions' or 'unfavorable attitude'. The descriptors were reversed for negatively-worded items^[13].

Results

Table 1 – Sociodemographic variables

Variable	Category	Count	%
Age	18-20	59	39.3
	21-23	76	50.7
	24 & above	15	10.0
Gender	Male	58	38.7
	Female	92	61.3
Area of residence	Rural	109	72.7
	Urban	41	27.3
Type of family	Nuclear	124	82.7
	Extended	3	2.0
	Joint	23	15.3
Marital status	Single	143	95.3
	Married	7	4.7
Religion	Hindu	128	85.3
	Muslim	9	6.0
	Christian	7	4.7
	Others	6	4.0
Family history of suicide	Yes	5	3.3
Have you ever had suicidal thoughts	Yes	15	10.0
Have you ever attempted suicide	Yes	3	2.0

Education status	Basic BSc 1st year	21	14.0
	Basic BSc 2nd year	52	34.7
	Basic BSc 3rd year	25	16.7
	Basic BSc 4th year	51	34.0
	Post Basic BSc 2nd year	1	0.7
Attended psychiatric posting / training	Yes	40	26.7
Attended workshop on suicide prevention	Yes	23	15.3

Previous contact with someone who has attempted suicide	Yes	25	16.7
Had seen a patient who attempted suicide	Yes	77	51.3
Had seen a patient who committed suicide	Yes	51	34.0

Around 76.9% of respondents held an uncertain attitude towards patients presenting with deliberate self-harm, 15.3% had a favourable attitude and 7.6% had a negative attitude.

Table 2 : Nursing students attitude towards suicide attempters

Statements	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree	Mean ± SD
Most persons who attempt suicide are lonely and Depressed	58 (38.7)	48 (32)	20 (13.3)	10 (6.7)	14 (9.3)	2.16 ± 1.27
Suicide is an acceptable means to end an incurable illness.	13 (8.7)	19 (12.7)	31 (20.7)	44 (29.3)	43 (28.7)	3.57 ± 1.27
Suicide is acceptable for aged and infirm persons.	9 (6)	23 (15.3)	28 (18.7)	58 (38.7)	32 (21.3)	3.54 ± 1.16
Most suicide victims are older persons with little to live for.	6 (4)	8 (5.3)	44 (29.3)	68 (45.3)	24 (16)	3.64 ± 0.95
The possibility of committing suicide is greater for older people (≥ 60) than for younger people (20-30).	7 (4.7)	20 (13.3)	34 (22.7)	62 (41.3)	27 (18)	3.55 ± 1.08
Most people who commit suicide do not believe in an after life	25 (16.7)	57 (38)	40 (26.7)	17 (11.3)	11 (7.3)	2.55 ± 1.12
Once a person is suicidal, he is suicidal forever.	9 (6)	28 (18.7)	19 (12.7)	59 (39.3)	35 (23.3)	3.55 ± 1.21
There may be situations where the only reasonable resolution is suicide.	7 (4.7)	22 (14.7)	25 (16.7)	55 (36.7)	41 (27.3)	3.67 ± 1.16
Sometimes suicide is the only escape from life's problems.	11 (7.3)	20 (13.3)	21 (14)	43 (28.7)	55 (36.7)	3.74 ± 1.28
If someone wants to commit suicide, it is their business and we should not interfere.	5 (3.3)	12 (8)	25 (16.7)	41 (27.3)	67 (44.7)	4.02 ± 1.11
Obese individuals are more likely to commit suicide than persons of normal weight.	2 (1.3)	12 (8)	29 (19.3)	51 (34)	56 (37.3)	3.98 ± 1.01
Those people who attempt suicide are usually trying to get sympathy from others	5 (3.3)	12 (8)	24 (16)	58 (38.7)	51 (34)	3.92 ± 1.06
People who attempt suicide are, as a group, less religious.	5 (3.3)	13 (8.7)	29 (19.3)	51 (34)	52 (34.7)	3.88 ± 1.09
Suicide is a normal behaviour.	6 (4)	8 (5.3)	20 (13.3)	58 (38.7)	58 (38.7)	4.03 ± 1.05

As seen in table 2 most of the students had positive disposition towards nine statements in the questionnaire and for statements like suicide is an acceptable means to end an incurable illness, sometimes suicide is only escape from life's problems, if someone wants to commit suicide it is their business and we should not interfere, those people who attempt suicide are usually trying to get sympathy from others.

