

PSYCHIATRIC NURSES' ATTITUDES TOWARD SUICIDE RISK MANAGEMENT AT DAMMAM, AL-AMAL COMPLEX, SAUDI ARABIA.

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ABSTRACT

Suicide is one of the leading causes of death worldwide. Psychiatric patients are at high risk for suicide. Patients who are at risk for suicide are very difficult to manage and need constant observation. Nurses have the highest level of daily contact with survivors of self-harm and they are educated to identify person who are at risk for suicide and to provide appropriate treatment and services. Researches have showed that attitudes are important when action is to be taken. Assessment, management and follow up services may be affected by the attitudes that staff have towards the suicidal patients. Different staff attitudes may lead to different interpretations of suicidal attempts. Ultimately, improving attitudes of nurses towards suicidal patients are important in motivating them to engage in treating and managing suicidal indications, enhance their desire to work with these patients, achieve effective treatment standard, and contribute to better treatment outcomes.

Keyword: - Suicide, Attitude, Risk management.

1. Introduction

Suicide is one of the leading causes of death worldwide^(1,2). According to World Health Organization (WHO, 2014), it is estimated that, globally, deaths by suicide will reach 1.53 million people by 2020, and a number of suicide attempts between ten and twenty times higher. It has been estimated for each adult who died of suicide there may have been more than 20 others attempting suicide⁽²⁾. In Saudi Arabian, the current suicide rate is 0.24 per 100,000 people per year. Considering the extent of under reporting of the suicide cases due to lack of sound registration systems or stigma against suicide, the real number of suicide seems to be even higher. Therefore, suicide is regarded as one of the most preventable cause of death among the top 20 leading causes of mortality for all ages⁽³⁾.

Psychiatric patients are at high risk of suicide. Research studies have shown that over 90% of suicidal victims have a diagnosable mental health and/or substance use disorder and up to one in 10 people affected by mental illness kill themselves. Psychiatric patients who are at risk for suicide are very difficult to manage and need close observation, intervention and follow up strategies. Obstacles to effective intervention include difficulties to understand these behaviors and unfavorable attitudes of health care professionals towards treatment of those patients⁽⁴⁾.

Research evidence indicated that unfavorable attitudes among health care providers can influence their suicide risk assessment, management skills, including the quality and impact of care. Therefore, Suicidal behavior among psychiatric patients indicates a significant health problem that requires professionals to convey appropriate attitudes toward their patients to achieve effective treatment standard ^(5,6).

Different staff attitudes may lead to different interpretations of suicidal attempts and therefore inconsistent implementations of risk management strategies. This may contribute to confusion on how to manage suicidal patients and may prevent nurses from providing effective care to their patients ⁽⁷⁾. Researches showed that identifying attitudes are important when action is to be taken. Therefore, nurses need to take steps in recognizing and resolving any difficulty towards caring for suicidal patients due to uncomfortable feelings, values, attitudes or other personal experiences with suicide patients ^(8,9,10). Eventually nurses' attitude toward suicide risk management influences their skills to assess and manage suicide patients as well as impact the quality of care. Thus, information about nurses' attitude toward suicide risk management is extremely important in designing and implementing suicide risk management strategies. Most of studies have reported nurses' attitudes toward suicide rather than suicide risk management. Only a few studies have examined health professionals' attitude towards suicide risk management. ⁽¹¹⁾. No such research was found in Saudi Arabia according to the best of the author's knowledge.

By identifying the psychiatric nurses' attitudes toward suicide risk management, changes can be made which will result in reducing suicidal attempts, and making the environment healthier, safer and productive. Hence, this study's aim is to assess the attitude of psychiatric nurses' toward suicide risk management.

1.1 Aim of the study

The main aim of this study is to investigate the attitudes of psychiatric nurses, working at Al Amal complex of mental health, Dammam, kingdom of Saudi Arabia toward suicide risk management.

1.2 Research Questions

What are the psychiatric nurses' attitudes toward suicide risk management at Dammam Al-Amal complex, Saudi Arabia?

