

# Assessment of Suicide Prevention on Nurses' Knowledge at Psychiatric Teaching Hospitals in Baghdad City

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## ABSTRACT

**Background:** Suicide is very sophisticated to be described in three brief words. Suicide attempts are also very uncommon and describing and foretelling them can be very hard. Theory, has the virtue in that it is an important tool in transforming information into knowledge.

**Material and Method:** The study was carried out in Al-Rashad Psychiatric Teaching Hospital and Ibn Rushd Psychiatric Teaching Hospital in Baghdad City. A convenience sample was recruited from the aforementioned hospitals. Based on an effect size of 0.25, an alpha error probability of 0.05, a power of 0.80, number of groups = 2, and 3 measurements, the total sample size would be 72 who work in the previous mentioned setting were selected randomly for this study. The final sample size would be 72; 36 for the study group and 36 for the control group. The study instrument consists of participants' sociodemographic sheet (age, gender, and marital status), employment profile (educational qualification, years of experience in nursing, years of experience in psychiatric units, and nurse-to-bed ratio).

**Results:** The finding of study show that the participants in the study group is  $34.33 \pm 10.24$ ; a half age 20-29-years (43%), followed by those who age 30-39-years (34.7%), and those who age 40-49-years (15.3%).

**Conclusion:** The student researcher concluded that the nurses' knowledge about suicide as a concept, nurses' knowledge about suicide rate, nurses' knowledge about factors contributing to suicide was weak.

**Keywords:** Assessment, Suicide, Psychiatric Teaching Hospitals, Nurses' Knowledge.

## INTRODUCTION

Suicide is very sophisticated to be described in three brief words. Suicide attempts are also very uncommon and describing and foretelling them can be very hard. Theory, has the virtue in that it "is an important tool in transforming information into knowledge" <sup>(1)</sup>. Additional studies support the utility of suicide risk screening in the health care setting for identifying individuals at risk of suicide <sup>(2,3,4)</sup>. Patients' receptivity to suicide risk screening is found acceptable and is an appropriate role for health care providers given most patients' reluctance to volunteer suicidal ideation information without inquiry <sup>(5)</sup>. Predisposing Factors Precipitating Factors (proximal in relation to the suicidal act) Sociodemographic and Individual Factors Environmental Factors Recent Life Stressors. Suicide attempt in the past (s) —Psychiatric illnesses (general depression, alcoholism, schizophrenia, and personality disorders) — Illness of the body (terminal, painful, shameful, or debilitating illness, AIDS) — Suicide, alcoholism, and/or other psychological illnesses in the family Whether you're divorced, widowed, or single, you're on your own (socially isolated) — Unemployed or retired—Childhood sexual abuse or bereavement—Recent discharge from a psychiatric facility or military service <sup>(6,7)</sup>. There is limited information providing insight into the higher rates of suicide among White populations. Among older White men, the most common circumstances surrounding suicide include mental and physical health problems, conflict in intimate relationships, alcohol dependence, and problems at work. Gender and cultural taboos also prevent White males from seeking help and supportive resources. Individuals with comorbid psychiatric diagnoses such as depression, bipolar disorder, substance use disorder, autism, psychotic disorders, and post-traumatic stress disorder carry an increased risk <sup>(8,9)</sup>. Individuals with a history of prior suicide attempts also have a higher risk for future attempts and death by suicide <sup>(10,11,12)</sup>. Among individuals who made a serious suicide attempt and survived, nearly half within five years either made another attempt or died by suicide <sup>(13,14)</sup>. To maintain safety, nursing intervention has traditionally been formulated based on a patient's need for ongoing monitoring and emotional support. Furthermore, psychiatric nurses concentrate on the human experience of distress, with the goal of promoting healing, understanding, support, and acceptance, as well as assisting patients in finding meaning in their experience <sup>(15,16,17,18)</sup>. Nurses are frequently on the front lines of recognizing and interviewing suicidal people; as a result, nurses must be well-

versed in the assessment of patients at risk of suicide, as well as know what to do if they encounter a client who is genuinely suicidal. Suicide is an enigmatic phenomenon that raises questions about the fundamental nature of human existence. It is a devastating tragedy that has left profound emotional scars on the survivors and families of the victims. It's a solution to a problem or a crisis that always results in a lot of suffering <sup>(19,20)</sup>. Suicide is linked to unmet needs, hopelessness and helplessness, an ambiguous conflict between survival and excruciating stress, a shrinking of seen options, and a wish for escape, the suicidal person's distress signal <sup>(21,22)</sup>. Suicide is a critical public health issue that affects people all over the world, and it is the leading cause of mortality and morbidity. Annually, around one million individuals die by suicide, according to estimates. There are between 10 and 40 attempted suicides for every committed suicide <sup>(23,24)</sup>. Psychiatric nurses assist people in healing and recovering, as well as promoting mental health and well-being. As a result, nurses may face interpersonal issues while trying to keep someone alive who doesn't want to survive <sup>(25)</sup>. Effective nursing care provided by psychiatric nurses can be the difference between life and death for patients. Each suicide-related death emphasizes the need for nurses to improve and advance the quality of nursing care they deliver, which includes developing effective prevention technique <sup>(26,27)</sup>.

