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## Knowledge about suicide and attitude toward suicide prevention among nursing students

<sup>1</sup>Samira Muhammed Ebrahim, <sup>2</sup>Noor Odeh Kazem, and <sup>3</sup>Hiba Maythem Ali

<sup>1</sup> PhD in Community Medicine, Nursing College, University of Basra, Iraq

<sup>2</sup> & <sup>3</sup>. Nursing College, University of Basra

### ABSTRACT

**INTRODUCTION** Every year close to 800 000 people take their own life and there are many more people who attempt suicide. Every suicide is a tragedy that affects families, communities and entire countries and has long-lasting effects on the people left behind.

**OBJECTIVES :** The aim of study to identify the students' knowledge about the main methods of suicide in our community ,to identify the students' knowledge about the main risk factors of suicide and to identify suicide prevention attitudes.

**METHOD:** The study was descriptive cross - sectional one including 200 student who agree to participate . Data was collected via face-to-face interview.

**RESULT :** The main three methods of suicide in our community were hanging, firearms and self-burn according to the opinion of (60.5%, 60.5%, 60%) of the participants. History of mental disorders, particularly clinical depression , History of alcohol and substance abuse and Family history of child maltreatment (neglect, physical violence) were the main three risk factors mentioned by (83.5%, 78.5% ,70%) of the participants. (79.5%) considered suicide prevention as their responsibility, (70.5%) consider that a significant proportion of suicides are preventable. Majority (83%) of students considered suicide attempt as a play for attention if somebody survives from such attempt. Most of them (80.5%) disagreed with that people had a right to take their lives. And more than half (58.5%) of the students disagree that 'there is little can do to prevention suicide. Nearly half of the students (49.5%) agree that there is no way of prediction about who is going to commit suicide.

### I. INTRODUCTION

Suicide is a global public health problem worldwide. Preventing suicide can depend on several factors such as health professionals' ability to make accurate suicide risk assessment and comprehensive treatment plan, including their knowledge empathy, and communication skills.<sup>(1)</sup> Nursing staff and students play a crucial role in suicide prevention as they have the first level of contact and greater opportunities to build closer relationships with patients presenting with suicide risk and attempts. They may not have appropriate knowledge about suicide, and attitude toward suicide prevention, which may further influence their competence and willingness to serve this population.<sup>(2)</sup> A combination of individual, relationship, community, and societal factors contribute to the risk of suicide. Risk factors are those characteristics associated with suicide—they might not be direct cause.<sup>(3)</sup>

According to WHO , over 800 000 people die due to suicide each year, and it is the second leading cause of death in 15 - 29 year olds. Indications suggest that for every adult who died of suicide, there may be more than 20 others attempting suicide. The impact of suicide on the families and friends and wider communities can be devastating. Often, the stigma that is attached to suicide means that people feel unable to seek help. Psychological, social, cultural and other factors can interact and lead a person to suicidal behavior. The majority of suicides occur in low and middle-income countries where, if services do exist, are often limited and unable to provide comprehensive early intervention, treatment and support of people in crisis.<sup>(4)</sup> The risk factors leading to suicide are also different from one place to another, according to a long list including ethnic group, country, latitude, season and the social frame of the society. <sup>(5)</sup> Study conducted with 244 nursing undergraduates from a rural higher education institution of São Paulo, Brazil. Data were collected in 2016, to investigate the suicide-related attitudes and associated factors among nursing undergraduates.

The study identified that nursing undergraduates had minimal educational exposure specific to the subject of suicide. The majority (61.9%) had contact with someone who attempted suicide. The study highlights the need for educational interventions on suicide involving attitudinal Knowledge (6) Cross-cultural study reports on attitudes of 240 nursing students towards suicide in Turkey and 82 nursing students in the UK. The study aimed to examine English and Turkish nursing students' attitudes towards people with suicidal behavior. The UK nursing students were found to display more accepting attitudes to suicide, and scored higher on acceptability of suicide, seeing suicide as a solution and open reporting and discussion of suicide subscales than their Turkish counterparts. Turkish nursing students scored higher on punishment after death and hiding suicidal behaviour subscales than the UK students. Implications for practice, it is vital for nurse students to develop positive acceptance of suicide through education, reflection and clinical supervision to be more therapeutic towards suicidal patients (7).