1.3 Material and Methods

Design

Quantitative, descriptive exploratory design used in this study.

Setting

The study has been conducted in the male and female psychiatric wards at Al Amal complex of mental health, Dammam, kingdom of Saudi Arabia. This complex is a governmental hospital affiliated to the ministry of health kingdom of Saudi Arabia (KSA). The total bed capacity is 300. The complex serves all the eastern and northern provinces of KSA, in addition to other nearby gulf countries such as Bahrain, Kuwait. The complex inpatient services consists of two psychiatric inpatient wards (male and female), each ward had a capacity of 70 beds, with a nurse-patient ratio of 1:6.

Sample

All available nurses who are working at the complex at time of data collection that meet the inclusion criteria were included in the study. They are amounted to be 110 psychiatric nurses. The total numbers of nurses who were completed and returned the questionnaires were 65 nurses among them 52 were male and 13 were female nurses, yielding a response rate of 59.1%.

Inclusion criteria:

1. Nurses who are providing direct nursing care to psychiatric patients.
- 2) Nurses with more than one-year experience in psychiatric hospital.

Exclusion criteria:

- 1) Nursing interns.
- 2) Nursing administrators.
- 3) Nurses working in addiction units.

Tool

One tool was used in this study consisting of two parts:

First part:

It includes data related to the following

- Socio- demographic data as gender, age, marital status, level of education.
 - Professional data as qualification, years of working experience, attendance of any training program or workshop related to suicidal ,and previous experience with patient who have been committed or attempted suicide
- The Socio- demographic and professional data sheet was developed by the researchers after reading several references^(6,8,11).

Second part:

The Attitudes toward Suicide Prevention (ATSP) scale, developed by Herron, Ticehurst, Appleby, Perry, & Cordingley (2001), it is a self- administered and consists of 14-item that assessed providers' attitudes toward suicide prevention efforts. Respondents were required to rate how much they agreed or disagreed with each statements. Each items are rated on a five-point Likert scale from 1 (strongly disagree) to 5 (strongly agree). The scores for each item are summed up to form an overall score, ranging from 14 to 70. According to the Herron, higher scores suggested attitudes that are more negative and a score of 42 is a neutral attitude. The scale has good internal consistency (Cronbach's alpha = 0.77) and high test-retest reliability⁽¹¹⁾. It has been used in several studies. Two version used in the study, Arabic and English version for Arabic and non-Arabic speakers.

Methods

1. An ethical approval for conducting the study was obtained from ethical committee.
2. A written official approval was obtained from the director of the Al Amal complex hospital after explanation of the aim of the study.
3. An informed consent was obtained from all participants before data collection and confidentiality was be maintained.
4. The tool used in the study given to a jury of three specialized psychiatrists to be tested for the validity and reliability.
5. A pilot study was conducted on five nurses using English and Arabic version to be assessed for applicability and validity.
6. Participants in the pilot study were excluded from the study.
7. The participants were contacted mostly during the weekdays during morning shift.
8. The questionnaires were distributed for each nurse along with the informed consent after the objectives of the survey were explained. Respondents were also assured that their participation remained anonymous.
9. The participants were asked to read the questionnaires and were welcomed to answer all the statements. It took them nearly 30 minutes.

Data Analysis

After data were collected, it was coded and checked for correction of any errors during data entry. Statistical Analysis for Social Sciences Program (SPSS) version 16 was used for data presentations (tables, graphs). Number and percentage were used for presenting qualitative variables. Frequencies with percentages were calculated for categorical variables. Mean, standard deviation and median were calculated for continuous variables. Comparisons were done by using the Chi-Square test, and Mann - Whitney test. Hence, median and inter quartile range were used with variables that are abnormally distributed. The results were considered statistically significant if P-value < 0.05.

2. Results

A total of 65 nurses returned the questionnaires, yielding a response rate of 59%. The mean age of respondents was 31 years. Majority of the respondents (98.4%) having diploma level of education and had 5 to 10 years of working experience as a psychiatric nurse. Majority of them (77%) got a chance, as a nurse to manage a patient with attempted suicide, while 23% never facing this experience. Only minority of the respondents (3%) exposure to patient who have been committed suicide , while the majority (97%) were not exposed to this situation .The majority

also (72%) attended either training or workshops program related to management of suicide, while Only 28% never exposed to any type of training related to suicide.

