

## **Nursing Attitudes Regarding Suicidal Patients Before and After Staff Education in Preparation for Hospital-Wide Suicide Assessments.**

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# Nursing Attitudes Regarding Suicidal Patients Before and After Staff Education in Preparation for Hospital-Wide Suicide Assessments

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# Psychiatric Nurse?

**Nurse Ratched from the film “One flew over  
the Cuckoo’s Nest” (1975)**

# Psychiatric Patient?

Angelina Jolie from  
“Girl, Interrupted” (1999)

Jack Nicholson and Will Sampson from  
“One Flew Over the Cuckoo’s Nest” (1975)

# Why are we looking at attitudes in preparing nurses to assess suicide risk?

- The stigma attached to mental illness and suicide itself has been identified as the most formidable obstacle to future progress in the arena of mental health (U.S. Dept. of Health and Human Services, 1999).
- The ability to successfully assess a patient for suicide risk and intervene can be negatively affected by this stigma.
- Examining our own fears and beliefs regarding suicide is essential to provide good care for the suicidal patient.

# Background

- Suicide takes the lives of nearly 30,000 Americans each year, another 650,000 receive emergency care after attempting to take their own lives.
- A 1999 "Surgeon General's Call to Action to Prevent Suicide" determined that suicide is a public health problem prompting the development of a National Strategy for Suicide Prevention.
- Patient suicide was the number one reported sentinel event by healthcare organizations from 1996-2007, according to the Joint Commission on Accreditation of Healthcare Organizations.
- 2007 National Patient Safety Goal 15A requires suicide risk assessment of all patients treated for behavioral health problems in hospitals.

# Research Objective

The purpose of this study was to compare attitudes and perceived need for training between general medical floor nurses, emergency room nurses, critical care nurses, and mental health nurses before and after education designed to increase knowledge of suicidal patients.



# Hypotheses

- As a baseline of information is established, we will be able to determine nurses' attitudes.
- Attitudes of nurses will become more accepting of suicidal patients after staff education.
- Mental health nurses will have a more accepting attitude of suicidal patients than emergency and acute care nurses before education, but both groups will have equivalent attitudes after education.

# Study Design

**IRB Exemption**

**509 Nurses Evaluated at baseline**

**Staff Education**

**401 Nurses completed post-education surveys**

**Independent t-tests were used for continuous variables with Boneferroni corrected significance levels of  $p < .0029$ .**

# Objectives of Staff Education

- State the important reasons for the new JCAHO National Patient Safety Goal 15A
- Recognize common myths, troublesome attitudes and unhelpful responses to the suicidal patient
- Describe major risk factors and warning signs of suicide
- Identify what you can do as a healthcare provider to screen for and prevent possible suicide

# Understanding of Suicidal Patient Questionnaire

1. All attempted suicides should get in touch with a psychiatric care facility.
2. I think my present training has provided me with adequate skill to take care of people who have tried to commit suicide.
3. The psychiatric care should concentrate on treating only the most serious attempted suicides, not light intoxications.
4. A patient who has tried to commit suicide is usually so ill that he or she should be admitted to a psychiatric clinic (hospital).
5. I am in need of further training to be able to work with patients who have tried to commit suicide.
6. Patients who have tried to commit suicide are usually treated well in my work unit.
7. I sometimes get very angry with patients who have tried to commit suicide.
8. A person who has made several suicide attempts is at great risk of committing suicide.
9. I nurse patients who have tried to commit suicide as willingly and sympathetically as I nurse other patients.
10. Because the patients who have tried to commit suicide have problems, they need the best possible treatment.
11. I often find it difficult to understand a person who has tried to commit suicide.
12. I like to help a person who has tried to commit suicide.
13. The psychiatric care of patients who have tried to commit suicide functions well (is satisfactory).
14. I try to do my best to talk with a patient who has attempted suicide about his or her personal problems.
15. It is troublesome to nurse a patient who has tried to commit suicide.
16. I am usually sympathetic and understanding towards a patient who has tried to commit suicide.
17. I try to do my best to make a patient who has tried to commit suicide feel comfortable and secure.

# Demographics

	Medical Floors	Emergency Room	Critical Care	Mental Health
Number	216	127	83	71
Female	96%	78%	87%	86%
Male	4%	22%	13%	14%
Mean Age	38.9	36.3	40.5	46.8
Mean Years Experience	11.5	8.4	14	15.6

# Results

## PRE-EDUCATION

- MH nurses had significantly more favorable attitudes and were less likely to perceive the need for further training
- GMF nurses were significantly more likely to perceive the need for further training than ER nurses, but less likely to get angry
- ICU nurses were significantly more likely to perceive the need for further training than ER nurses, and less likely to talk to such patients

## POST-EDUCATION

- there were no significant changes in ICU, ER, or MH nurses
- GMF nurses did have significantly more favorable attitudes and less perceived need for training

