

Evaluation Of Suicide Prevention Program On Psychiatric Nurses' Knowledge At Psychiatric Teaching Hospitals In Baghdad City

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Abstract:

Background: Suicide is a critical public health issue that affects people all over the world, and it is the leading cause of mortality and morbidity.

Material and Method: A quasi-experimental design with pretest-posttest research design was conducted to enhance psychiatric nurses' knowledge about suicide prevention. The study was carried out in Al-Rashad Psychiatric Teaching Hospital and Ibn Rushd Psychiatric Teaching Hospital in Baghdad City. The study included a convenience sample of 72 nurses who work in psychiatric teaching hospitals (36 for the study group and 36 for the control group). The study instrument consists of participants' sociodemographic sheet (age, gender, and marital status), employment profile (educational qualification, years of experience in nursing, years of experience in psychiatric units, and nurse-to-bed ratio). It also includes Nurses' Knowledge about Suicide Prevention Scale.

Results: The study results revealed that there was a noticeable increase in the values of the nurses' knowledge about suicide as a concept, suicide rate, factors contributing to suicide, symptoms that predict suicide, the diseases that trigger suicide, suicide methods, the ethical principles of dealing with suicide, the suicide treatment methods, the nurses' role in managing suicide, and nurses' overall knowledge for the study group over time compared to the control group.

Conclusion: The student researcher concluded that the administered educational program positively influenced nurses' knowledge about suicide as a concept, nurses' knowledge about suicide rate, nurses' knowledge about factors contributing to suicide, nurses' knowledge about symptoms that predict suicide, nurses' knowledge about the diseases that trigger suicide, nurses' knowledge about suicide methods.

Keywords: Evaluation, Suicide Prevention, Nurses' Knowledge.

Introduction

Until the Diagnostic and Statistical Manual-IV (DSM-IV), the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) and the International Classification of Diseases (ICD-10) classified suicide as a significant depressive episode and borderline personality disorder, respectively^(1,2).

Suicide was added to the ICD-10 as an external cause of morbidity and mortality.

In addition, unlike criteria for psychiatric diseases, the DSM (Oquendo, et al. & Giner, 2008) and ICD (WHO, 2000) systems lacked dependable standards for detecting suicidal behavior. As a result, suicide conduct among high-risk patients with other diseases (e.g., posttraumatic stress disorder or alcoholism) and/or those

with a history of suicidal behavior who deny current risk on the mental state assessment may have gone undetected by previous diagnostic algorithms. Suicidal behavior was proposed as a separate diagnostic category on a sixth axis of the DSM by sociologists (Oquendo et al., 2008), and the DSM-5 now includes a suicidal conduct disorder as well as an suicidal self-injury disorder^(3,4).

Social factors, according to current research, impose nonspecific hazards for self-injurious conduct. Issues like increased stressful life events, emotion dysregulation, and psychopathology moderate factors like social isolation, disputes with peers and family, and stressful neighborhood and community surroundings. They're also linked to an increase in other self-destructive behaviors that are functionally equal to self-injury, like substance misuse or risky sexual conduct⁽³⁾.

Material and Method:

A quasi-experimental design with pretest-posttest research design was conducted to enhance psychiatric nurses' knowledge

about suicide prevention. The study was carried out in Al-Rashad Psychiatric Teaching Hospital and Ibn Rushd Psychiatric Teaching Hospital in Baghdad City. The study included a convenience sample of 72 nurses who work in psychiatric teaching hospitals (36 for the study group and 36 for the control group). The study instrument consists of participants' sociodemographic sheet (age, gender, and marital status), employment profile (educational qualification, years of experience in nursing, years of experience in psychiatric units, and nurse-to-bed ratio). It also includes Nurses' Knowledge about Suicide Prevention Scale. The student researcher made a baseline assessment for the knowledge about suicide prevention for nurses in each of the study and control groups (pretest) using the aforementioned study instrument. One week later, the student researcher will administer the suicide prevention program for nurses in the study group on. The data were analyzed using the statistical package for social science (SPSS) for windows, version 26.