Table -1: Total Mean/Median Score of Nurses 'Attitude Toward Suicide risk management

Items number	Strongly Disagree	Disagree	Uncertain	Agree	Strongly agree	Total Mean	Total Median
	Number (%)	Number (%)	Number (%)	Number (%)	Number (%)		
1: resent being asked to do more suicide to prevent suicide.	4(6.2)	16(24.6)	7(10.8)	23(35.4)	15(23.1)	3.4	4
2: Suicide prevention is not my responsibility.	42(64.6)	14(21.5)	4(6.2)	1(1.5)	4(6.2)	1.6	1
3: Making more funds available to the appropriate health service would make no difference to the suicide rate.	22(33.8)	20(33.8)	8(12.3)	6(9.2)	9(13.8)	2.4	2
4: Working with suicidal patients is rewarding.	5(7.7)	10(15.4)	13(20)	9(29.2)	18(27.7)	3.5	4
5: If people are serious about committing suicide they don't tell anyone.	6(9.2)	7(10.8)	15(23.1)	27(41.5)	10(15.4)	3.4	4
6: feel defensive when people offer advice about suicide prevention.	36(55.4)	21(32.3)	2(3.1)	5(7.7)	1(1.5)	.7	1
7: It is easy for people not involved in clinical practice to make judgments about suicide prevention.	13(20)	16(24.6)	19(29.2)	9(13.8)	8(12.3)	2.7	3
8: If a person survives a suicide attempt, then this was a play for attention.	7(10.8)	18(27.7)	20(30.8)	16(24.6)	4(6.2)	2.9	3
9: People have the right to take their own lives.	54(83.1)	6(9.2)	4(6.2)	0	1(1.5)	1.3	1
10: Since unemployment and poverty are the main causes of suicide, there is a little that individual can do to prevent it.	17(26.2)	31(47.7)	9(13.8)	5(7.7)	3(4.6)	2.2	2
11: I do not feel comfortable assessing someone for suicide risk.	14(21.5)	25(38.5)	9(13.8)	16(24.6)	1(1.5)	2.5	2
12: Suicide prevention measures are a drain on resources, which would be useful somewhere.	33(50.8)	21(32.3)	3(4.6)	7(10.8)	1(1.5)	1.8	1
13: There is no way of knowing who is going to commit suicide.	18(27.7)	29(44.6)	12(18.5)	6(9.2)	0	2.1	2
14: Few proportion of suicide consider preventable.	3(4.6)	10(15.4)	22(33.8)	21(32.3)	9(13.8)	3.4	3

Interestingly, as shown in table 1, the majority of the nurses either strongly disagree or disagree with the statement of "people do not have right to take their life" (83.1%, 9.2% respectively). Most of the nurses disagreed or strongly disagree with being defensive on people's efforts for suicide prevention or that they do not feel comfortable assessing someone for suicide risk. (44.4% and 32.3% respectively)

On the other hand, Lesser proportion of nurses (7.7 %) do not considered suicide prevention as their responsibility” Around thirty six (35.3%) has either neutral, strongly agree or agree with the statement “Making more funds available to the appropriate health service would make no difference to the suicide rate, since unemployment and poverty are the main causes of suicide, there is a little that individual can do to prevent it. One fourth (26.1%) also considered suicide prevention measures as drain on resources and that there is no way of knowing who is going to commit suicide.

Unfortunately ,as shown in table (1), most nurses felt strongly agree or agree that if people are serious about committing suicide they don't tell anyone and that most of the suicidal people would not reveal their suicidal plans to others (27.7 %, 26.1%) respectively. They also considered few proportion of suicide as preventable (79.9%). More than half of the nurses (58 .5%) was resented on being asked to do more to prevent suicide and considered suicide attempt as a play for attention if somebody survives from such attempt (61.6%).

