

Correlation between suicide literacy and stigmatizing attitude of nurses toward patients with suicide attempts

Correlación entre el alfabetismo suicida y la actitud estigmatizante de las enfermeras hacia los pacientes con intentos de suicidio

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351

Abstract

Suicide is a deliberate process of ending life and it is one of the ten leading causes of death in different countries around the world. Averagely, every forty seconds, one individual loses his life due to suicide in the world. Stigma, on the other hand, is a negative tag given by people to the groups and individuals who are different in terms of appearance, race, physical and mental health. Research has shown that Stigma is a barrier to care for those who attempt suicide. Since nurses play an important role in the care of patients with psychiatric disorders, their level of literacy and their attitude and behavior towards this group of patients have an impact on stigmatizing and non-stigmatizing behavior and the quality of nursing care. Therefore, the present study aimed to investigate the correlation between suicidal literacy and stigmatizing attitude towards suicidal patients in nurses working in selected hospitals of Shahid Beheshti University of Medical Sciences in 2018. In this descriptive-correlational study, the samples were selected randomly among nurses working in psychiatric, poison-

ing, burn and emergency wards of selected hospitals. For data collection, besides questionnaire of demographic data collection, two questionnaires of suicide literacy and stigma questionnaires were used after determining the validity and reliability. Data analysis was performed using the latest version of SPSS software and descriptive and correlation statistics. The findings of the study showed that there is a positive correlation between the two variables of suicide literacy and stigma ($p < 0.05$). It means that, with increasing literacy of nurses in the field of suicide, their attitude is also increased. In other words, increasing the literacy of nurses about suicide will improve their attitude in this regard. Regarding the fact that there is a significant relationship between suicidal literacy and stigma of nurses about the patients with suicide attempts, it can be hoped that increasing literacy of nurses will have a positive effect on their attitude and behavior with these patients and ultimately on the quality of care provided by them.

Keywords: Suicide, Suicide Suicidal knowledge, Attitude, Stigma, Nurse

Resumen

El suicidio es un proceso deliberado para poner fin a la vida y es una de las diez principales causas de muerte en diferentes países del mundo. Averagely, cada cuarenta segundos, un individuo pierde su vida debido al suicidio en el mundo. El estigma, por otro lado, es una etiqueta negativa dada por las per-

sonas a los grupos e individuos que son diferentes en términos de apariencia, raza, salud física y mental. Las investigaciones han demostrado que el estigma es una barrera para cuidar a quienes intentan suicidarse. Dado que las enfermeras desempeñan un papel importante en el cuidado de los pacientes con trastornos psiquiátricos, su ni-

vel de alfabetización y su actitud y comportamiento hacia este grupo de pacientes tienen un impacto en el comportamiento estigmatizador y no estigmatizante y la calidad de la atención de enfermería. Por lo tanto, el presente estudio tuvo como objetivo investigar la correlación entre la alfabetización suicida y la actitud estigmatizante hacia los pacientes suicidas en enfermeras que trabajan en hospitales seleccionados de la Universidad de Ciencias Médicas Shahid Beheshti en 2018. En este estudio descriptivo-correlacional, las muestras se seleccionaron al azar entre las enfermeras que trabajan en psiquiatría, envenenamiento, quemaduras y salas de emergencia de hospitales seleccionados. Para la recolección de datos, además del cuestionario de recolección de datos demográficos, se utilizaron dos cuestionarios de alfabetización suicida y cuestionarios de estigma después de determinar la validez y confiabilidad. El análisis de los datos se realizó utilizando la última versión del software SPSS y las estadísticas descriptivas y de correlación. Los hallazgos del estudio mostraron que existe una correlación positiva entre las dos variables de alfabetización suicida y estigma ($p < 0.05$). Esto significa que, al aumentar la alfabetización de las enfermeras en el campo del suicidio, su actitud también aumenta. En otras palabras, aumentar la alfabetización de las enfermeras sobre el suicidio mejorará su actitud al respecto. En cuanto al hecho de que existe una relación significativa entre la alfabetización suicida y el estigma de las enfermeras sobre los pacientes con intentos de suicidio, se puede esperar que el aumento de la alfabetización de las enfermeras tenga un efecto positivo en su actitud y comportamiento con estos pacientes y, en última instancia, en la calidad de atención prestada por ellos.

Palabras clave: Suicidio, Suicidio Conocimiento suicida, Actitud, Estigma, Enfermera

Introduction

Suicide is a phenomenon that dates back to the origin of human life, and has been regarded as a disgrace to all societies and cultures due to contradictions with the principle of human life, but recently, the suicide rate has increased rapidly. That is why the issue of suicide has changed from an individual disorder to a social problem¹. It is predicted that suicide figures will reach 1.5 million in 2020. In other words, suicide in 2020 will account for two percent of the illness and injury cases².

In general, suicide is not limited to a specific population and occurs among all social classes but the rate of suicide attempt among women is greater than that of men³. However, successful suicide rates in men are higher than in women⁴. Studies show that suicide rate in Iran is lower than most Western countries, but this is more than other Middle Eastern countries and among Islamic countries^{5,6}.

