

الجامعة العربية الأمريكية
ARAB AMERICAN UNIVERSITY



Arab American University
Faculty of Graduate Studies

**Managing Suicidal Person in the Emergency Departments
in Palestine: Knowledge, Attitude and Practice of the
Emergency Nurses**

By:

Nevin Abuhammoud

Supervisor:

Dr. Imad Abu Khader

Co- Supervisor:

Dr. Mohammed Jallad

**This thesis was submitted in partial fulfillment of the
requirements for the master's degree in emergency
nursing**

/2021

©Arab American University 2011. All rights reserve

Thesis Approval

**Managing suicidal Person in the emergency departments in Palestine:
knowledge, attitude and practice of the emergency nurses**

By

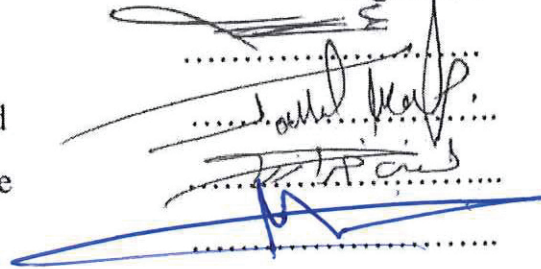
Nevin abuhammoud

This thesis was defended successfully on 08/09/2021 and approved by:

Committee members

1. Supervisor: Dr. Imad Abu Khader
2. Co-Supervisor: Dr. Mohammed Jallad
3. Internal Examiner :Dr. Lobna Harazne
4. External Examine :Dr. Mutaz Dredei

Signature

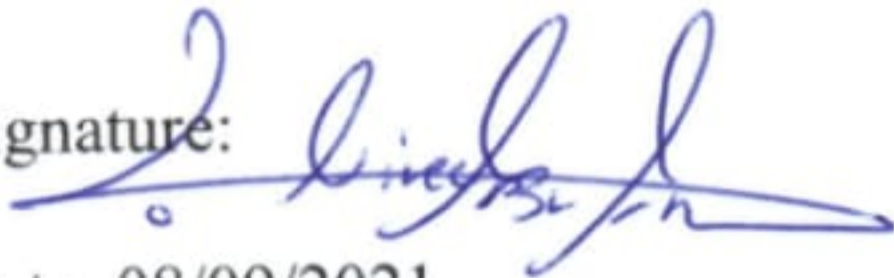


.....
.....
.....
.....

Declaration

I declare that this thesis was composed by myself, and that the work contained herein is my own, except where it states otherwise by references or acknowledgment, the work presented is entirely my own.

Name: Nevin Abuhammoud

Signature: 

Date: 08/09/2021

Dedication

I dedicated this thesis for the gratitude of Allah and the glorification of our Prophet Mohammed.

To my homeland Palestine, to the great martyrs and prisoners of the beloved homeland, I dedicated this thesis.

This thesis is also dedicated for my great parents, who help me to overcome struggle and for their support in every tiny moment in my life.

To beloved brother and sisters who are my role models and the source of my strength in life.

Finally, I dedicated this thesis for my friends, doctors and all beloved, who touch my heart and supported me to complete this thesis successfully from the beginning till the end.

Acknowledgment

First of all, I want to thank God for everything I have, my source of support to complete this enormous duty.

I would like to extend a special thanks to my supervisor **Dr. Imad Abu Khader** for his industrious supervision, obvious instructions and guidance, and his warm encouragement throughout the period of preparing this thesis.

To **Dr. Mohammed Jallad**, my Co- Supervisor, I extend big thanks for your support and encouragement all the time.

To the source of my strength, I would like to extend a special thanks to whole my beloved family especially my mother Sohil Abuhammoud, my father Mohammed Abuhammoud , my sisters; Haneen, Shereen, Sharehan, Amany and my brother Eyad for supporting me since childhood until now.

Special thanks for everyone who stood by me to complete this challenging duty in a successful way.