Results:

Table 1. Participants' Sociodemographic Characteristics

	Study (N = 36)		Control (N = 36)	
	Frequency	Percent	Frequency	Percent
Age (Years)				
20-29	18	50.0	13	36.1
30-39	12	33.3	13	36.1
40-49	6	16.7	5	13.9
50-59	0	0.0	5	13.9
Mean (SD)	31.05 ± 6.68		34.33 ± 10.24	
Gender				
Male	12	33.3	16	44.4
Female	24	66.7	20	55.6
Marital Status				
Single	12	33.3	14	38.9
Married	22	61.1	21	58.3

Divorced	2	5.6	1	2.8
Level of Education				
Nursing high school	16	44.4	12	33.3
Diploma	10	27.8	12	33.3
Bachelor's degree	8	22.2	10	27.8
Master's degree	2	5.6	2	5.6

The mean age for participants in the study group is 31.05 ± 6.68 ; a half age 20-29-years ($n = 18$; 50.0%), followed by those who age 30-39-years ($n = 12$; 33.3%), and those who age 40-49-years ($n = 6$; 16.7%).

For the control group, the mean of age is 34.33 ± 10.24 ; more than a third age each of 20-29-years and 30-39-years ($n = 13$; 36.1%) for each of them, followed by those who age each of 40-49-years and 50-59-years ($n = 5$; 13.9%) for each of them.

Concerning gender, most in the study group are females ($n = 24$; 66.7%) compared to males ($n = 12$; 31.4%). For the control group, most are females ($n = 20$; 55.6%) compared to males ($n = 16$; 44.4%).

Regarding the marital status, most in the study group are married ($n = 22$; 61.1%), followed by those who are singles ($n = 12$; 33.3%), and those who are

divorced ($n = 2$; 5.6%). For the control group, most are married ($n = 21$; 58.3%), followed by those who are singles ($n = 14$; 44.4%), and one who is divorced ($n = 1$; 2.8%).

With respect to the level of education, more than two-fifth in the study group are nursing high school graduates ($n = 16$; 44.4%), followed by those who hold a diploma degree ($n = 10$; 27.8%), those who hold a bachelor's degree ($n = 8$; 22.2%), and those who hold a master's degree ($n = 2$; 5.6%).

For the control group, a third are both nursing high school graduates and hold a diploma degree ($n = 12$; 33.3%) for each of them, followed by those who hold a bachelor's degree ($n = 10$; 27.8%), and those who hold a master's degree ($n = 2$; 5.6%).

Table 2. Descriptive Statistics for the Values of the knowledge about suicide as a concept over Time

Knowledge about suicide as a concept	Mean	Std. Deviation	N
Study Pretest	7.13	.72	36
Study Posttest I	7.83	.37	36
Study Posttest II	7.97	.16	36
Control Pretest	7.30	.74	36
Control Posttest I	7.36	.68	36
Control Posttest II	7.41	.55	36

The values of the nurses' knowledge about suicide as a concept for the study group noticeably increase by time compared to the control group (Pretest = 7.13 vs. 7.30, Posttest II = 7.83 vs. 7.36, Posttest II = 7.97 vs. 7.41) respectively. Higher score means better knowledge.

