The Experiences of Nursing Students While Caring for Patients at Risk for Suicide: A Descriptive Phenomenology

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Abstract

Nurses have many opportunities to screen patients and intervene to prevent patient suicide. This study used Moustakas’ transcendental descriptive phenomenology method to generate a description of the experiences of student nurses while caring for patients at risk for suicide. Fourteen bachelor of science in nursing graduates with experience in caring for suicidal patients were recruited from two universities and interviewed once. Interviews were transcribed and analyzed, and five themes were identified. In nursing education, greater and earlier emphasis on suicide prevention and crisis intervention may help prepare nurses for their vital role. These findings have implications for nursing education, nursing practice, and patient health outcomes.

KEY WORDS

Baccalaureate Nursing Education – Nurse Educators – Nursing Suicide Awareness – Suicide Prevention

Suicide is the 10th leading cause of death in the United States among all age groups and the second leading cause of death among adolescents (Centers for Disease Control and Prevention [CDC], 2020). Suicide is a significant growing public health problem that has lasting harmful effects on individuals, families, and communities. Suicide and suicide attempts carry significant social, health, and financial impacts and result in nearly $70 billion in combined medical and work loss costs in the United States (CDC, 2020).

Although the potential for patient suicide is a safety risk in all health care settings (Blair et al., 2018), nurses often lack competencies to care for patients at risk for suicide (Kotowski & Roye, 2017). In nursing education, evidence-based curricular and instructional strategies can prepare nurses for their role in suicide prevention. It is important to understand nursing students’ experiences while caring for suicidal persons as this reveals their preparation to begin professional nursing practice (Scheckel & Nelson, 2014).

METHOD AND DESIGN

This study used a qualitative, cross-sectional design and Moustakas’ (1994) transcendental descriptive phenomenology research method. Phenomenology was chosen as this method is suited for studying sensitive human experiences (Merriam & Tisdell, 2016). Exempt status from the universities’ institutional review boards was received. To address the potential risk for participants’ emotional distress, resources were provided: contact information about the health and counseling services at each university, the 24-hour community mental health crisis line (https://www.crisisprevention.com), and the National Suicide Prevention Lifeline.

Sample/Setting

The study was conducted at two US universities: a private, not-for-profit institution with a department of nursing and a public state institution with a college of nursing. Students were recruited through purposeful and snowball sampling immediately prior to or within three months of completing their baccalaureate degree. Students were screened according to the following inclusion criteria: 18 years old or older, recent alumnus pre- or postlicensure, English speaking, received didactic and clinical instruction of psychiatric and mental health services, and experience caring for a suicidal person (Kotowski & Roye, 2017). Students were recruited from one of the two study universities through purposeful sampling and snowball sampling immediately prior to or within three months of completing their baccalaureate degree. Students were screened according to the following inclusion criteria: 18 years old or older, recent alumnus pre- or postlicensure, English speaking, received didactic and clinical instruction of psychiatric and mental health services, and experience caring for a suicidal person (Kotowski & Roye, 2017).
health care, and had clinical experience(s) with patient(s) at risk for suicide. Students with degrees in a mental health-related field and those experiencing current suicidal thoughts or feelings were excluded from the study.

Moustakas’ (1994) method recommends a sample of 12 to 15 participants. Recruitment and screening continued for a period of three months or until 15 participants were identified. After screening, 14 participants met the criteria to be interviewed. Each university was equally represented. The research team identified data saturation after analyses of nine interview transcripts, but data collection continued until all 14 interviews were completed and transcripts were analyzed.

The sample age range was 22 to 43 years. Thirteen participants were female, and one was male; 13 were Caucasian, and one was Native American. The highest level of education for each participant was a bachelor’s degree.

**Procedure**

The primary researcher collected data through single, in-person, in-depth interviews lasting 30 to 60 minutes. Pseudonyms protected the identities of the participants. Moustakas’ (1994) method was used to solicit narrative data regarding each student’s lived experience while caring for patient(s) at risk for suicide. Lived experience refers to personal knowledge gained through direct, first-hand involvement with the phenomenon. Each interview began with two general questions: 1) Please recall and tell me about your experience(s) working with patient(s) at risk for suicide. 2) What contexts or situations have influenced or affected your experience(s)? Additional open-ended prompts facilitated the interviews. The interview data were recorded with a digital audio recorder and transcribed into texts by a research-trained transcriptionist.

The research team organized and analyzed data according to procedures by Moustakas (1994). During the transcendental-phenomenological reduction, each experience was considered in its singularity. The phenomenon (noema) was considered in its totality in an open and renewed way. A complete description was given of its essential constituents, which include variations of thoughts, feelings, meanings (noesis) and each element of the experience. The research team derived “a textual description of the meanings and essences of the phenomenon, and the constituents that comprise the experience in consciousness, from the vantage point of an open self” (Moustakas, 1994, p. 34). Each transcript was analyzed by two or more analysts. Themes were identified and clarified through frequent references to the text. After each textual analysis, analysts conferred with the research team. Findings were derived from analyses first within and then across transcripts.

This study followed Creswell and Creswell’s (2018) standards for trustworthiness and quality in phenomenological research. At each study phase, the research team considered these standards reflexively to assess and assure quality. The research team promoted scientific rigor through bracketing (epoche) in a reflective diary, peer debriefing, and maintaining field notes and an audit trail (Creswell & Creswell, 2018).

**RESULTS**

The interview data are represented without interpretation, and themes are listed in the order they were identified in the transcripts: Integrating Theory and Practice, Navigating the RN Role, Judging Versus Empathizing, Managing Stress and Emotion, and Expecting the Unexpected.