Abstract

Managing suicidal Person in the emergency departments in Palestine: knowledge, attitude and practice of the emergency nurses

Background and Aims: Suicide remains to be a national and global problem, and it may lead to death. The main goal of this study is to investigate knowledge, attitudes and practice towards suicidal person and associated factors among nursing professionals working in emergency departments in Palestine.

Methodology: In order to assess the knowledge, attitude and practice of the nurse's emergency departments in Palestine to manage suicidal person, the quantitative cross-sectional approach was used to be applied to test hypotheses and examine the association between variables. The target population included all nurses working at emergency departments (201 nurses) in 13 Governmental Hospitals in the West Bank, Palestine. Convenience with nonprobability sampling was used. Response rate reached to (183 nurses) 91%. Structured questionnaires used to collect the data. Data entered and analyzed in the statistical program SPSS version 24.

Results: The study showed that there is a significant impact of the knowledge, attitudes and practice of emergency nursing on the assessment and management of suicidal person. The results also showed that the knowledge, attitudes and practice of nursing in emergency departments about dealing with suicide person was moderate.

Recommendations: Based on the study results, the researcher recommends the following: The need to develop written, systematic, clear and comprehensive suicide risk assessment protocols and a national registration system to enhance the safety of person who has attempted suicide and to prevent suicide. The need for continuous training on the mechanisms of identifying, evaluating and treating suicide person, which has an impact on improving the quality of the health service provided and improving person outcomes. There is a necessity of cooperation between health care providers, including doctors, nurses, psychiatrists and social therapists, to ensure the provision of integrated health care for suicide person.

Keywords: suicidal person, emergency nurse's knowledge, emergency nurses' attitude, emergency nurses' practice.

Table of contents

Declaration.....	i
Thesis Approval	ii
Dedication	iii
Acknowledgment.....	iv
Abstract.....	v
Table of contents	vi
List of tables.....	viii
List of figures.....	ix
List of appendixes	x
Chapter (1) Introduction.....	1
1.1 Introduction	1
1.2 Problem Statement	2
1.3 Study Significance & Scope.....	3
1.4 Study Objectives	3
1.5 Research Questions	4
1.6 Research Hypothesis	4
Chapter (2) Literature Review	6
2.1 Chapter Introduction	6
2.2 Theoretical Framework	6
2.2.1 Suicidal Person.....	6
2.2.2 Nursing Knowledge.....	7
2.2.3 Nursing Attitudes	8
2.2.4 Nursing Practice	8
2.3 Previous Studies	9
Chapter (3) Methodology	18
Introduction:	18
3.1 Study Design	18
3.2 Study Sampling and Population	18
3.3 Study Method	19
3.4 Study Site and Setting	20
3.5 Study Period	20
3.6 Study Tool.....	20
3.7 Study Procedure	22

3.8 Ethical Consideration	22
3.9 Statistical Analysis	23
3.10 Study Variables Conceptual and Operational Definitions:	24
Chapter (4) Research Results	25
4.1 Introduction:	25
4.2 Study Tool Reliability	25
4.3 Study Tool Structure Validity	26
4.4 Demographic Data.....	27
4.4.1 Other Questions in the First Part of the Questionnaire	28
4.4.2 The Graphs of Demographic Data for the Study Sample:	33
4.5 Descriptive Analysis Tests for Nursing Knowledge	35
4.6 Descriptive Analysis Tests for Nursing Attitudes.....	37
4.7 Descriptive Analysis Tests for Nursing Practice.....	39
4.8 Study Hypotheses Test.....	40
4.8.1 First Hypothesis.....	40
4.8.2 Second Hypothesis.....	41
4.8.3 Third Hypothesis	42
4.8.4. Fourth Hypothesis.....	42
4.8.5 Fifth Hypothesis	43
4.8.6 Sixth Hypothesis.....	43
4.8.7 Seventh Hypothesis.....	44
4.8.8 Eighth Hypothesis	44
4.8.9 Ninth Hypothesis.....	45
4.8.10 Tenth Hypothesis.....	46
5.1 Results Discussion.....	47
5.1.1 Discuss the Result of the First Question	47
5.1.2 Discuss the Result of the Second Question.....	48
5.1.3 Discuss the Result of the Third Question.....	49
5.2 Conclusion.....	50
5.3 Limitations	51
5.4 Recommendation.....	51
5.5 Implication	52
References.....	53
Abstract in Arabic.....	72