Table -2: Association between nurses' Attitude toward suicide prevention (ATSP) and previous exposure to suicidal preventive program or training workshop

Items number	Previous exposure to suicidal training program		Total Mean/median	Test of significant Z P	
	Yes Mean/median	No Mean/median		Z	P
1: I resent being asked to do more suicide to prevent suicide.	3.7/4	3.4/4	3.5/4	0.754	0.5
2: Suicide prevention is not my responsibility.	1.6/1	1.7/1	1.6/1	0.674	0.5
3: Making more funds available to the appropriate health service would make no difference to the suicide rate.	2.2/2	2.5/2	2.4/2	0.860	0.4
4: Working with suicidal patients is rewarding.	3.4/4	3.6/4	3.5/4	0.332	0.8
5: If people are serious about committing suicide they don't tell anyone.	3.3/4	3.5/4	3.4/4	0.353	0.7
6: I feel defensive when people offer advice about suicide prevention.	1.7/1	1.7/1	1.7/1	0.000	1.0
7: It is easy for people not involved in clinical practice to make judgments about suicide prevention.	2.0/2	3.0/3	2.7/3	2.899	0.004*
8: If a person survives a suicide attempt, then this was a play for attention.	3.0/3	2.8/3	2.9/3	0.501	0.6
9: People have the right to take their own lives.	1.2/1	1.3/1	1.3/1	0.764	0.4
10: Since unemployment and poverty are the main causes of suicide, there is a little that individual can do to prevent it.	1.9/2	2.3/2	2.2/2	1.665	.10
11: I do not feel comfortable assessing someone for suicide risk.	2.3/2	2.5/2	2.5/2	0.521	0.6
12: Suicide prevention measures are a drain on resources, which would be useful somewhere.	1.8/1.5	1.8/1	1.8/1	0.080	0.9
13: There is no way of knowing who is going to commit suicide.	1.6/1.5	2.3/2	2.1/2	2.66	0.008*
14: Few proportion of suicide consider preventable.	3.3/3	3.4/3	3.4/3	0.557	0.6
Overall total	33.1/33	35.6/36	34.9/35	3.013*	0.003

As shown in **Table -2** Statistical significant difference was found between prior exposure to suicidal preventive training program and total attitude toward suicide prevention scale (ASP)score (z test 3.013*, p= 0.003).

Those who had undergone previous training program yield lower score (i.e. more positive attitude) (mean= 33.1, median = /33.0) than those who had not (mean 35.6, median 36) this indicate that nurses who had attended suicide prevention education showed significantly more positive attitudes towards suicide prevention than other .

Table -3: Association between prior exposure to suicidal preventive training program and significant relationships items of total ATSP score

Item	Training median(IQR)		Total Mean/median	Test of Significant
	Yes Mean/median	No Mean/median		
Item 7: It is easier to make judgments about suicide prevention for somebody not involved in clinical practice.	2 (2)	3 (3)	3	Z = 2.899* P = 0.004
Item 13: There is no way of knowing who is going to commit suicide	1(1)	2 (1)	2	Z = 2.660* P = 0.008

As seen in **Table -3** ,Prior exposure to suicide prevention training program yielded statistical significant relationships with two items of ATSP total score namely: It is easier to make judgments about suicide prevention for somebody not involved in clinical practice & There is no way of knowing who is going to commit suicide. ($p=0.004$). this mean that those who don't exposure to any previous training program believe that It is easier to make judgments about suicide prevention for somebody not involved in clinical practice and that there is no way of knowing who is going to commit suicide. No statistically significant relationships exist between prior exposure to suicide prevention training program and the other items of ATSP total score.