**Integrating Theory and Practice**

Students identified patients who needed additional screening for suicide risk, yet this care was not reliably delivered. These variations in practice were often related to demand or resource issues, such as high patient acuity, low nurse staffing ratios, or a lack of psychiatric beds. “Rebecca” worked with a patient at risk for suicide who was discharged to the community as no psychiatric beds were available. “I felt like it was taken very lightly; to me he seemed pretty serious. He had thought out a [suicide] plan. He had means to a [suicide] plan. I don’t believe that anything was done [to help him]. They [the hospital staff] said at this time, we don’t have any place for you. There’s nothing we can do.” Several students recounted experiences with patients at risk for suicide in non-psychiatric settings where they were unprepared to manage patients’ needs. Patients were sometimes physically restrained to keep them safe and boarded in emergency departments or medical floors until psychiatric beds became available. The practice of “psychiatric boarding” is defined as “patients being held in the emergency department or another temporary location after the decision to admit or transfer has been made” (The Joint Commission, 2014, p. 1). During these experiences, some students had not received didactic or clinical instruction about caring for psychiatric patients or patients at risk for suicide.

**Navigating the RN Role**

Students learned that the RN role involves cultivating the nurse-patient relationship, maintaining professional boundaries, promoting safety, and extending hope and support to patients and families. This theme aligns with Peplau’s (1989) theory of interpersonal relations, which identifies RN roles and the primacy of the nurse-patient relationship. When Tessa interacted with a suicidal patient, “The first thing that popped in my head is I need to form this trusting relationship, and that’s what calmed me down. I started to feel more relaxed, more empowered, like I can help the patient.” Tessa’s nurse preceptor was a positive and supportive role model who helped her learn to manage complex patient needs.

**Judging Versus Empathizing**

Students witnessed the social stigma of mental illness and suicide and empathized with and advocated for their patients. Sally urged: “When you’re caring for somebody that’s going through hardship, be on your top game... put your best foot forward. It could be you that gets [a patient] through this hard time in their life.” Abby recognized “the real need for better mental health care... the true mental struggles that go unnoticed by the rest of society. This has taught me to ask [patients about suicide], listen and withhold judgment, because that is going to help people.”

**Managing Stress and Emotion**

Students discussed coping with the stress of patient care, managing their emotional responses to patient encounters, maintaining professional boundaries, and managing concerns about developing burnout over the course of their nursing careers. When Tessa interacted with a suicidal patient, “I was handling something very fragile to me. At first my feelings were very rocky and intimidating.” Marie remembers having feelings of shock, hopelessness, disbelief, sadness, and anger during encounters with suicidal patients. “The clinical staff and one of my nursing instructors really helped me through my first experience with a patient that was at risk for suicide.”
Expecting the Unexpected

Students lacked confidence in their ability to identify and properly respond to patients at risk for suicide. Students learned the importance of listening to patients and taking what patients say seriously when they suggest or discuss suicide. Marie explained: “Patient experiences have taught me to be more aware of interactions and how to pick up on little signs that you wouldn’t normally know are signs of suicide. I’m more reflective and pay more attention to things my patient says.” She learned to conduct suicide risk and mental status assessments on all her patients. “I realized how important it is to take that first suicide assessment very seriously. If the patient’s status changes or you notice certain things, do that assessment again. Never let your guard down.”

DISCUSSION

Students recognized the therapeutic nurse-patient relationship when caring for patients at risk for suicide. These findings align with Peplau’s (1989) work and evidence that nurse-patient engagement is one of the key elements that affects safety in psychiatric treatment environments (Polacek et al., 2015). Students valued the support from faculty and nursing preceptors during the care of suicidal persons; this support strengthened their skills when working with high-risk psychiatric patients. Heyman et al. (2015) found that nursing students’ knowledge and resilience improved when faculty provided a safe learning environment where students’ stress and emotional responses to patient encounters were managed in a supportive way. Several students encountered patients at risk for suicide prior to receiving course content on suicide. These students identified the need for earlier education and training in the care of suicidal persons. It is essential to prepare student nurses with timely knowledge so they can safely and effectively care for patients at risk for suicide (Pullen et al., 2016).

These findings align with research and provide insight about nursing student experiences when caring for suicidal patients; students need appropriate pedagogical methods and support in such situations (Heyman et al., 2015). Faculty should provide students with opportunities to debrief encounters with patients at risk for suicide. Students need to know how to appropriately respond when a patient’s suicidal feelings include thoughts of violence directed toward others. Evidence-based content such as the Nonviolent Crisis Intervention Training (Crisis Prevention Institute, 2021) should be incorporated into undergraduate nursing school curricula. Faculty should review bachelor of science in nursing curricula to ensure that evidence-based suicide prevention and crisis intervention content is included sufficiently and early enough to help students practice safely whenever and wherever they may encounter patients at risk for suicide.

The research team conducted this study with students from two universities. The sample was predominantly young adult white females. In order to represent a more diverse population, procedures to recruit a more heterogeneous participant sample should be implemented.

CONCLUSION

In this study, the research team generated a description about the experiences of nursing students while caring for patients at risk for suicide using Moustakas’ (1994) transcendental phenomenology method. The research team identified five themes. Students communicated a need for earlier and more robust suicide prevention education and faculty support as they learned these requisite skills.

These findings have implications for nursing education, nursing practice, and patient health outcomes. Suicide prevention curricula for nurses should include how to care for patients at risk for suicide in nonpsychiatric settings. Teaching/learning modalities should include evidence-based didactic and clinical instruction, role play or simulation scenarios, and promote support and self-efficacy in the skills of suicide and crisis intervention screening, assessment, management, and prevention. Continued research is needed to identify nursing education strategies that promote timely, evidence-based suicide prevention interventions across psychiatric and nonpsychiatric settings.

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