List of tables

Table No. (1) Numbers of the study sample.....	19
Table No (2) Cronbach's Alpha coefficient results	25
Table No (3) Correlation matrix for study variables	26
Table No (4) Study Sample Demographic Data	27
Table No. (5) ANOVA test to know the relationship between practice and years of experience	42
Table No. (6) ANOVA test to know the relationship between attitudes and age	42
Table No. (7) ANOVA test to know the relationship between attitudes and gender	43
Table No. (8) ANOVA test to know the relationship between attitudes and level of education ..	43
Table No. (9) ANOVA test to know the relationship between attitudes and years of experience	44
Table No. (10) One-Sample Test for First Hypothesis.....	45
Table No. (11) One-Sample Test for Second Hypothesis.....	45
Table No. (12) One-Sample Test for Third Hypothesis	46

List of figures

Figure No (1) The gender of the study sample	33
Figure No (2) The age of the study sample	34
Figure No (3) The educational level of the study sample.....	34
Figure No (4) The study sample years of experience	35

List of appendixes

Appendices No (1) Questionnaire	58
Appendices No (2) Approval correspondences.....	69

Chapter (1)

Introduction

1.1 Introduction

Suicide remains to be a national and global problem, and it may lead to death. For example, American individuals attempt suicide at rates of 1.1 million times a year, which are alarmingly high rates (Heyland, Delaney & Shattell, 2021). When the Emergency Department being the entryway to the hospital, therefore, it can offer a great chance to evaluate each person for suicidal ideation, and assess if person present with risk factors for suicide. It requires early management decisions to ensure an optimal person outcome (Rico, 2016).

Attempted suicide defined as “self-harm behavior with intent to die, may occur up to 20 times more frequently than completed suicide” (Bhatt et al., 2018, Pp. 2), and suicidal ideation is defined as thinking about, considering, or planning suicide (Klonsky, May & Saffer, 2016, Pp. 309). Also, suicidal commit defined as “the act or an instance of intentionally killing oneself” (Chang, 2018, Pp. 152), and Suicidal thoughts defined as “a reduced fear of death, and increased tolerance for physical pain” (De Beurs et al., 2019, Pp. 2).

The care of person with suicidal thoughts and behaviors in the emergency department is difficult, due to pressure on emergency departments, lack of time and stress in identifying cases of self-harm and suicidal thoughts, but health care providers must have the knowledge to deal with these cases as most cases need to advise them by a psychiatrist and specialists and repeated attempts are not necessarily (Betz & Boudreaux, 2016).

The emergency departments are the most important departments of the hospital because they deal with person the moment they arrive at the hospital. Therefore, the nursing staff in the emergency departments must be at a high level of training and qualification to deal with all

cases, especially suicidal person, so that they must have professional knowledge, practices and attitudes towards this category of the person (Betz et al., 2016).

The nurses who work in the hospital's emergency department are the ones who are on the front lines of communication with the person, so the nurses must be aware of the process of evaluating and preventing suicide attempts, as studies have shown that nurses in emergency departments are not well equipped to deal with cases associated with suicidal tendencies (Maina, Bukusi, Njuguna & Kumar, 2018); (Briggs, 2018); (Andrews, 2020). A study conducted across the USA in seven states by Betz et al. (2013) showed that 64-70% of emergency nurses lack confidence in risk assessment skills while 46-56% lack the counseling skills that are important in treating person with suicidal tendencies.