Table -4: Association between median score of (ATSP) and nurses' socio-demographic profile

Variable	Mean (SD)	Median Score	Value / Significance Level (P)
Gender			
-Male	34.7(5.4)	35	Z = -0.008
-Female	35.5(5.2)	34	P = 0.9
Age	30.9(5.3)	30	R = -0.11 P = 0.4
Marital Status			
-Single/ Divorced	36.6(4.4)	36	X ² = 2.9
-Married	34.6(5.5)	35	P = 0.2
Nursing Education			
-Diploma of nursing	36.7(4.1)	36	Z = - 0.66
-Bachelor of nursing	34.8(5.4)	35	P = 0.5
Years of Work experience	6.2(5.4)	5	R =- 0.18 P = 0.15
Have seen a patient who attempted suicide			
-Yes	35.2(4.7)	35	Z = -0.24
-No	33.8(7.1)	35	P = 0.8
Have seen a patient who committed suicide			
-Yes	33.9(6.3)	33	Z = -2.10
-No	35.4(4.8)	36	P = 0.03*

Association between median score of (ATSP) and nurses socio-demographic profile: the result of the actual study also was not able to establish any significant relation between median score of (ATSP) and nurses socio-demographic profile as gender, age, Education, Marital status or work experience with p values of $P= 0.9, 0.4, 0.2, 0.5,$ and 0.15 respectively .

Male nurses who are married and those who hold Bachelor degree of nursing and had more working year experience were more likely to yield more positive attitude mean score than others (mean \pm =34.7 \pm 5.4, 36.6 \pm 4.4 , 34.8 \pm 5.4 , 6.2 \pm 5.4 respectively) .

3. Discussion

Health professionals especially the nurses have key roles to play in preventive measures of further suicide attempt. Barriers in the management and prevention of suicide attempters are negative attitude toward suicide, incompetence in assessing and managing suicide patients, and lack of clear treatment protocols ⁽¹¹⁾. Nurses may have negative attitude toward suicide risk management, which may further influence their competence and willingness to serve this population. Thus, the information about nurses' attitude toward suicide prevention is tremendously important in designing and implementing suicide preventive strategies.

Health professionals', attitude, regarding suicide risk assessment and management are reported to be of paramount importance in achieving successful suicide prevention. Most of the studies have described health professionals' attitudes toward suicide attempters rather than suicide prevention. A positive attitude among nurses is important in suicide prevention in the management of suicidal patients ⁽¹¹⁾.

Hence, the aim of this study is to investigate the attitude of psychiatric nursing staff toward suicide risk management at Dammam Al-Amal complex, Saudi Arabia.

The actual study revealed that psychiatric nurses included in the study, general, hold a moderately positive attitude toward suicide prevention with a mean score of 34.8 (SD=.066). Such attitude reflects their willingness and passion to provide risk care management for suicidal patients. These reflect their personal, religious, and moral beliefs. Since most of them have been trained to deliver care to suicidal patients, they feel confident to treat suicidal patients. This could be also attributed to the law of Saudi Commission for Health Specialties, which stipulates that the main duty of the health care providers is to do their own best to achieve preservation of patients' life ⁽¹²⁾.

The findings of this study are consistent with the results obtained by Namata, N., et al., (2014) who reported that more than half of nurses students reported attitudes about suicide prevention on the ATSP scale that were scored below the neutral scale midpoint (i.e., more positive) ⁽¹³⁾. A study done by Kishi Y, (2014) revealed that mental health professionals display more positive attitudes towards suicidal behavior than among emergency professionals ⁽¹⁴⁾. Similarly, a study done in Oslo (2013) showed that there was a positive attitude towards suicidal patients presenting in outpatients clinics ⁽¹⁵⁾.

On the other hand, a study conducted in Australia by Debra, c et al., (2003) indicated that there was a negative attitude toward patients who harm themselves among nurses ⁽¹⁶⁾. Another study also showed that approximately 35% of students (n=25) reported attitudes about suicide prevention on the ATSP scale that were scored below the neutral scale midpoint (i.e., more negative), ⁽¹⁷⁾. This confirm that although mental health nursing have been trained to deliver care to suicidal patients ,part of the nursing professionals reject the concept that suicide is an illness that need continues observation and careful treatment.