Iran's global rank in suicide rate is 58 and within the country, the suicide rate is very different⁵ (to what). However, phenomenon and is one of the public health challenges affecting individuals, families and even the society⁷.

Some of the effective factors on society include: racial differences⁸, physical illnesses such as cancer⁹, suicidal experiences among family members¹⁰ drug abuse, violence and family disputes, Individual characteristics, social injuries, poor social communication, continual change in the living place, and the history of mental illness such as somatoform, Attention Deficit Hyperactivity Disorder (ADHD), sexual identity disorders and especially depression. The predictable factors in suicide attempt of these patients are the hospitalization frequencies, the severity of the illness and hospitalization period¹¹.

Stigma is among the factors that make this phenomenon less considered and a few statistics are reported about it¹². In fact, Stigma, on the other hand, is a negative tag given by people to the groups and individuals who are different in terms of appearance, race, physical and mental health¹³. Suicidal behavior is related to stigma, and various studies have associated suicide with stigma behavior, especially in people who have suicidal experiences¹⁴. According to studies, stigmatizing attitudes toward patients with suicide attempts are similar to the stigma toward mental diseases, and often those who commit suicide or have suicidal ideation, have reported a "feeling of shame" about their attempt¹⁵.

Suicide attempt is not only associated with many problems for the family and society, but also exert a great deal of pressure on the nurses¹⁶. The nursing team has the relationship with the patient after suicide attempt and plays a leading role in the initial management of these patients¹⁷. The results of the studies show that the quality of nursing care can be influenced by various factors including: knowledge of nurses about suicide, their ability to assess the risk of suicide attempts, professional experiences and their attitudes and beliefs toward suicide or stigma¹⁸.

Many nurses only have basic training received in the nursing primary course¹⁹. Some of these studies have shown that negative attitudes among nurses toward these patients have a negative impact on their quality of care, and in some cases, treatment of these patients may be neglected²⁰. On the other hand, early discharge is also associated with some reasons, including negative attitudes, reduced hospital costs or limited medical resources which can lead to a reoccurrence of suicide²¹.

At present, extensive studies have been conducted on stigma of mental illnesses in Iran and abroad, but less research has been done on the attitudes of the public and especially of health and medical personnel, and especially nurses about suicide and those who attempt suicide. According to the studies conducted in Iran, there has been no research on the relationship between the level of literacy of nurses and their attitudes towards patients with

suicide attempts, despite its importance and increase of suicide rates in the country. Therefore, the present study aimed to investigate the correlation between suicidal literacy and stigmatizing attitude toward suicidal attempts in nurses working in selected hospitals of Shahid Beheshti University of Medical Sciences.

The present study is a descriptive-correlational study. The research population is nurses working in psychiatric, poisoning, burn and emergency wards of the hospitals affiliated to Shahid Beheshti University of Medical Sciences. In this study, non-randomized and available sampling was done and 180 nurses meeting the inclusion criteria were selected. In this research, two questionnaires were used:

- 1) Demographic information questionnaire by which the data of the demographic variables of the sample was collected.
- 2) Literacy of Suicide Scale (LOSS): It was used to determine the extent of suicidal literacy of participants. The questionnaire has 26 items, which includes three types of answer: "true", "false" and "I don't know", and evaluates four areas of suicidal literacy that include: (a) signs and symptoms of suicide (5 items), (b) the causes or nature of suicidal thoughts and behaviors (10 items), (c) risk factors (7 items), and (d) treatment and suicide prevention (4 items). In this questionnaire, the correct answer gets 1, and the wrong answers and

I don't get zero score. Finally, the total score evaluates the participant's literacy of suicide rate.

- 3) Stigma of Suicide Scale (SOSS): This scale was used to examine the attitude of participants towards suicide (26-28). The questionnaire consists of three separate sections for measuring stigma. The first part deals with stigma (31 items), the second part examines isolation or depression (16 items) and the third part examines normalization /glorification (11 items). This questionnaire is rated on a 5 -point Likert scale from 1 (disagree) to 5 (agree).

Since the Persian version of these tools has not been investigated in terms of validity and reliability in Iran, one of the steps in this study was the correct translation of these tools and then the investigation of their validity and reliability. To determine the validity of both questionnaires, two methods of face validity and content validity were used. For determining the face validity, the LOSS and SOSS questionnaires were distributed among 10 faculty members and their views on the level of difficulty, the degree of proportionality and ambiguity of the items,

writing method and the clarity of the sentences were obtained. Quantitative and qualitative methods were used to determine the content validity. To determine the content validity of SOSS questionnaire, 10 professors were used by qualitative method. The research team, after obtaining the opinion of the professors, with the permission of the main designer of the questionnaire, changed the questions of the questionnaire as understandable sentences and again confirmed by 10 professors and the main designer of the questionnaire (after translation into English) and finally, the content validity of the SOSS questionnaire was also confirmed qualitatively. Finally, CVI and CVR indices were used for quantitative evaluation of content validity. In LOSS questionnaire CVR was 0.96 and for SOSS questionnaire, it was 0.93. Also, the CVI value for the LOSS questionnaire was 0.98 and 0.90 for the SOSS questionnaire. As a result, none of the items in the two questionnaires were excluded.

