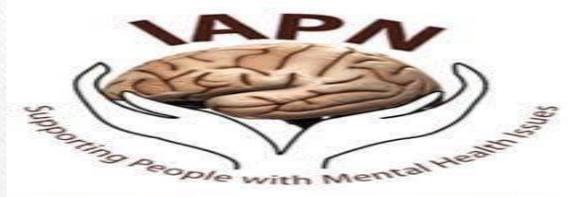


## 13<sup>th</sup> IAPN Scientific Conference. Abuja 2019



### Lived-in experience of Nurses who handled suicidal patients

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# Statement Problem

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- Mental healthcare workers hide their emotions in suicide behaviors of their patient, attempting to remain “professional”.
- Several of them really feels hurt and might need help to deal with the aftermath emotions. Lack of help or support might actually affect their productivity on the job.
- When suicide incidents occurred, nurses reviewed their reasons for becoming nurses; and thoughts of reconsidering career change are common reactions among nurses.

**DO YOU EVER GET UP  
IN THE MORNING,**



**LOOK AT YOURSELF IN  
THE MIRROR AND  
THINK... "THAT CAN'T  
BE ACCURATE."**

# INTRODUCTION

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Suicide is a major public health problem, more common in males than females and healthcare professionals play a vital part in suicide prevention.

Importance of staff support systems.

**Interest in the the study:**

To explore staff experiences of their patient's suicidal behavior: Emotions

To increase knowledge and staff awareness.

To explore support systems in place for staff and the client group and to improve policy and practice .

# Significance of the study

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- Research has shown that the impact of adverse events on the healthcare professional can be long-lasting, and in some instances the individual never fully recovers. It has been suggested that the emotional reactions may be similar to those found in post-traumatic stress disorder. Studies report healthcare professionals consider changing career as a direct consequence of an adverse event. Others have reported a decrease in quality of life and risk of burnout, an increase in the use of alcohol and drugs, suicidal thoughts and even suicide, Ullström et al, 2014. Some studies concluded that regardless of gender, professional type or years in the profession, the adverse event was “a life-altering experience that left a permanent imprint on the individual. Considering the reality of the nature of mental health nursing, this research is significant as it allows to look further into the emotional reaction of these nurses, and to highlight important preventive and supportive intervention to support them.

# METHODOLOGY OF STUDY

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- Research design

## Qualitative phenomenological approach.

- Phenomenology helps to understand phenomenon, to provide rich descriptions of complex phenomena and explore sensitive topics and to gain new perspectives from diverse individuals experiencing the world differently.
- Uses the Researcher as 'human instrument' and descriptive reports as 'presence of voice'. (Denzin & Lincoln, 2011) The epistemological assumption of this study was that to understand the experiences of nurses following patient suicide, it is important to allow them to narrate their feelings following the incidents.

- **Research Setting:**
  - **Mental Health Nurses :**International association for psychiatric nurses (IAPN). IAPN is a worldwide association with over 2000 members cut across the world.
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- **Study Population**  
Two thousand nurses (2000) nurses of which are male and female nurses, 25 nurses from Nigeria picked randomly to participate.

- **Sample Selection Criteria**

Mental health nurses presently practicing in either In-patient or Community services, who have experienced patient's suicide attempt or completion

#### **Study Duration**

2 weeks.

- *Method of Data Collection*

Self-reporting questionnaires were distributed to twenty-five (25) participants.

- Nineteen (19) questionnaires returned were analyzed.

- *Instrument for Data Collection :*

- Structured questionnaire which are statements designed to elicit response from respondents.

- The questionnaire was structured into 6 questions; targeted to elicit responses from respondents on the research questions, in a subjective fashion and get suggestions. The questionnaire explore in-depth information that can't be conveyed quantitatively, and gives a voice to those rarely heard

# Sampling Technique

**Convenience Sampling:** also known as Haphazard Sampling or Accidental Sampling is a type of nonprobability or non-random sampling where members of the target population that meet certain practical criteria, such as easy accessibility, geographical proximity, availability at a given time, or the willingness to participate are included for the purpose of the study.