Other added that the attitudes of psychiatric personnel were neither entirely positive nor entirely negative; this is in agreement with McCarthy, L. et al (2010), who are cautions against viewing attitudes and their change as all-or-none event, and posits that positive and negative attitudes can coexist within the same individual ⁽¹⁸⁾. So it is recommended to incorporate qualitative methods, such as detailed interviews to accurately assess the attitude of nurses related to suicidal patients.

In the actual study, the majority of nurses, disbelief the idea that people have the right to take off their lives. They also disagree with being defensive on people's effort for suicide prevention. The majority also considered suicide prevention as their responsibility and felt comfortable on assessing suicide risk, and found it rewarding. This demonstrate their willingness to personally provide services to of suicidal clients and believe that nurses in general should do more in the field of suicide prevention.

In contrast, a study done in India by Namta, N., et al (2014) revealed that half of the nursing students believed that people do not have the right to take their life ⁽¹³⁾. In another study, nearly two-third agreed for following the statements 'if people are serious about committing suicide they do not tell anyone' and 'there is little impact of any suicide prevention measure, as unemployment and poverty are the main causes'. Half of the subjects were defensive on peoples' efforts for suicide prevention and mentioned that people have the right to take their lives.

One-third of students considered suicide attempt as a play for attention if somebody survives from such attempt. One-fourth of students also mentioned suicide prevention measures as drain on resources.

Another study showed that nurses' students had positive attitudes toward patients who self-harm, though significant differences were apparent on three of the 14 attitudinal items of ATSP⁽¹³⁾. Lesser proportions of students were resented on being asked to do more about suicide and felt no way of knowing who is going to commit suicide. They also mentioned that it is easier to make judgments about suicide prevention for somebody not involved in clinical practice.

The actual study also demonstrate that fewer proportion of nurses (35.3 %) hold either neutral feelings or agree with the statement "Making more funds available to the appropriate health service would make no difference to the suicide rate., Since unemployment and poverty are the main causes of suicide, there is a little that individual can do to prevent it. Only (16.9%) considered suicide prevention measures as drain on resources and that there is no way of knowing who is going to commit suicide. This reflects the need to organize more training programs on suicidal prevention, so that these nurses could be better prepared to identify indicators of committing suicidal.

Unfortunately, even though the respondents had positive attitude, they still had few misconceptions regarding some important items in the ATPS related to suicidal prevention. Most nurses agree that if people are serious about committing suicide they do not tell anyone and that most of the suicidal patients would not reveal their suicidal plans to others. They also consider suicide attempt as a pay for attention if somebody survives from such attempt. More than half of the nurses were also resented on being asked to do more to prevent suicide as they considered few proportion of suicide as preventable.

As a part of society and culture, psychiatric nurses have a range of attitudes and beliefs that influence patients with suicidal behavior. One of the most frequently formulated examples is suicidal behavior as a "call for attention". Although not all patients who attempt suicide want to die, branding them as attention seekers is a mistake, as these are people whose useful adaptation mechanisms have failed and who do not find alternatives, except threatening their own life. Mental health nurses usually attempt "not to talk about suicide", so as not to encourage this idea of attempting suicide. Instead of encouraging, provoking or putting this idea into the patient's head, however, talking about suicide with a person at risk reduces the danger of actually committing suicide. However, due to the nature of attempting suicide as repetitive behavior, frequently encountering self-injurious patients may lead to feelings of frustration in nurses, as they may see themselves as unable to achieve their goal of managing these patients. The frustration may also arise from seeing that these patients are not receiving the type of care they need. In addition, it is important here to bring to attention the distinction between stereotype and attitude. In line with the actual study, a study conducted by Herron, J., et al, (2001) involved four groups of health care professionals who are in contact with suicidal patients including general practitioners, accident and emergence nurses, psychiatrists, and psychiatric nurses. Psychiatrists and psychiatric nurses in general showed negative attitude toward the items of resent being asked to do more suicide to prevent suicide, If people are serious about committing suicide they don't tell anyone⁽¹⁹⁾.

3.1 Association between Attitude toward suicide prevention scale (ATSP), and nurses' previous exposure to suicidal training program.