In Iraq (2015\_2016) the government initiated this project "The Iraqi National Study of Suicide, The study covered 13 (out of 18) provinces in Iraq. A data collection form was designed by the researchers. There were 647 cases of suicide. The crude rate of suicide per 100 000 population was 1.09 (1.21 for males, 0.97 for females) in 2015 and 1.31 (1.54 for males and 1.07 for females) in 2016. The majority of cases (67.9%) were aged 29 years or below. The most common method was hanging (41%) followed by firearms (31.4%) and self-burning (19.2%). 24.1% of cases were reported to have psychiatric disorders, of which the most common diagnosis was depression (53.9%). In the majority of cases (82.1%) there were no previous attempts. Only a small minority were reported to have had psychological trauma (15.5%), financial problems (12.4%) or childhood abuse (2.2%). On the basis of data available to this study, the suicide rate in Iraq is lower than the global rate. Suicide is more common in young people, where the gender distribution is almost equal. Social and cultural factors might have played a role in these patterns. The findings underscore the need of a national registry with a comprehensive and multipronged surveillance approach to correctly identify suicide events. This study aims to be the first step in this process (8).

Study In India in 2013 aimed to assess the attitude of nursing students toward suicide prevention.(n=308) nursing students were recruited from the two institutions. Majority were single females (95.1%), from urban locality, who were pursuing BSc Nursing with the mean age of 20 years. Nearly half of the subjects had positive attitude toward working with suicidal patients and considered unemployment and poverty as main causes (51.9%) of suicide and were quite hopeless about it and they also perceived that most of the suicidal people would not reveal their suicidal plans to others (49%). Again half of the students had positive attitude toward working with suicidal patients. Half of the subjects (37%) were defensive on peoples' efforts for suicide prevention and mentioned that people have the right to take their lives. One-third of students considered suicide attempt as a play for attention. Majority (51.9%) considered suicide prevention as their responsibility. Lesser proportion of students from one institute was resented on being asked to do more about suicide and felt no way of knowing who is going to commit suicide. Hence, there is strong need to organize more educational and training programs on suicide prevention so that these budding health professionals could be more equipped and trained to manage these suicidal patients (9).

Study In Brazilian in 2017 aimed to investigate attitudes related to suicidal behavior and associated factors, among students in the last year of an undergraduate nursing course (n=111). A total of 111 nursing students participated in the study. The ages ranged from 20 to 39 years, with a mean of (22.6) years. The students were asked to indicate a word representing suicidal behavior. most students associated suicidal behavior with mental distress or despair/hopelessness (61.2%). The highest scores on the SBAQ were obtained on "right to suicide" (16.7), and the lowest scores were obtained on "negative feelings"(9.3). The most negative attitudes were associated with the female sex, lack of materials on suicide prevention, and lower self-perception of professional competence. Suicidal thoughts throughout life were associated with the contact with someone with suicidal behavior, and less moralistic/condemnatory attitudes. So the investigations and interventions are necessary for academic qualification and prevention of suicidal behavior (10).

### **Objectives**

- 1- To identify the students' knowledge about the main methods of suicide in our community
- 2- To identify the students' knowledge about the main risk factors of suicide
- 3- To identify the attitudes of the students regarding suicide prevention

## **II. METHODOLOGY**

- Design of study: Descriptive cross - sectional study
- Setting of study: The College of Nursing, University of Basrah
- Sample of the study : The sample in this study consist of 200 participant from the students from both morning and evening stages, who agree to participate in the study .
- Data collection

A structured questionnaire was used for the purpose of data collection. Data was collected from November 2019 to February 2020. The questionnaire consisted of questions including socio-demographic information, the opinion of students about the common methods of suicide in our community, knowledge about the main risk factors for suicide in our community, and the last part was about the students' attitude towards preventing suicide.

Regarding studying the attitude of the students, the questionnaire ordered on a five-point Likert scale from strongly disagree to strongly agree (1 to 5 points). Students' level of agreement with statements in the questionnaire was classified later; into three categories (disagree), (uncertain) and (agree).

Data was collected via face-to-face interview. Each interview session took 5-8 minutes. Before any attempt to collect data, approval to conduct the study was obtained from College of Nursing. Also, oral approval to participate in the study was taken from the selected students.