# Perceived Need for Training

No Need ←————→ Need

2

4

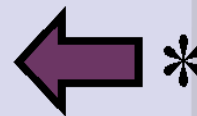
6

8

Intensive Care



General Floor



Emergency



Mental Health



Post Education

Pre Education



$p < .00001, d = .3$

# Empathy Score

More Empathy ←

→ Less Empathy

12

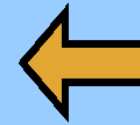
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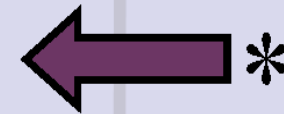
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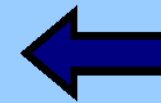
**Intensive Care**



**General Floor**



**Emergency**



**Mental Health**



Post Education

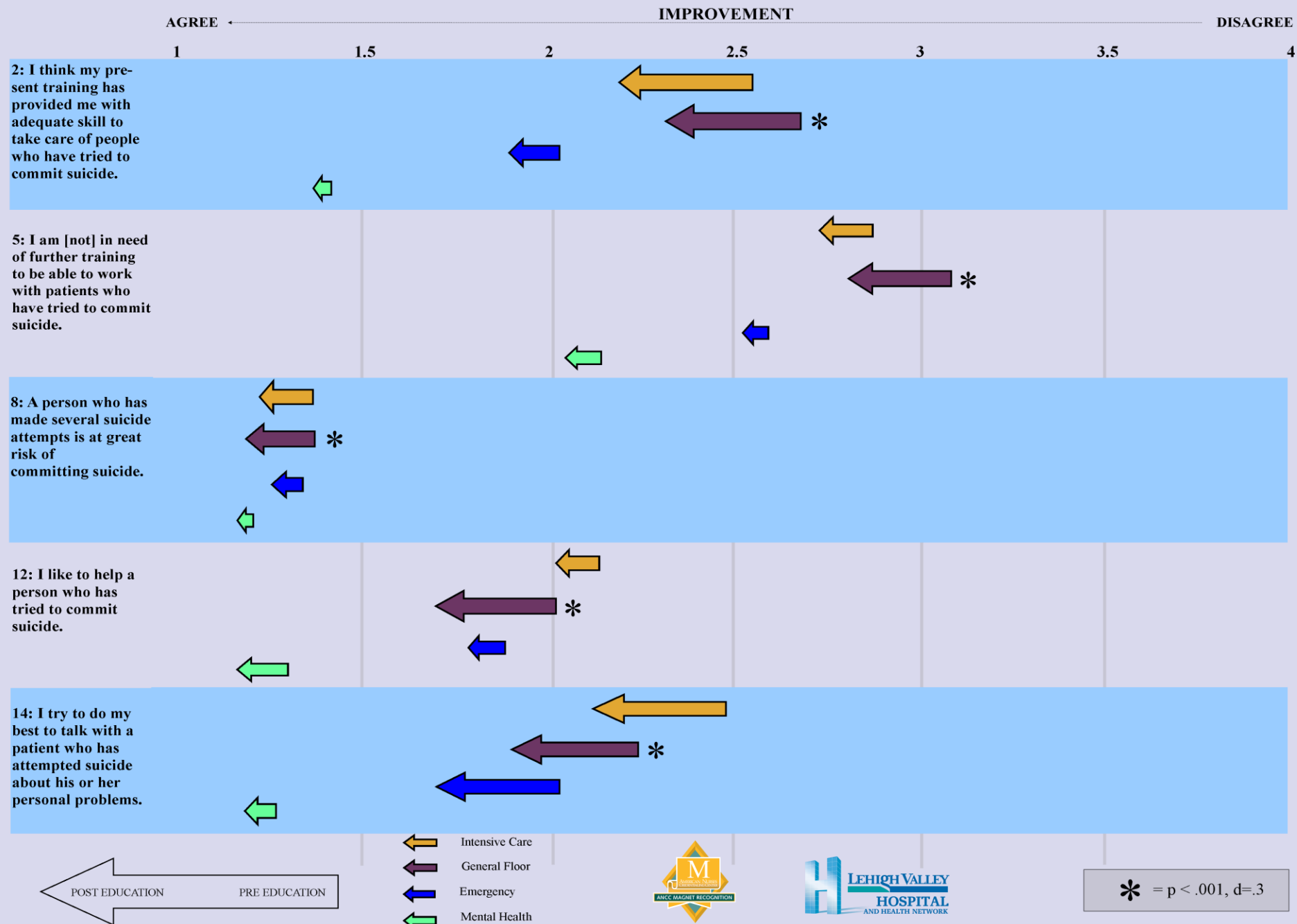
Pre Education



\*  $p < .001, d=.3$



Chart 1. This chart demonstrates pre to post education change within each group of nurses. These were the five questions that had a significant change ( $p < .001$ ,  $d = .3$ ).



# Conclusions

MH nurses had more favorable attitudes toward suicidal patients and were less likely to perceive the need for further training. This suggests the less favorable attitude may to some extent be a result of lack of knowledge regarding suicidal patients. Only GMF nurses benefited significantly from the education provided. A more tailored, in-depth training may be required.

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