## MATERIAL AND METHOD

The study was carried out in Al-Rashad Psychiatric Teaching Hospital and Ibn Rushd Psychiatric Teaching Hospital in Baghdad City. A convenience sample was recruited from the aforementioned hospitals. Based on an effect size of 0.25, an alpha error probability of 0.05, a power of 0.80, number of groups = 2, and 3 measurements, the total sample size would be 72 who work in the previous mentioned setting were selected randomly for this study. The final sample size would be 72; 36 for the study group and 36 for the control group. The study instrument consists of participants' sociodemographic sheet (age, gender, and marital status), employment profile (educational qualification, years of experience in nursing, years of experience in psychiatric units, and nurse-to-bed ratio). It also includes Nurses' Knowledge about Suicide Prevention Scale (4 items about suicide concept) and (5 items prevalence of Suicide), (15 items factors of suicide), (19 items psychiatric symptoms of suicide), (14 items psychiatric diseases caused suicide), (8 items methods of suicide), (8 items

ethics of nurses to deal with suicidal person), (8 items method of suicide treatment) and (41 items the role of nurses in suicide prevention). A pilot study was conducted on 10 nurses who worked at Al-Rashad Mental Health Hospital to test the readability of the study instrument, and the time required for subjects to answer all items. The time required for answering all items ranges between

25-30 minutes. Data were analyzed using the statistical package for social science (SPSS) for windows, version 26. The descriptive statistical measures of frequency and percent will be used. The inferential statistical measures of Pearson correlation, Repeated-Measures ANOVA, Independent-Sample T-Test, and One-Way Analysis of Variance (ANOVA) will be used.

## RESULTS

Table 1. Participants' Sociodemographic Characteristics

	(N = 72)	
	Frequency	Percent
Age (Years)		
20-29	31	43
30-39	25	34.7
40-49	11	15.3
50-59	5	6.95
Mean (SD)	34.33 ± 10.24	
Gender		
Male	28	38.88
Female	44	61.12
Marital Status		
Single	26	36.11
Married	43	59.73
Divorced	3	4.17
Level of Education		
Nursing high school	28	38.88
Diploma	22	30.55
Bachelor's degree	18	25
Master's degree	4	5.55

Table 2. Multivariate Tests of the Within-subjects for the knowledge about suicide as a concept

Multivariate Tests <sup>a</sup>							
Effect		Value	F	Hypothesis df	Error df	Sig.	Partial Eta Squared
Concept (Study)	Pillai's Trace	.572	22.710 <sup>b</sup>	2.000	34.000	.000	.572
	Wilks' Lambda	.428	22.710 <sup>b</sup>	2.000	34.000	.000	.572
	Hotelling's Trace	1.336	22.710 <sup>b</sup>	2.000	34.000	.000	.572
	Roy's Largest Root	1.336	22.710 <sup>b</sup>	2.000	34.000	.000	.572

a. Design: Intercept Within Subjects Design: Knowledge about suicide as a concept

b. Exact statistic

There are significant differences in the values of knowledge about suicide as a concept over time for participants in the study group ( $F = 22.710$ ,  $df = 2$ ,  $p < .05$ ).

Table3. Mauchly's Test of Sphericity for the study group

Within Subjects Effect	Mauchly's W	Approx. Chi-Square	df	Sig.	Epsilon <sup>b</sup>		
					Greenhouse-Geisser	Huynh-Feldt	Lower-bound
Concept	.634	15.491	2	.000	.732	.756	.500

Tests the null hypothesis that the error covariance matrix of the orthonormalized transformed dependent variables is proportional to an identity matrix.

a. Design: Intercept

b. May be used to adjust the degrees of freedom for the averaged tests of significance. Corrected tests are displayed in the Tests of Within-Subjects Effects table.

## DISCUSSION

The mean age for participants in the study group is  $34.33 \pm 10.24$ ; a half age 20-29-years (43%), followed by those who age 30-39-years (34.7%), and those who age 40-49-years (15.3%). Concerning gender, most in the study group are females (61.12%) compared to males (38.12%). Regarding the marital status, most in the study group are married (59.73%), followed by those who are singles (36.11%), and those who are divorced (4.17%). With respect to the level of education, more than two-fifth in the study group are nursing high school graduates (38.88%), followed by those who hold a diploma degree (30.55%), those who hold a bachelor's degree (25%), and those who hold a master's degree (5.55%). Table(3) show that the Mauchly's Test of Sphericity is non-significant ( $p < .05$ ), which indicates that these data do not violate the sphericity assumption of the univariate approach to repeated-measures ANOVA. So, we accept the assumption that the variances of the differences between levels are equal. These findings are almost congruent with these of Slesnick et al., (2019) who concluded that all youth participated in the study demonstrated a significant decline in suicidal ideation over time, with a faster decline among youth assigned to Cognitive Therapy for Suicide Prevention<sup>(28)</sup>. These findings go in line with that of El-Refaay (2019) who concluded that there was a statistically

significant improvement in the mean score of total knowledge about control of suicidal ideation among patients with psychotic disorders on nursing staff knowledge and practice<sup>(29)</sup>. These findings are supported by Samuolis et al., (2019) who concluded that there are significant increases in the values of subjects' knowledge about suicide from pretest to posttest. These findings almost go in line with these of Siau et al., 2018) who concluded that there was a significant improvement in intervention participants in terms of perceived knowledge of/willingness to help suicidal patients immediately after training and when compared with the control participants 3 months later<sup>(30,31)</sup>.

## CONCLUSION

The student researcher concluded that the nurses' knowledge about suicide as a concept, nurses' knowledge about suicide rate, nurses' knowledge about factors contributing to suicide was weak.

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