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Attitudes of Nursing Students towards Suicide Prevention: A Study from Central India

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Abstract:

Background: *Managing patients with suicide attempts effectively requires overcoming barriers to their care. The attitudes and beliefs of the healthcare professionals have significant effect on the outcome of the treatment and implementation of the preventive strategies.* ***Objectives:*** *Aim of the study was to assess the attitude of nursing students toward suicide prevention.* ***Materials and Methods:*** *The study had a cross sectional design of 284 nursing students who were randomly recruited from the two institutions. Attitude toward suicide prevention scale was administered.* ***Results:*** *Most were young single females, from rural locality, who were pursuing either BSc Nursing or GNM courses. Very few had previous exposure to suicide prevention training programmes. Nearly half of the students showed favourable attitude towards patients with suicidal attempt, considering it as their responsibility and their efforts as rewarding. Nearly half students also showed empathy towards these patients not considering the attempts as just attention seeking ones. Nearly one third were uncertain whether the patients reveal their plans of attempt and whether the suicide prevention measures were draining of the resources. Half of the subjects showed pessimism towards modifying the risk factors of unemployment and poverty.* ***Conclusions:*** *Only half of the nursing students showed favourable attitude working with patients with suicide attempts. More educational and training programs on suicide prevention are therefore needed in these students for better prevention and management of these patients.*

Keyword *- GNM, BSc, Religion, Education, Family type*

Introduction:

Suicide accounts for 1.4% of all deaths worldwide,[1] in India, the rates are 10.6 per lakh population.[2] The state Chhattisgarh in India, ranks joint fourth amongst the states with the rates 27.7 per lakh population, much higher above the national rates. Also, the highest rates of suicide among cities across India are reported from Durg-Bhilainagar (34.9) in Chhattisgarh itself.[2] Various steps taken to control these rates won't be successful unless the health care delivery is optimized and made accessible to all. The health care delivery persons in general and the nursing staff in particular have an important role in facilitating the care of the patients and providing a reassuring and motivating support.[3] The attitudes and beliefs of the Nursing students thus play an important role in preventive and curative treatment of these suicide attempters. A positive attitude towards the suicide prevention can have favourable outcome in the health care delivery of these sensitive patients. The sociocultural biases and inadequate knowledge about suicide prevention can create a great obstacle in implementing suicide prevention strategies. A few studies have tried to look into this aspect of attitude of professionals[10-16] and nursing students.[4] towards suicide attempters, studies assessing the attitude towards suicide prevention are very few in the Indian context. A recent study by Nebhinani et.al[15] found only half of the students having positive attitudes towards suicide prevention. In our State ranking fourth in the rates for suicide, the study hence was aimed into look into these aspects.

Materials and method

280 students pursuing nursing courses from two colleges of Durg Bhilai either GNM or B. Sc nursing were randomly included in this study. The students were explained about the nature of the study and written consent was obtained. The study was approved by the college authorities. Data was collected administering the sociodemographic profile sheet and the Attitude towards Suicide Prevention scale.

Sociodemographic profile sheet

The Sociodemographic profile sheet was used to collect the demographic details. Additional clinical questions were added inquiring their previous experiences about exposure to suicidal patients and suicide prevention measures.

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Attitude toward suicide prevention scale (ATSP)[14]

The scale devised by Herron et al., has 14 items, rated on a 5-point Likert scale. It is self rated and has good internal consistency (Cronbach's alpha=0.77) and high test–retest reliability.[14] It has been used in various studies.[3,12,13,15]

Statistical analysis

SPSS version 16.0 for Windows (Chicago, Illinois, USA) was used. For categorical variables, frequencies with percentages were calculated and mean, standard deviation and median were calculated for continuous variables. Comparisons were done by using the Chi-Square test, and t-test.

Table 1: Socio Demographic variables

Variables	***Mean (SD)***
Age	24.09 (5.04)
Family income (INR)	17,265 (13,152)
Variables	***Frequency (%)***
Sex	
Male	56 (19.7)
Female	228 (80.3)
Marital status	
Single	268 (94.36)
Married	16 (5.63)
Religion	
Hindu	227(79.92)
Christian	43(15.14)
Others	14(4.92)
Education	
BSc	208 (73.23)
GNM	76(26.76)
Locality	
Urban	121(42.60)
Rural	163(57.39)
Family type	
Nuclear	186 (65.49)
Joint/extended	98 (34.50)
Whether seen patients with suicide	
Yes	85 (29.9)
No	189 (66.5)
Any exposure to suicide prevention training	
Yes	56 (19.7)
No	215(75.7)

Table 2: Attitude towards Suicide prevention

Sr. no.	**Items**	**Median response**	**Frequency (%)**				
			Strongly Disagree	**Disagree**	**Uncertain**	**Agree**	**Strongly Agree**
1	I resent being asked to do more about suicide	Disagree	35 (12.3)	100(35.2)	57 (20.1)	50 (17.6)	42 (14.8)
2	Suicide prevention is not my responsibility.	Disagree	88 (31.0)	114 (40.1)	24 (8.5)	35 (12.3)	23 (8.1)
3	Making more funds available to the appropriate health services would make no difference to the suicide rate.	Agree	31(10.9)	63 (22.2)	65 (22.9)	92 (32.4)	33 (11.6)
4	Working with suicidal patients is rewarding	Agree	23(8.1)	50 (17.6)	59 (20.8)	105 (37.0)	47 (16.5)
5	If people are serious about committing suicide they don't tell anyone.	Uncertain	26 (9.2)	62 (21.8)	99(34.9)	76(26.8)	21 (7.4)