Caring with suicidal person is considered a challenge. Therefore, the qualified staff of the emergency department plays a golden role in an appropriate assessment, and early detection of suicidal person, in addition to implementing a safety plan of care to deal with that person.

1.2 Problem Statement

According to the world health organization, approximately 800000 people die each year due to suicide and each forty seconds one person (WHO, 2019). The statistics of the World Health Organization (2018) also indicated that 79% of suicides occur in low to middle income countries. And the expected prevalence of suicidal persons among whole emergency departments is three to eight percent of all visits (Betz, 2013). On the other hand, there is a lack of studies especially in Palestine that investigate the knowledge, attitude, and practice of emergency nurses towards person who attend the emergency department following a suicide attempt.

Emergency nurses are often at the frontline when it comes to this critical and initial assessment. Their skills, knowledge and attitude are fundamental to their practice and person

outcome. Therefore, awareness of special situations and their impact on decision-making and treatment contributes to a better understanding of person condition, improvement of treatment, education and strategies to prevent suicide (Norheim et al., 2016).

So, this research will investigate the knowledge, attitudes, and practice of emergency department nurses concerning suicidal person care and identify properties associated with assessment, screening and management of suicidal person.

1.3 Study Significance & Scope

There is only 14.7 % of healthcare professionals in Palestine received prior courses of training on suicide and about eighty six percent advertise their need for training programs to deal with suicide person (Khatib, 2019). Jabr et al. (2013) showed that about 400,000 Palestinians will suffer at some point in their lives from one or more episodes of major depression, which may lead some to commit suicide. Another study showed that 127 children in the Gaza Strip suffer from depression out of 251 children. The study aimed to identify the relationship of war trauma to depression and anxiety, which increases the expected rate of suicide (Thabet, Thabet & Vostanis, 2016). So, the significance of this study is to investigate and assess the level of knowledge, attitude and nursing practices in the emergency departments of Palestinian Governmental hospitals about managing suicidal person, identifying weaknesses and making recommendations that would improve person outcomes. On the other hand, to create strategies to prevent suicide and provide further specialized courses of training to know how to deal with person who attempted suicide.

1.4 Study Objectives

The main goal of this study is to investigate knowledge, attitudes and practice towards suicidal person and associated factors among nursing professionals working in emergency departments in Palestine.

Indeed, this study will have opportunities for improved care of suicidal person in emergency departments which focus on:

Improving assessment, screening and early recognition, improving the range of eventual treatment choices in the emergency department, enhancing follows up and referral to appropriate services.

1.5 Research Questions

The study questions are as follows:

1. Do emergency departments' nurses have the necessary level knowledge on the initial assessment and management of suicidal person?
2. Do emergency departments' nurses have the necessary level attitude on the initial assessment and management of suicidal person?
3. Do emergency departments' nurses have the necessary level practice on the initial assessment and management of suicidal person?

1.6 Research Hypothesis

The study hypotheses are as follows:

1. H01: There is no statistically significant relationship between the level of nursing knowledge in emergency departments and level of educational.
2. H02: There is no statistically significant relationship between the level of nursing practices in emergency departments and level of education.
3. H03: There is no statistically significant relationship between the level of nursing practices in emergency departments and years of experience.

4. H04: There is no statistically significant relationship between the level of nursing attitudes in emergency departments and the age.
5. H05: There is no statistically significant relationship between the level of nursing attitudes in emergency departments and the gender.
6. H06: There is no statistically significant relationship between the level of nursing attitudes in emergency departments and the level of education.
7. H07: There is no statistically significant relationship between the level of nursing attitudes in emergency departments and the years of experience.
8. H01: There is no significant impact of the level of emergency nursing knowledge on the assessment and management of suicidal person.
9. H02: There is no significant impact of the level of emergency nursing attitudes on the assessment and management of suicidal person.
10. H03: There is no significant impact of the level of emergency nursing practice on the assessment and management of suicidal person.

