

Discussion

Suicide is a complex phenomenon that warrants proper investigation to enhance current preventive measures. Suicidal attempt occurs among all types of person, among rich and poor, young and old, among people in all religions in all occupations and all social classes. *Hawton 2006*⁽¹⁰²⁾ had identified four reasons of suicidal attempt that were directed at some significant persons to attract their attention, self referring reasons, help seeking and the wish to die.

Suicidal behaviors appear to elicit mostly emotional reactions among staff members. Most member of nursing staff experience anxiety, anger and rejection toward these patients. On the other hand an important task for nursing staff members is to work through their emotional reactions toward these suicidal patients^(101,102). So, the aim of this study was to assess nurses emotional reactions toward suicidal attempt patients.

The present study revealed that the majority of nurses had a negative emotional reactions toward attempt suicidal patients .This negative emotional reaction if not acknowledge and properly handled might prevent most of the nurses to provide caring to these type of patients. In this respect *Catalon, in 1999*⁽¹⁰³⁾ mentioned that nurses regarded suicide patients as the "most disliked patients". As a result, there was a great lack in the psychosocial care of suicidal patients and this had lead to premature discharge of suicidal attempt patient, justified by statement such as "he is not really suicidal patients or he is just manipulative". Moreover nurses had received no educational preparation to care for patients with suicidal attempt. The way of dealing with the suicidal patient is taught during psychiatric nursing studies and the training of nursing to offer psychosocial

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care of these patients is very often rear. This automatically had lead to an emotional withdrawal from the patient with the inevitable negative effects on communication, and working with a suicidal patient raising a variety of *anxieties*, aggression, stresses and conflicts, as well as personal uncertainties about death.

Results of present study indicated that the minority of nurses showed no emotional reactions toward suicidal attempt patient, these results might be interpreted as evidence to suppression and denial of coping methods used. In addition to that nurses might had avoid the emotional reaction they felt toward suicide patients by being passive, becoming preoccupied with minor individual needs, and focusing on a scapegoat. Reactions toward suicide were shaped by scientific explanations emphasizing the role of mental health in suicidal behavior. So focusing on staff members' emotional reactions might facilitate intervention and treatment planning.

Although suicidal attempt evoked negative emotions reactions among nurses, the results revealed when suicidal act was due to death of dearest ones most of nurses had a positive emotional reactions toward suicidal attempt patient. This might be attributed to suicidal behaviors have a multidimensional construct determined by the interplay of multivariate factors that rest not only on suicidal patient, but also with the causes that lead to suicide.

There were significant differences on two of the variables in relation to the nurses' length of experience in casualty. The more experienced nurses seemed to have more positive attitudes than the less experienced nurses.

The result showed that one third of studied nurses were affected by patient characteristics as patients' reason of suicide and number of recurrence. While 17% of studied nurses affected by patient sex when

dealing with suicidal attempt patients. This may be interpreted by the presence of stigma about suicidal recurrence and reasons between studied nurses. This result agreed with *Rasberge and Wasted*⁽⁹⁷⁾ who stated in 2003 that the nurses may be affected by suicidal patient characteristics mainly age, sex and methods of suicide.

In this present study there were correlations between socio-demographic characteristics of nurses and their emotional reactions toward suicidal patients. According to nurses' age, there was a negative relation between nurses' age and their reaction to suicidal reasons such as work problems and legal problems. This might be due to the large number of nurses under 40 years. On the other hand, there was a negative correlation between nurses' age and their positive emotional reactions of caring, empathetic, enthusiastic, and emotional reactions of relaxation, but most negative emotional reactions were anxious, inadequate, aloof, and confused. This may be due to the age of nurses and low experience and low trust and inadequate knowledge and skills while most emotional reactions in the age group above 40 years were emotional reactions of importance but the most negative emotional reactions were emotional reactions of sadness, rejection, board, threatened, and cautious. This may be due to inability to engage in dangerous work that might have caused stress and pressure and the low interest of nurses over 40 years. These results agreed with *Samulsson*⁽¹⁰⁴⁾, who studied nurses' reactions toward suicidal patients and found that the nurses under 35 years old were reacting negatively with suicidal patients' characteristics such as age, sex and cause of suicide. These results were in contradiction with *Dorer and Fee Ham*⁽¹⁰⁵⁾ who did not find in 2003 any relation between nurses' age and their emotional reactions toward suicidal patient criteria such as age, sex, methods and reason of suicide. Regarding the correlation between nurses' educational

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level and their positive emotional reaction, the most positive emotional reaction in B.S nurses were objectivity whereas diploma nurse had emotional reaction of enthusiastic. B.S nurses' most negative emotional reaction were anxious, cautious on guard, and reject.