Cronbach's alpha coefficient and intraclass correlation (ICC) were used to determine the reliability of the questionnaires. Therefore, the questionnaires were distributed to the 20 qualified nurses in the study, which were not finally included in the main study, at a time interval of 30 days. The calculated Cronbach's alpha coefficient for Stigma of Suicide Scale (SOSS) was 0.79 and for the LOSS questionnaire (0.82), which indicates a high reliability of both questionnaires.

Based on the analysis performed in the LOSS questionnaire, the ICC in the repeat of measurements was 0.79 and the significance level was $p=0.000$. In the SOSS questionnaire, the ICC in the repeat of measurements was 0.90 and the significant level was $p=0.000$, which is very reliable in interpreting both questionnaires.

Data were analyzed using SPSS software version 24 and were analyzed based on the research purposes. Pearson correlation coefficient was used to determine the suicide literacy correlation and stigma of the studied samples.

Results

In this study 180 nurses working in psychiatric, burn, emergency and poisoning wards were studied. Frequency of nurses in the studied wards is shown in Table 1 separately.

Table 1. The frequency of nurses working in studied wards

Ward	F	%
Emergency	128	1/71
Poisoning	8	4/4
Burn	9	5
Mental	35	4/19
Total	180	100

Table 2. The demographic data of studied samples

Variable	Subset	F	%
Age (in year)	29-20	104	7/58
	39-30	45	25
	49-40	23	8/12
	50 and above	8	4/4
Gender	Man	65	36
	Woman	115	64
Religion	Shiite	173	1/96
	Sunni	7	9/3
Marital status	Married	89	4/49
	Single	90	6/50
Clinical experience (year)	5-1	100	6/55
	10-5	33	3/18
	15-10	17	4/9
	20-15	19	6/10
	25-20	11	1/6
Position	Nurse	156	7/86
	Stuff	13	2/7
	Head nurse	11	1/6
Degree	BA	159	3/88
	MA	21	7/11
Encountering the patient with the suicide history	Yes	174	7/96
	No	6	3/3
Having history	Yes	5	8/2
	No	175	2/97
Hashish of suicide attempt	Yes	3	7/1
	No	177	3/98

The results show that there is no significant difference between variables in factor levels. So, the assumption of homogeneity of variances is completely researched; the F ratio obtained from this analysis is equal to 0.130 at the level of 0.719 sig, which is not statistically significant.

Analysis of variance homogeneity

Sig	F	Second degree of freedom	The first release	The dependent variable	
0.719	0.130	197	1	Psychological Flexibility	Homogeneity of variance

This analysis can be made after it has been determined that the assumptions of variance analysis have been met. The results of the stress ANOVA face of death nurses Normal and suicidal nurses Show.

Summary of the results of variance analysis An agent

Sig	F	Average squares	Degrees of freedom	Sum of squares	Source of change
0.003	9.25	928.87	1	928.46	Based on group
		100.346	197	19873.34	The remaining error

The results of variance analysis indicated that there was a significant difference between the scores of stress exposure and the death rate of nurses and nurses with suicidal literacy (SIG = 0.003 and F = 9.25).

Discussion and conclusion

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nxiety is a reaction to an unknown, inward, vague, unconscious and uncontrollable source that causes its various causes. In this context, certain types of anxiety are known and named, in which the anxiety of facing death is one of the most important ones. Death anxiety is a multi-dimensional conception and its definition is difficult and often defined as "an unusual fear of dying for yourself and others." Death anxiety defines death as an unusual and great fear of death, with feelings of fear of death or anxiety when thinking of a process of dying or of things that occur after death. Nurses working in special wards may experience this type of anxiety due to work in special environments and contact with sick patients. Today, most patients spend their last days at the hospital, which means that nurses spend more time in contact with death and dying patients, and nurses consider this part of the job as a difficult aspect of their careers. More than half of nurses have anxiety death, but in intensive care nurses, this is a severe anxiety. According to studies, the stress of death in nurses in suicidal attempts is higher. Also, the results of this study have shown that if nurses take courses about suicide, they will experience less stress before they encounter these patients and show more efficiency.

Acknowledgment: This research is based on the master's thesis (ID: IR. SBMU.PHNM.1397.05) written by Abolfazl Gholamrezaei with the supervision of Dr. Rafat Rezapour-Nasrabad. Therefore, the author is grateful of all of the units of Shahid Beheshti University of Medical Sciences in Tehran, the nursing offices of the research hospitals, the chairman and the staff of the Faculty of Nursing and Midwifery, the faculty members of the School of Nursing and the Head Nurses and Nurses participating in the study in different sectors as despite their work load, had honest collaborate with patience and faithfulness, ha in various administrative and executive stages with the researcher.

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