## **Population:**

- The entire membership of IAPN worldwide were adopted as the population, this is a small population. because not all members would have experienced patient's suicidal behavior. Survey questionnaire made available to members willing to participate as convenient.

# RESULTS

## Analysis and Interpretation of Data (Results)

Table 1. Descriptive Characteristics of Nurses

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Characteristics	n	%
Frequency of patient's Suicide experienced		
0-1	9	47.36
2 and Over	10	52.63
Area of Practice in Mental Health:		
In-Patient	15	78.94
Others	4	21.05
Work experience in a mental health service		
3-10	10	52.63
11-16	6	31.57
19-31 year	3	15.78

The findings that emerged from the data analysis included many themes and sub themes and eventually narrowed down to 4 main themes.

- **THEMES**

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- **THEME 1:** Feelings and frustrations – intrinsic. Shock, helplessness, traumatized.  
**THEME 2:** Culture and treatment (patient) – extrinsic (Taboo, pride, not allowed to talk)
- **THEME 3:** Support systems(extrinsic)-Stigma, organisational culture, management.
- **THEME 4:** Education and training -extrinsic. Diversity courses, staff inductions, workshops.

# Results-contd

- **1. Feelings, emotional distress and frustrations**

Most participants expressed feeling distressed, traumatized and frustrated when observing patient suicidal behaviour. However unqualified care staff experienced more worry and frustration than qualified nurses. ‘..... I was very traumatized, I couldn’t sleep for days and nights, it was a shock’.

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- ‘I felt helpless and anxious.....so you feel vulnerable and that you can’t help as much as you would like to help.....you feel frustrated’.

All of them said that they became emotionally and humanly desensitized.

- ‘.....a kind of nervous feeling... I just deal with it, it doesn’t hit me.....staff get use to just getting on with it.....’

‘.....it made me become desensitized and made me think I shouldn’t be emotionally moved to be able to carry on with my work’.

- ‘I feel angry’

“I feel disappointed and a failure to do my job”

- **2- Culture, Religion and Suicidal Behaviour treatment:**

The patient culture and staff culture (organizational) affected the nursing care and treatment received by the patient. Staff experiences included cultural and religious issues, as in comments below:

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- ‘.....they are somewhat confused. coming from a Christian home... They are ashamed of what the family would say, if they talk about the suicidal thoughts. It’s taboo in their culture.....they not allowed to talk about their problems’.  
‘I think they are very misunderstood, because of the culture .....when they act it out it probably goes against everything they have been brought up with and against their culture of being a proper man’. ‘The culture has a big impact and the shame to the family.....the culture takes over the medical care and I think that’s a difficult area to breach’. ‘They not willing to talk about it and they feel ashamed cause they not supposed to do that because of their culture.....feeling they are being judged.....not able to talk about issues due to their culture not allowing this’.

### **3-Support System.**

Participants (across Nigeria) expressed that there is no organisational support in place, several do not know what to do aftermath of such incident. And that's almost seen as a weakness to talk about feelings '.... we always say we are fine'.

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- There is no culture in place for simple debriefing. 'You don't get support after the incident, there is no follow up support later either.....the aftercare for staff needs improvement'.

### **4-Education and Training**

- Considering the complexity of ethnic diversity in Nigeria. Most participants said that there should training developed in the area of cultural awareness and competence, introduced into the induction/orientation package for all staff. '.... I feel regular staff training is important.....we need that training and skills in caring for this client group. Staff can also feel overwhelmed in this area of work and need better diverse training courses.... specific ward training for staff working with these clients.