**Data analysis :** Data was analyzed through the use of descriptive data analysis (frequency and percentages).

#### Chapter four

### III. RESULTS

Table1. Socio-demographic characteristics of the sample (n=200)

Variable	Category	No.	(%)
Age in years	18-20	95	47.5
	21-23	84	42
	24+	21	10.5
Gender	Male	39	19.5
	Female	161	<b>80.5</b>
Stage	First	72	36
	Second	29	14.5
	Third	38	19
	Fourth	61	30.5
Place of residence:	City center	67	33.5
	Districts	133	<b>66.5</b>
Marital state	Single	181	<b>90.5</b>
	Married	19	9.5
Had a patient who attempted suicide	yes	39	<b>19.5</b>
	No	161	80.5
Had Family/friend attempted suicide	yes	57	<b>28.5</b>
	No	143	71.5
Had Family/friend who committed suicide	Yes	37	<b>18.5</b>
	No	163	81.5
Personally attempted suicide	yes	17	<b>8.5</b>
	No	183	91.5

Majority of the students were younger than 24 years. Females represent 80.5% of the students. Most of the students live in district areas. Also the majority were single. Only 19.5% of them had a patient who attempted suicide, 28.5% had Family/friend attempted suicide, 18.5% had Family/friend who committed suicide and 8.5% personally attempted suicide.

Table2. Suicidal methods in our community according to the opinion of the participant students (n=200)

Methods of suicide	No.	%
Hanging	121	60.5
Firearms	121	60.5
Self-burn	120	60
Wrist cutting	108	54
Drowning	51	25.5
Jumping (intended fall) from height	46	23
Poisoning	41	20.5

( Gas poisoning /Pesticide or herbicide)		
Drug overdose	22	11

The main three methods of suicide in our community were hanging, firearms and self-burn according to the opinion of (60.5%,60.5%, 60%) of the participants, and only (11%) mentioned that drug over dose was a main method of suicide as shown in table 2.

Table3. Risk factors of suicide as reported by the participant students (n=200)

Risk factors	No.	%
History of mental disorders, particularly clinical depression	167	<b>83.5</b>
History of alcohol and substance abuse	157	<b>78.5</b>
Family history of child maltreatment (neglect, physical violence)	154	<b>77</b>
Sexual or emotional abuse	142	71
Feelings of hopelessness	136	68
Previous suicide attempt(s)	125	62.5
Sense of isolation and lack of social support	105	52.5
Parental separation or divorce	91	45.5
Discrimination	75	37.5
Relationship conflict, discord or loss	74	37
Inappropriate media reporting and social media use	65	32.5
Job or financial loss	63	31.5
Easy access to lethal methods	58	29
Disaster, war and conflict	55	27.5
Family history of suicide	52	26
Genetic and biological factors	50	25
Cultural and religious beliefs (e.g., belief that suicide is noble resolution of a personal dilemma)	47	23.5
Chronic pain and illness	41	20.5
Barriers to accessing health care	39	19.5
Stigma against seeking help for suicidal behaviours	32	16

Out of the main risk factors of suicide mentioned by the participants , History of mental disorders, particularly clinical depression , History of alcohol and substance abuse and Family history of child maltreatment (neglect, physical violence) were the main three risk factors as mentioned by (83.5%, 78.5% ,70%) of the participants as shown in table 3.

Table 4. Students' attitudes toward suicide prevention

Statements	Disagree	Uncertain	Agree
	No. (%)	No. (%)	No. (%)
Suicide prevention is not my responsibility	<b>159 (79.5%)</b>	5 (2.5%)	36 (18%)
Significant proportion of suicides are preventable	51 (25.5%)	8 (4%)	<b>141(70.5%)</b>
It makes no difference what is done for suicidal patients—they succeed sooner or later anyway	<b>122 (61%)</b>	5 (2.5%)	73 (35.5%)
If people really want to kill themselves, they will succeed in spite of receiving the best treatment	<b>121 (60.5%)</b>	14 (7%)	65 (32.5%)
Once people have made up their minds to commit suicide, you cannot stop	<b>147 (73.5%)</b>	10 (5%)	43 (21.5%)
If people are serious about committing suicide they don't tell anyone	51 (25.5%)	7 (3.5%)	<b>142 (71%)</b>
If a person survives a suicide attempt then this was a ploy for attention	9 (4.5%)	5 (2.5%)	<b>186 (83%)</b>

People have the right to take their own lives	<b>161(80.5%)</b>	7 (3.5%)	22 (11%)
As unemployment and poverty are the main causes of suicide, there is little that an individual can do to prevent it	<b>117(58.5%)</b>	46(23%)	37 (18.5%)
There is no way of knowing who is going to commit suicide	84 (42%)	17 (8.5%)	99 (49.5%)

As detailed in Table 4 , Majority (**79.5%**) considered suicide prevention as their responsibility. And (**70.5%**) **consider** that a significant proportion of suicides are preventable,

More than half disagreed with statement ‘ It makes no difference what is done for suicidal patients—they succeed sooner or later anyway’ and with ‘ If people really want to kill themselves, they will succeed in spite of receiving the best treatment’.