The present study reveals that there are statistical significant differences between prior exposure to suicidal prevention training program and the total attitude toward suicide prevention scale (ATSP). Those who had undergone previous training program yield lower score (i.e. more positive attitude) than those who had not. This indicates that nurses who had attended suicide prevention education show significantly more positive attitudes towards suicide prevention than other did.

This study also shows that those who did not expose to any previous training program believe that it is easier to make judgments about suicide prevention for someone who is not involved in clinical practice and that there is no way of knowing who is going to commit suicide.

In this regard, a results conducted by Jones S., et al,(2015) shows that even a short training program has a high impact on generating positive attitude of nurses who manage such cases⁽²⁰⁾. Kishi Y., et al,(2014) demonstrated

that it is feasible to provide a 7-hr, relatively short, workshop on suicidal prevention aimed at emergency medical staff and to improve attitudes during a follow-up of 1 month⁽¹⁴⁾. Lau R et al also claimed that the midwives and maternal child health nurses who were involved in continuing professional education had increasing positive attitudes, improving detection, and mental health referrals⁽²¹⁾. Carmona-Navarro MC and Pichardo - Martínez MC, (2012) suggested that possessing a higher degree of mental health training and a high level of emotional intelligence is associated with a more positive attitude towards managing patients with suicidal⁽²²⁾. A study carried out by (Brunero, S., et al, 2008) found significant difference between trained and untrained staff in six items on individual ATSP scale and that skill development of nurses working in psychiatric hospitals is always a prerequisite for timely intervention and prevention of such cases.⁽⁷⁾

Previous studies have confirmed the importance of specialized training and education to achieve more positive attitudes towards suicidal behavior and greater impact on dealing with psychiatric patients in general^(13,17). McCann T, et al(2006) also identified the need for further education and practice in interpersonal skills and therapeutic modalities to enhance and develop a more attitudes towards patients who have self-harm tendencies⁽²³⁾. Increasing nurse' familiarity with psychiatric disorder is more effective in changing the commonly-held, inaccurate negative attitudes of mental illness⁽²⁴⁾. Wright and colleagues (2003) also supported this notion, as they found that Emergency Department providers who personally knew a person with a psychiatric problem had increased positive attitudes and understanding of the special needs of emergency department patients with suicidal tendencies and other mental health problems⁽²⁵⁾.

3.2 Association between (ATSP) score and the nurses' socio-demographic profile

The actual study was not able to establish any significant relation between median score of (ATSP) and the nurses' demographic profile as gender, age, education, marital status, or work experience. As the subjects size in the actual study was small and minority of the respondent who returned the questionnaire was female. This disparity among the respondent variables may interact with the statistical significant analysis of results.

In line with the actual study, Naresh, N, et al (2014) could not find any statistical significant association between professionals' attitude toward suicide prevention and their demographic parameters⁽¹³⁾. He added that with larger sample size, researchers could find associations between professionals' attitude toward suicide prevention and their demographic, clinical, and other parameters such as spiritual values, religious beliefs etc. Future studies should assess various health professionals' attitudes to suicide prevention in different populations and settings. In contrast, most studies demonstrate significant relation between Nurses' attitudes toward suicide risk management and their demographic profile. According to Saunders KE, Hawton K, Fortune S, Farrell S.(2012) , Nurses' positive attitudes toward suicide prevention is found to be associated with greater age, and clinical experience⁽²⁶⁾. Lau R et al (2015) illustrates that younger participants have more positive attitudes to suicide risk management compared to older participants. Others revealed that male students had more positive attitude than female students for some attitudinal items of ATSP score. While other studies reported more positive attitudes in female staff^(21,27,28).

4. CONCLUSIONS

Nurses in general, have positive attitude toward working with suicidal patients. The study could not find any association between attitude and demographic profile as gender, age, education, marital status or work experience. Nurses' positive attitudes toward suicide prevention are found to be associated with exposure of suicide prevention workshops, and prior clinical experience, committed suicidal patients. Hence, there is strong need to organize more educational and training programs on suicide prevention so that health professionals could be more equipped and trained to manage these suicidal patients.

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