Gender

Compared to females, males had more favourable attitude for following three items - People who commit suicide are usually mentally ill (2.72 ± 1.41 vs. 2.30 ± 1.17 , $t = 1.97$), suicides among the young people are particularly puzzling since they have everything to live for (2.89 ± 1.18 vs. 2.49 ± 1.13 , $t = 2.08$), individuals who are depressed are more likely to commit suicide (2.84 ± 1.31 vs. 2.33 ± 1.29 , $t = 2.34$)

Discussion

In our study, 76.9% of respondents held uncertain attitude towards patients presenting with deliberate self-harm, while majority of the respondents held favourable attitude as reported by McLaughlin^[14] and Anderson^[15]; yet contradicting findings reported by McAllister^[16], et al who found negative attitudes predominantly. The uncertainty in the result shows that there is low basic orientation regarding mental health and lack of experience in managing patients with suicide attempts among the nursing students.

Since, majority of our study population resided in rural areas wherein myths related to suicide such as discussions regarding suicide might cause more casualty and no proper knowledge regarding difference between ideation and gesture might also be a cause of uncertainty towards the attitudinal statements

According to the study done by Nebhinani, et al^[7] and other similar studies weak interpersonal skills and relations, mental illness, and disturbed family life were commonly thought triggers for suicide which is consistent with our study. Majority of students associated lack of difficulty in facing life's challenges and depression with suicide. Nearly half of students believed that persons with suicidal attempts were impulsive, self-punitive, and nonbelievers in afterlife. Majority (26.7%) of the students did not consider the permanency of suicidal ideation. Similar to earlier studies, the most of our students disagreed with the primary motive of self-harm was to gain sympathy. In our study, male students had more favourable attitudes than female students for some attitudinal items consistent with the study conducted

by Nebhinani et al, while other studies like Anderson M, Ghodse AH^[17]. and Samuelsson M^[18] et al reported more positive attitudes in female staff. This could be due to variations in the amount of exposure in males regarding suicide related information than in females. According to a study by Domino G and Perrone L^[19] majority of students considered suicide as an impulsive behaviour while 38 % of our study participants were uncertain regarding the same. Most of our students strongly disagreed about acceptability of suicide as normal behaviour, even not for aged and infirm persons (38.7%) A recent review of patient experiences of self-harm services emphasized their negative experiences with inappropriate staff behaviour, lack of staff knowledge, and perceived lack of involvement in management decision. Few (n=23) had previous exposure to workshops regarding management of suicidal patients and suicide prevention programs but we did not get any strong association between these two variables.

Strength of the study

In our study we have included family history and the past history of the participant which was not a part of sociodemographic data in previous studies.

Limitations

Our findings cannot be generalized as the samples were recruited from only one educational institute. Indian population adaption for attitude towards suicide prevention scale is not available. Only a quantitative method creates a limitation of restricting responses to the given options. Few students have attended specific lectures on suicide and had experience of managing suicide attempters, thus we could not establish any strong association between these variables and their attitudes.

Future recommendations

Our study findings suggest of an uncertain attitude of nursing students towards patients with deliberate self-harm. In view of which educational exposure of nursing students or new staff at the earliest in basic foundation course through regular training programs/workshops, improving their awareness, knowledge, communications and clinical skills for managing suicidal patients with the help of easily understandable and implementable suicide risk assessment methods.

An interventional study can be planned where the attitude towards suicide can be assessed before and after an orientation class is conducted regarding suicide.

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