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6	I feel defensive when people offer advice about suicide prevention.	Agree	33(11.6)	56 (19.7)	56 (19.7)	110 (38.7)	29 (10.2)
7	It is easy for people not involved in clinical practice to make judgments about suicide prevention.	Disagree	24(8.5)	89 (31.3)	81 (28.5)	70 (24.6)	20 (7.0)
8	If a person survives a suicide attempt, then this was a play for attention.	Disagree	47(16.5)	95 (33.5)	68 (23.9)	52 (18.3)	22 (7.7)
9	People have the right to take their own lives.	Uncertain	34(12.0)	52 (18.3)	100 (35.2)	74 (26.1)	24 (8.5)
10	Since unemployment and poverty are the main causes of suicide, there is little that an individual can do to prevent it.	Agree	41(14.4)	39 (13.7)	70 (24.6)	90 (31.7)	44 (15.5)
11	I don't feel comfortable assessing someone for suicide risk.	Disagree	28(9.9)	87 (30.6)	79 (27.8)	80 (28.2)	10 (3.5)
12	Suicide prevention measures are a drain on resources, which would be more useful elsewhere.	Uncertain	26(9.2)	49 (17.3)	101 (35.6)	91 (32.0)	17 (6.0)
13	There is no way of knowing who is going to commit suicide.	Disagree	31(10.9)	87 (30.6)	79 (27.8)	67 (23.6)	20 (7.0)
14	What proportion of suicides do you consider preventable?	Uncertain	26 (9.2)	26 (9.2)	123(43.3)	99 (34.9)	10 (3.5)

Results:

Sociodemographic profile:

As is shown in Table 1, most of the students were young (mean age 24 yrs) females (80.3%) and single (94.36%), studying B.Sc (73.23%) or GNM(26.76%) nursing courses. Most of the students were hindu (79.29%), belonging to nuclear family (65.49%) and residents of the rural background (57.39%). Only a few students had seen patients with suicide attempt (29.9%) and very few had exposure to suicide prevention training (19.7%).

Attitude towards Suicide prevention:

As shown in table 2, nearly half of the students showed positive attitudes towards suicide prevention, being less resentful towards suicide prevention interventions and considering it as a primary responsibility. Most of the students found it rewarding working for suicidal patients. More students were uncertain whether the serious suicide attempters tell others about their act (36%), still a few (26.8%) agreed to it. Most of the students felt defensive when people offered advice about suicide prevention. Most of the students disagreed that it was easier for people not involved in clinical practice to make judgments about suicide prevention. More students also denied the possibility of attention seeking attempt if the patients survive a suicide attempt further showing a positive attitude. More students were also optimistic towards predicting those who can attempt suicide. More students (40.5%) felt comfortable in assessing someone for suicide risk while a few (31.7%) were still uncomfortable in doing it.

However more students showed negative attitude, feeling availability of more funds to the appropriate health services would make no difference to the suicide rate. Though few students were uncertain whether it is a right for individuals to take their lives, still 34.6% students felt it as their right. Nearly one third students still felt unemployment and poverty are difficult to prevent and felt suicide prevention measures as a drain of resources that could be used elsewhere.

Discussion:

Suicide attempters pose significant problem to the health care delivery system and these individuals need utmost care not only to heal the present state but also to identify and prevent future such attempts. However poor outcome results due, to name a few, to lack of access to the health care settings, stigma, financial constraints, lack of knowledge of the health care professionals in identifying, assessing the attempters for their present act of self harm, any previous history of such attempts and risk factors for such attempts in the future.[3,17-19] The nursing staff who spend significant time with these patients are of paramount importance in implementing the suicide preventive strategies. A few studies have looked into the health care proffessionals' attitudes towards suicide prevention. A study by Brunero et al.,[3] and two studies from India[12,15] have used similar Instruments in Medical and Nursing students.

Brunero et al.,[3] conducted a cross-sectional survey among a sample of nurses, midwives and allied health professionals. In Indian context, Nebhinani et al., used the ATSP scale in

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308 nursing students[15] and 205 final year medical students.[12] The results of our study were similar to some of the statements in comparison to these studies. However contrary to the earlier study, more subjects in our study felt availability of funds to the appropriate health services would not make any difference to the suicide rate. Also more subjects were not certain whether the patients reveal their plans of committing suicide and whether it is their right to take their own lives. They were also uncertain if Suicide prevention measures are a drain on resources, or what proportion of suicides one considers preventable. Similar to the earlier study in Indian context in Nursing students, our study also showed favourable attitudes being less resentful, considering suicide prevention as their responsibility and felt their efforts for the same as rewarding. They reported being defensive when people offer advice about suicide prevention. The attitudes may also have influence of the sociocultural background here.

The study has certain limitations too and hence restrict generalization of the results as students were randomly selected from two nursing institutes and the sociocultural and educational background of the state may have influence on the attitudes. Very few students had exposure to suicide prevention measures and their attitudes may change after completion of training leading to better understanding and management of these patients. The instrument used is also not adapted for Indian population.

Thus the study concludes that nursing students showed favourable attitudes towards suicide prevention being more responsible, less resentful, felt comfortable in assessing and considered their efforts towards these patients as rewarding. Further, the students expressed unfavourable attitudes whether more funds for preventive measures will improve the rates of suicide and also towards modifying predominant risk factors of poverty and unemployment.

The study highlights the need of educating the Nursing students regarding suicide prevention through proper training programmes leading to cultivation of more positive attitudes in almost all the students. There is also need of further studies in these students with larger sample sizes, with instruments adapted in Indian context and correlating the results with the sociocultural and religious beliefs as still more patients with mental health issues here are taken initially to the faith healers. The nursing students, who spend more time with the admitted suicide attempt patients, are an important subset of professionals acting as a bridge between the mental health professional and the patients. Hence taking measures to educating them with suicide prevention strategies may further improve the quality of care and further inculcate positive attitudes in the patients as well.

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