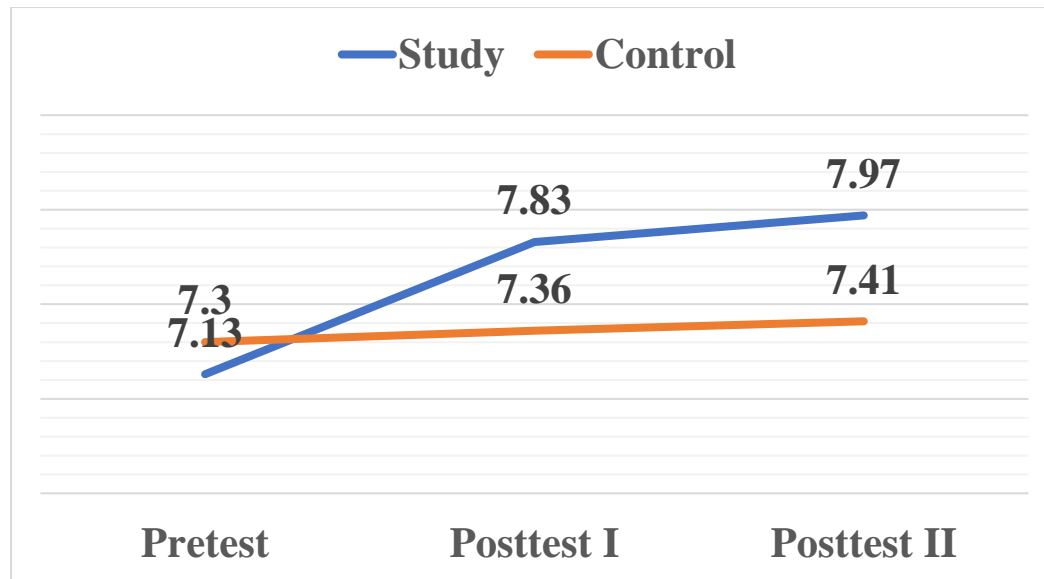


Figure 1. Estimated marginal means of the knowledge about suicide as a concept for the study and control groups

Discussion

This quasi-experimental study aimed mainly to enhance nurses' knowledge about suicide prevention. There was a noticeable increase in the values of the nurses' knowledge about suicide as a concept for the study group over time compared to the control group. There was also a significant difference in the values of knowledge about suicide as a concept over time for participants in the study group with an omnibus effect (measure of association) for this analysis is .478, which indicates that approximately 47% of the total variance in the value of knowledge about suicide as a concept is accounted for by the variance in the administered intervention. For the control group, there was no significant difference in the knowledge about suicide as a concept over time^(5,6,7,8,9). The pairwise comparison of the values of knowledge about suicide as a concept displayed that participants' knowledge in the study group in the pretest time statistically differ from such knowledge in the posttest I and posttest II. Such a knowledge in the posttest I statistically differs from that in the pretest time but does not differ from that in the posttest II. Such a knowledge in the posttest II statistically differs from that in the pretest time and that in the posttest I, but does not differ from that in the posttest I. These findings reflect

the positive effect of the administered educational program in enhancing nurses' knowledge about suicide as a concept and the almost consistency of the administered educational program in enhancing such a knowledge^(10,11,12,13).

There was a noticeable increase in the values of the nurses' knowledge about suicide rate for the study group over time compared to the control group. There was also a significant difference in the values of knowledge about suicide rate over time for participants in the study group with an omnibus effect (measure of association) for this analysis is .860, which indicates that approximately 86% of the total variance in the value of knowledge about suicide rate is accounted for by the variance in the administered intervention. For the control group, there was no significant difference in the knowledge about suicide rate over time. The pairwise comparison of the values of knowledge about suicide rate displayed that participants' knowledge in the study group in the pretest time statistically differ from such knowledge in the posttest I and posttest II. Such a knowledge in the posttest I statistically differs from that in the pretest time but does not differ from that in the posttest II. Such a knowledge in the posttest II statistically differs from that in the pretest time and that in the posttest I, but does not differ from

that in the posttest I. These findings reflect the positive effect of the administered educational program in enhancing nurses' knowledge about suicide rate and the consistency of the administered educational program in enhancing such a knowledge^(14,15,16,17).

There was a noticeable increase in the values of the nurses' knowledge about factors contributing to suicide for the study group over time compared to the control group. There was also a significant difference in the values of knowledge about factors contributing to suicide over time for participants in the study group with an omnibus effect (measure of association) for this analysis is .473, which indicates that approximately 47% of the total variance in the value of knowledge about factors contributing to suicide is accounted for by the variance in the administered intervention. For the control group, there was no significant difference in the knowledge about factors contributing to suicide over time. The pairwise comparison of the values of knowledge about factors contributing to suicide displayed that participants' knowledge in the study group in the pretest time statistically differ from such knowledge in the posttest I and posttest II. Such a knowledge in the posttest I statistically differs from that in the pretest time but does not differ from that in the posttest II. Such a knowledge in the posttest II statistically differs from^(18,19,20,21).

Conclusion:

The student researcher concluded that the administered educational program positively influenced nurses' knowledge about suicide as a concept, nurses' knowledge about suicide rate, nurses' knowledge about factors contributing to suicide, nurses' knowledge about symptoms that predict suicide, nurses' knowledge about the diseases that trigger suicide, nurses' knowledge about suicide methods, the nurses' knowledge about the ethical principles of dealing with suicide, nurses' knowledge about the suicide treatment methods, the nurses' knowledge about the nurses' role in managing suicide, and nurses' overall knowledge.

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