Chapter (2)

Literature Review

2.1 Chapter Introduction

This chapter presents the studies that discussed the knowledge attitude and practice of emergency nurses while dealing with suicidal person. Review of the international studies and relevant documents with the support of electronic search on the studies related to the Management of suicidal person in the emergency departments.

The literature review offers a basis for determining the study's significance. Several international researches have been performed.

2.2 Theoretical Framework

This part explains the theoretical side related to the study variables (Suicidal Person, Nursing Knowledge, Nursing Attitudes, and Nursing Practice).

2.2.1 Suicidal Person

Suicide is the tenth leading cause of death in the United States for all ages. Suicide is the second leading cause of death in the 10-34 age groups and the fourth leading cause of death in the 35-54 age group (Hedegaard, Curtin & Warner, 2020). The Joint Committee classified in-hospital suicide as a sentinel event that results in death, permanent injury or severe temporary injury (Williams et al., 2018).

Suicide is defined as “the act of an individual intentionally ending their own life”, it is important to understand suicide and to develop methods to predict and assess it, and these steps fall to psychologists, psychiatrists, mental health professionals, as well as health care providers working in emergency departments, where the reasons that motivate a person to

commit suicide are not fully understood, but this behavior is linked to several complex factors, it is noted that non-fatal suicide behavior increases in young people and women, but fatal suicidal behavior increases in men, and this behavior increases in unmarried people and people with social problems, for example, increase suicidal behavior among low-income or unemployed people (O'Connor & Nock, 2014, Pp. 73).

Understanding the motives for suicide and the process of evaluating it is very important in developing a treatment plan and avoiding a repetition of the person's attempt in the future. Therefore, training the medical staff in emergency departments, which is the frontline to receive such cases, is very important to provide appropriate medical care for these people (Klonsky et al., 2016).

2.2.2 Nursing Knowledge

Nursing knowledge is compatible with nursing theories and models, as well as with work policies that are developed to coordinate and standardize work mechanisms in line with nursing knowledge, where the policy is defined as “guidelines adopted by organizations and governments that promote constrained decision-making and action and limit subsequent choices” (Ortiz, 2018, Pp. 291).

Nursing is the front line in emergency departments, so clinical knowledge and attitudes influence the care of patients who attempt to self-harm and commit suicide, inadequate health care for these people by the medical team may be attributed to limited training and support on how to manage and assess the psychological needs of people who are trying to commit suicide (Ngune et al., 2020).

Nursing's knowledge about suicide is very important in the process of evaluation and treatment of these people, especially in emergency departments. Nursing values and beliefs may conflict with those who commit suicide, but this should not affect the provision of

appropriate medical care, and the self-confidence of nursing may affect the evaluation process, also, nursing knowledge enhances confidence in discussing suicide and death with those individuals who avoid re-attempted suicide (Manister et al., 2017).

2.2.3 Nursing Attitudes

The attitudes of nursing in emergency departments affect the quality of care for suicidal persons, as the nurses who do not have the experience, training and self-confidence need practical and theoretical training to reduce negative attitudes towards suicide persons, therefore, there must be targeted educational strategies to deal with these people (Giacchero Vedana et al., 2017).

Health care providers' knowledge of, attitudes towards, and trust in the care of those who commit suicide are complex and interrelated issues that shape health care provider behaviors and influence patient outcomes, therefore, ongoing training and education about suicide is essential in health care curricula and is part of continuing professional development (Boukouvalas et al., 2019).

Workers in emergency departments must have knowledge and attitudes towards suicides, as emergency departments are opportunities to identify these people and provide appropriate medical care to prevent the recurrence of suicide attempts, nursing attitudes are very important for the cooperation of these people and their acceptance of the treatment plan or their referral to specialists (Fry et al., 2019).

2.2.4 Nursing Practice

Nursing practice environment, which is defined as “the organizational characteristics in the work environment that make professional practice easier or more difficult”, where it is important for nurses to have independence and control of the work environment and good

relations with the medical team in order to be able to provide appropriate health care (Dorigan & Guirardello, 2017, Pp. 130).