# DISCUSSION/CONCLUSION

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## *Limitation*

Small sample size due to nature of research however the study provided in-depth rich valuable data from participants and explored a sensitive topic. Findings from this study may resonate with other participants in similar research. Questionnaires are usually popular self-report or self-administered method of data

# Discussion

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- In 2011, a study by Windfuhr et al indicates that the rate of nurses who had encountered patient suicide was 55.0%. The mean Impact of Event Scale-Revised (IES-R) score was 11.4. The proportion of respondents at a high risk ( $\geq 25$  on the 88-point IES-R score) for post-traumatic stress disorder (PTSD) was 13.7%. However, only 15.8% of respondents indicated that they had access to post-suicide mental health care programs. The survey also revealed a low rate of nurses who reported attending in-hospital seminars on suicide prevention or mental health care for nurses (26.4% and 12.8%, respectively). The research concluded that, these results indicated that nurses exposed to inpatient suicide suffer significant mental distress. However, the low availability of systematic post-suicide mental health care programs for such nurses and the lack of suicide-related education initiatives and mental health care for nurses are problematic. The situation is likely related to the fact that there are no formal systems in place for this type of program.
  - identifying and evaluating the psychological effects of patient suicide in nurses and to the pressures stemming from the public perception of nurses as suppliers rather than recipients of health care. Previous studies have reported that patient suicide have a severe emotional impact in some psychiatrists and psychiatric trainees, (Ruskin et al 2004), and personal grief in therapists

# Discussion....

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The experiences shared:

- Emotional distress & Trauma
- Desensitization & blocking as coping mechanism
- Patient/Nurse relationship suffers
- Feels bullied(Colleagues feels they are weak)
- No support from employers.

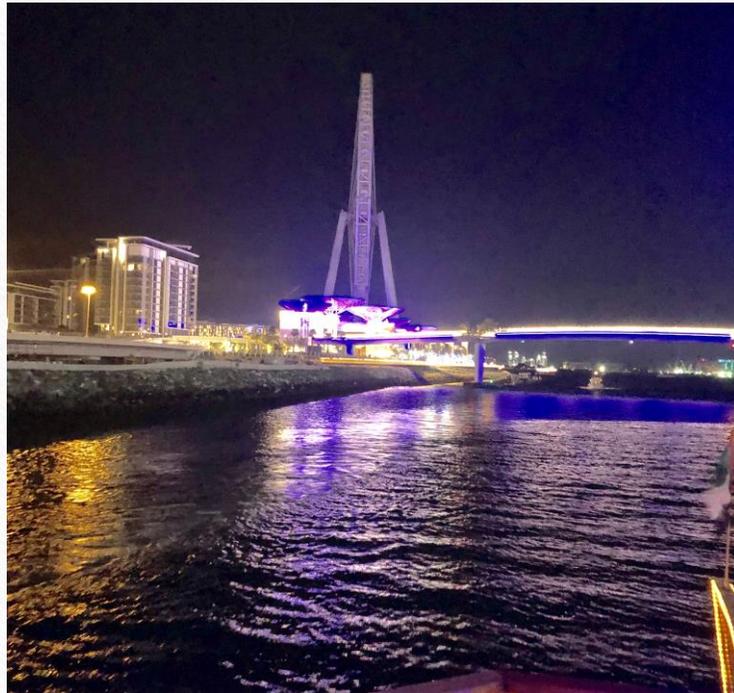
## *Conclusion*

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- Staff involved in this research experienced traumatic reactions and emotional distress in response to being exposed to suicidal behaviour. Most participants believed that the persons ethnicity and culture has an impact on suicide treatment based on the patient's response to care. Support systems for staff and this client group needs to be improved to ensure more effective outcomes and change negative organizational culture. Training for staff and education of families on this topic needs to be facilitated to increase knowledge and improve care.

...may be it is time to think about vacation

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# Acknowledgements

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I express my gratitude to the nurses who participated in this sensitive study and International Association for Psychiatric Nurses that granted permission for conducting this study. I also thank International Association for Psychiatric Nurses (IAPN), for allowing me to use their members contact list to collect data, and the permission to allow their members to participate. This project will be impossible without the professional encouragement received by default from our Professor Sebi Lakalakala-Mokgele, and Mr. Johnson Oshodi for his supportive sessions. My appreciation also goes to my guide Charles Oguntade RN,MSN for his unrelenting support through out the project.

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