The majority disagreed with statement ‘Once people have made up their minds to commit suicide, you cannot stop’

On the darker side, (**71%**) agreed for following statements ‘if people are serious about committing suicide they do not tell anyone’

Majority (**83%**) of students considered suicide attempt as a play for attention if somebody survives from such attempt.

Most of them (**80.5%**) also disagreed with that people had a right to take their lives. .

And more than half (**58.5%**) of the students disagree that ‘there is little can do to prevention suicide, as unemployment and poverty are the main causes’.

Nearly half of the students ( 49.5%) agree that there is no way of prediction about who is going to commit suicide.

#### IV. DISCUSSION

Preventing suicide depends upon different health professionals' knowledge regarding suicide, attitude toward suicide attempters, skills to assess and manage suicidal risk <sup>(2)</sup>. Regarding socio demographic characteristics of students in our study the majority (80.5%) of the participants were females as this reflects the fact that in nursing college the majority of the students were females, (66.5%) were from district areas ( 19.5% ) had a patient who attempted suicide( 28.5%) had Family/friend attempted suicide,(18.5%) had Family/friend who committed suicide and (8.5% ) Personally attempted suicide these rates need to be taken in seriously which indicate that the problem of suicide do exist in our community and probably increasing rate. The main three methods of suicide in our community were hanging, firearms and self-burn according to the opinion of the participants, similar results was reported from the national study in Iraq <sup>(8)</sup>.

The risk factors leading to suicide are also different from one place to another, according to a long list including ethnic group, country, latitude, season and the social frame of the society , in our study , the main risk factors of suicide mentioned by the participants were , history of mental disorders, particularly clinical depression ,as recent research elsewhere confirms that what is common to many if not most patients described in the foregoing scenarios is a depressive state, which is in principle treatable Hopelessness, the hallmark cognitive disturbance of depression is considered the most important mental state correlate of suicidality <sup>(3,5)</sup>. The majority of participants in our study had positive attitude toward suicide prevention and dealing with suicidal patients as shown in table 4 , Majority considered suicide prevention as their responsibility , and that a significant proportion of suicides are preventable ,more than half disagreed with statement ‘ It makes no difference what is done for suicidal patients—they succeed sooner or later anyway’ and with ‘ If people really want to kill themselves, they will succeed in spite of receiving the best treatment’. The majority disagreed with statement ‘Once people have made up their minds to commit suicide, you cannot stop’. On the darker side, (**71%**) agreed for following statements ‘if people are serious about committing suicide they do not tell anyone’. Majority of students considered suicide attempt as a play for attention if somebody survives from such attempt. Most of them also disagreed with that people had a right to take their lives. And more than half of the students disagree that ‘there is little can do to prevention suicide, as unemployment and poverty are the main causes’. Nearly half of the students agree that there is no way of prediction about who is going to commit suicide. These results are inconsistent with results from other studies <sup>(2,11)</sup>

#### V. CONCLUSIONS

1. Suicide is a problem in our community as reflected by that they had contact with someone either attempted or committed suicide or personally attempted suicide.
2. According to the students the main three methods of suicide in our community were hanging, firearms, and self- burn.

3. The main risk factors for suicide as reported by the students were history of mental disorders, particularly clinical depression, history of alcohol and substance abuse and Family history of child maltreatment (neglect, physical violence)
4. Majority of students consider suicide prevention as their responsibility.
5. Most of the students disagree with that people had right to take their lives
6. Majority of students consider that a significant proportion of suicides are preventable.

### **RECOMMENDATIONS**

we suggest the need of inclusion of an elective course to organize more educational and training programs on suicide prevention in the curriculum of undergraduate courses in Nursing so that these budding health professionals could be more equipped and trained to manage suicidal patients.

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