This may be due to the inadequate clinical training to B.S nurses and little contact with suicidal patients while the most negative emotional reaction among diploma nurses were dislike, aloof, empty, invalid and inadequate. This could indicate little experience and knowledge about caring for suicidal patients. This study agreed with *Asperge in 2003 and Barron in 2002*^(105,106) who studied nurses' attitude toward suicidal attempt, finding that nurses with low education level had negative emotional reaction as anxiousness, and invalid more than highly educated nurses. Whereas *Gary Sidley in 2002*⁽¹⁰⁸⁾ found that there was a difference between highly educated nurses and low educated nurses in their attitude toward suicidal attempt patient due to inadequate knowledge, skills, clinical experiences and inadequate training before working with suicidal attempt patients.

In relation to emotional reaction of nurses toward suicidal attempt patients, the present study showed that a significant difference between male and female nurses in their positive emotional reaction death of dearest one, physical sexual and verbal abuse, merge betrayal, problem or crisis with friends. Male nurses had positive emotional reaction with a higher percentage than female nurses. On the other hand the female nurses had negative emotional reaction more than male nurses in the point of suicide due to death of dearest ones, marriage problems, family crisis, physical abuses, emotional problem with friends. This could be due to female sympathetic emotional reaction. These results were in agreement with *Schnder, 2002*⁽¹⁰⁹⁾ who proved that there were significant differences

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between male and female nurses in their emotional reaction toward suicide due to personal stress. He stated that the female nurses had negative emotional reactions more than male nurses in this reasons of suicide.

According to emotional reaction of nurses toward suicidal patient due to work and financial problem, the results showed that there were significant relation between male and female nurses toward items of suicidal reasons due to retired stage, failure in exams, scholar - college leave, loss of personal exclusives. The male nurses had positive emotional reactions higher than female nurses. On the other hand, female nurses had negative emotional reaction more than male nurses in point of economic crisis, retired stage, exam failures, school or college leave, and military stress. These results might be due to subjectivity of female nurses and inability to differentiate between personal factors and patients criteria. Regarding the comparison between male and female nurses in emotional reaction toward suicidal reason as legal problems and disease accidents, the result showed that male nurses had positive emotional reaction more than female nurses in point of going to jail, legal cases and governance threaten, but female nurses had positive emotional reaction more than male nurses in point of chronic disease, and organic amputation. This may be due to female nature in caring for family members and normal role in caring for injured individual. According to nurses' emotional reaction towards patients had suicidal attempt due to residency problems, the results showed that there were a significant relation in positive emotional reaction between male and female nurses, where the female nurses had positive emotional reaction more than males in point of no constant shatter, privacy in home and continuous problem with neighbors. On the other hand male nurses had more negative than females in the points of no constant shelter for living. This may be due

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to the subjective emotional reaction of male nurses and indulging of their need in their emotional reaction toward their patients and due to social status of male nurses and life responsibility.

On the other hand, female nurses had negative emotional reaction more than males toward suicidal due to family stress in point of family member morbidity, no income for family head, problem between parents, parents marriage, and refuse the affective relation with someone. Whereas male nurses had positive emotional reaction more than female nurses in point of family member morbidity, no income for family head, economic crisis in the family, parent divorce, problem between parents, lonely emotional reaction of the family, refusal of affective relation with someone. These results might refer to cognitive and emotional ability of male nurses to control their emotional reaction and emotionally involved with patients criteria and caring for suicidal patient.

The present results agreed with *Schnder (2002)*⁽¹⁰⁹⁾ who pointed out that there were significant relation between male and female nurses in their attitudes toward suicidal attempt patient and found the female nurses had negative emotional reaction more than male nurses stating that could be due to their emotional indulging with their patients. In contradiction with the present findings *Kennedy in 2003*⁽⁷⁴⁾ studied nursing staff attitude toward deliberated-self harm and stated that there were no significant difference between male and female nurses toward suicide reason.

According to emotional reaction of nurses toward suicidal method, the result revealed that emotional reaction of nurses toward patients who used drug overdose as a suicidal method, nearly quarter of female nurses had negative emotional reaction, while more than half of male nurses had negative emotional reaction.

The present findings came in contradiction with the study of

Sidley, in 2002⁽¹⁰⁸⁾ who found that nearly three quarter of female nurses had negative emotional reaction when patient use drug over dose as suicidal method, concluded that female nurses had sympathy regarding this method, and that this was a common method of suicidal between female patients. As relation to use of toxic substance as suicidal attempt method, nearly three quarter of male nurses had negative emotional reaction, while more than half of female nurses had negative emotional reaction. This result means that there was a significant difference between male and female nurses in their positive and negative emotional reaction. The present study results came in contradiction with the study of *Valach, (2002)*⁽¹¹⁰⁾ who proved that there were no significant difference between male and female nurses who worked in emergency and psychiatric wards toward patients who used toxic substance as suicidal method. As for patients using burn as suicidal attempt, more than one half of male nurses had negative emotional reaction compared with nearly one quarter of female nurses toward the burn as a suicidal method.