Clinical nursing practice is the core of nursing, as these practices are developed through knowledge and technical skills and capabilities in accordance with global clinical guidelines that keep pace with global developments in nursing work and that seek to meet the health needs of the patient (Kahl et al., 2018).

Nursing practice for the assessment and management of suicidal persons in emergency departments is essential to prevent suicidal behavior in the future, but some health care providers, including emergency department nurses, lack the personal skills and poor nursing practice necessary to deal with suicidal persons, so it is important to promote a safe nursing practice environment to provide comprehensive care for these individuals, one of the most important nursing practices is qualified listening, as it is not possible to indulge in fanatical discourse full of judgment, and careful observation of the patient's reality helps in the process of evaluation and management of suicides, as the practice of nursing develops with experience and continuous training (Fontao et al., 2018).

2.3 Previous Studies

Emergency nurses work in an unexpected high stressors environment where there is an ongoing need to offer safe and systematic care for each person. Their knowledge, attitude, and practice are key to having an impact on person overall outcome. Triage indicates one of the most significant parts of the emergency department, and it means sorting person regarding the type and severity of the injury. Therefore, the triage nurse should be qualified to perform a quick and comprehensive assessment of all people's specifically suicidal thinking and evaluate the risk of suicide (Rico, 2016). After that comes the stage of dealing with the person and providing appropriate medical care. It is also important that the level of

knowledge, attitude and practice of nurses are advanced to deal professionally with suicidal person (Bloster et al., 2015).

Culture plays a vital role in shaping professional and public attitudes toward suicide. And the negative attitudes toward person experiencing suicide attempts are common. There is a number of studies have identified that nurses have a negative attitude toward person who have attempt suicide and there is some evidence that these attitudes negatively impact upon the quality of person care as well as in the prevention of person future suicide attempts. (Rayner, 2018)

Suicide is considered a plain public health problem. Suicide was defined as “death caused by self-directed injurious behavior with intent to die as a result of the behavior” (Beaver, 2016). The social, economic and psychological impact of suicide on the community and family cannot be measured. Several factors cause suicidal behavior, including socio-environmental, psychological and biological factors, each of which has a precise weight. And none of them distinctly may be enough to clarify such behaviors by itself (Fontao et al., 2018).

Andrews (2020) study aimed to identify the nurses who are able to conduct suicide examination and inform the competent authorities in emergency departments in the United States of America. The study used a review of previous literature in addition to conducting an analysis of nine peer-reviewed publications. The results showed that the conduct of suicide examination by nurses is limited, so it is necessary to design training programs in suicide prevention for nurses and enabling nurses to conduct timely identification and treatment of youth at risk of suicide in emergency departments.

Khatib & Mira (2019) mixed approach of a qualitative and quantitative study conducted in Palestine to explore the suicide risk factor in government hospitals in the West-Bank, and also to create an understanding of present care provided for person who attempted suicide. A

semi-structured interview was used to collect the qualitative data and a questionnaire to collect the quantitative data. The finding of this study showed that person who attempt suicide poor and young regarding qualitative data, and the results from the quantitative study reports that mental disorder is a risk factor for suicide attempted.

Maina, Bukusi & Kumar (2019) study aimed to discover the perceived self-efficacy in assessing and managing suicide risks among nurses working in the emergency department at Kenyatta National Hospital in Kenya. The self-efficacy scale was used to assess and manage risks in 64 nurses in the emergency department. The study showed that nurses in the emergency department had less than average self-efficacy in the assessment and management of suicide, they must be trained and developed integrated protocols that promote the effective use of emergency departments for suicide prevention and management.

Stevens & Nies, (2018) an integrative literature review in the United State of America aimed to explain what is known about the factors regarding the attitude of nurses towards the suicidal person care. It showed that the attitude of nurse towards suicidal person care is affected by internal and external factors. The conclusion showed that significant factors affecting the nurses' attitude are knowledge and self-reported professional capacity to care with suicidal person.