This study was contradicted with that of *Bichsel, (2002)*⁽¹⁰⁹⁾ who found no significant difference between male and female nurses, and they were nearly equal in their negative and positive emotional reaction when their patients used burn as a suicidal method, in relation to using blades as a method of suicidal. The results showed that the male nurse had positive emotional reaction more than females toward the self-laceration as a method of suicidal. This present study findings came hand in hand with those of *Talseth (2006)*⁽¹¹¹⁾. That the majority of male nurses had positive emotional reaction toward self- laceration as suicidal method. This might be due to emotional nature of female nurses.

The work place played an important role in nurses' reactions toward

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suicidal attempt patient *Valach, (2002)*⁽¹¹⁰⁾. found that suicidal patients had elicited different emotional reactions among different types of nurses i.e. according to their place of work., on the other hand *Hooley (2006)*⁽⁹⁶⁾ had reported that the suicide had a strong association with psychoses and if caring for the patient after a suicide attempt takes place in a general hospital the care is usually limited to the treatment of organic signs ("detoxification"). This therapy might leave the patient with his problems unresolved, as well as with the additional burden of the stigma of the failed suicide attempt in addition to nurses may react negatively to this patient. This was contradicted results of the present study as Medical surgical nurses reported more emotional reaction of relax rather than others groups. This may be due to routine nature of their work in Med- surgical units.

The Emergency unit nurses had empathy and enthusiastic emotional reaction more than other nurses, but the psychiatric nurses had the emotional reaction of objectivity. This may be due to the training on caring for suicidal patient and understanding the nature of these patients.

No differences between nurses in their positive emotional reaction (important and caring) were found when comparing between them using work place. This could mean that the concept of human caring could not be divided or changed according to work place. *Sidley, (2002) and Donovan, (2006)*^(108,112) stated that nurses in emergency room should have more empathy, enthusiastic and objectivity to support their patients in decision making about referral to any other specialist. In accordance with this fact, results of the present study revealed that nurses in emergency department significantly showed empathy, enthusiastic and objectivity as emotional reactions toward suicidal patient.

The present study also revealed that nurses working in emergency department had more anxiety, aloof, indifferent, empty, and invalid as

negative reactions compared with others nurses. This might be due to pressure of work in emergency wards and inadequate staff members. The emotional reaction of sadness and distress were more among nurses working in the medical surgical department. These results may be due the nature of patients in this areas and inadequate training and inadequate knowledge about psychological caring of patients. This result was contradicted with *Svein Frriils, (2003) and John (2001)*^(100,113) who stated that guard, rejected, bored, over whelmed, inadequate are the most negative emotional reaction differentiating between psychiatric nurses and nurses working in others areas.

These results revealed also that one third of studied nurses had strong positive emotional reaction toward suicidal attempt patient, one third of nurses had moderate positive emotional reaction and the rest had weak positive emotional reaction and the majority of studied nurses had strong negative reaction. So results reflected the high percentage of studied nurses reporting negative emotional reaction. This may be due to negative opinion of nurses as they believed of suicidal attempt patients were unfaithful person. It might also be due the fact that the highest percentage of nurses in this study were technical nurses with diploma degree and they lack higher education which might had an effect on influencing offering human caring. This negative reactions might lead to the suicidal attempt patient who did not receive adequate physical and emotional care. This might affect also patient emotional state as mentioned by *Talseth, (2006)*⁽¹¹¹⁾. These results agreed upon by *Michel, (2002)*⁽¹¹⁵⁾ who found that the majority of studied nurses had strong negative emotional reaction toward suicidal attempt patient.

The most positive emotional reaction reported by the present studied nurses were emotional reaction of important, empathetic and enthusiastic

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whereas the least common positive emotional reaction was calm. This was not surprisingly as nurses caring for suicidal patient were found to have difficulties in accepting and understanding suicidal attempter patients especially in the absence of psychiatric illness. This was also supported by the present results as the most negative emotional reaction reported by studied nurses were dislike, inadequate, reject and disparage while the least common negative emotional reaction was sad.

This study results came in agreement with *Friis, K in 2003, Newton, in 2006, and Pickard, in 2006, in Linda 2002* ^(96,100,114). They stated that the most positive emotional reaction were important and empathetic while the most negative emotional reaction were rejection, uncomfortable, inadequate, and invalid). This emotional reaction might interfere with the nurses when caring for suicidal attempt patient and made nurses incapable of introducing psychological support to these patients.

Regarding factors affecting negative emotional reaction of nurses the result showed that the main factor were inadequate knowledge, inadequate staff training, inadequate staff number, inadequate supplies and safety measures. This result agreed with *Asberge, Samuelsson,(2002), Friis, (2003), Pardon, (2006)* ^(100,106,116) had found that the most common factors that lead to negative emotional reaction among nurses working with suicidal attempt patients were inadequate information about suicidal reasons, inadequate staff training to care for suicidal attempt patient, in addition to nurses' opinion that these patients were unfaithful persons. These factors may lead to the presence of high percentage of negative emotional reaction between nurses. This could also interpret the inadequate care for suicidal patients.