Chihara et al., (2018) descriptive study was conducted in Japan to recognize the suicidal person traits and the rates of referral to the correct facility after assure of the positive suicidal screen at emergency departments either in the secondary or tertiary phase. A questionnaire survey was used to collect data and the results showed that the rate of referral for that person was higher at tertiary EDs in comparison with secondary departments. This study recommended for additional studies to confirm that suicidal person who attend to the emergency departments receive the appropriate recognition and follow up.

Maina et al. (2018) study aimed to assess cases of suicide and administrative care in the Accident, Emergency and Mental Health Department at Kenyatta National Hospital in Nairobi. The study used the qualitative approach by conducting eight interviews with doctors, administrators and nurses. The interviews investigated whether protocols were in place and whether key personnel were familiar with these procedures and to what extent the evidence-based protocol has been used in the management of suicidal person in accident and emergency department. The results showed that there were significant gaps in the assessment as person were not routinely screened for suicidal thoughts despite suicidal intent and psychological problems they faced. Psychological management was few with most left to very few employees.

Rayner et al., (2018) conducted a meta-analysis of a systematic review that investigates the emergency nurses' attitude towards self-harm person. It showed that nursing staff across several countries, including the England, Australia, Sweden, Finland, Brazil, and Taiwan, hold negative attitudes and limited empathy towards people who self-harm. Emotional responses included frustration, anger and hostility.

Briggs (2018) study aimed to determine the knowledge of emergency nurses about people who are suicidal; a survey questionnaire was used in England. The study results showed that there are significant differences in emergency nurse' attitudes, as these differences are associated with the nurses' training on suicide prevention, the nurses' competence and their ability to assess and triage suicidal people.

Singh, Shalavadi & Thyloth (2017) study aimed to identify the attitude of non-mental health care providers towards suicide prevention in India, the study conducted a lecture for 175 health care providers on preventing suicide, which was held on the International Day for Suicide Prevention, after which the suicide prevention scale was used for the participants and

non-participants in the symposium to make a comparison between them, the results showed that (60%) have a positive attitude towards working with suicidal person, and 70% of the participants did not consider unemployment and poverty among the main causes of suicide, and they were positively inclined towards suicide prevention measures. The study recommended the need to create awareness about suicide prevention, and the integration of health professionals in all areas into suicide prevention efforts.

Landschoot, Portzky & Heeringen (2017) study conducted in Flanders in Belgium to identify the effects of educational posters and evaluation accompanying suicidal thoughts and behaviors of person, in a randomized controlled trial that included staff from 39 emergency departments and 38 psychiatric departments, the results showed that the basic scores of knowledges were high. However, the poster campaign appears to have been beneficial for attitudes toward suicidal person, but only among staff from mental health departments who were assigned to the previously untested condition. It is recommended that this poster be evaluated as part of a multimedia educational program in a heterogeneous sample of healthcare professionals.

Vedana et al., (2017) another quantitative study conducted in Brazil to examined attitudes towards suicidal behavior and related factors between nursing in emergency departments. An observational cross-sectional study was conducted and the findings showed that the major of participants reported having no training or experience in suicide or mental health. They reported additional negative feelings towards that person and a lower self-perception of professional competence related to suicidal thoughts.

Lygnugaryte- Griksiene et al., (2017) conducted this article in Europe to identify the factors that affect the suicide intervention skills of emergency healthcare providers (paramedics, nurses and physicians). The questionnaire used for the survey evaluated their socio-

demographic traits, suicide intervention skills, suicide prevention attitudes, general mental health, strategies for managing stress, and the probability of exhaustion. The results showed that improved suicide intervention skills were more prevalent between emergency healthcare providers with an advanced educational level, enormous workload, more positive attitudes towards suicide inhibition, improved methods of coping with stress, and those of a younger age. After Six months of non-continuous training in suicide interference, the providers' capability to evaluate the factors of suicide risk had enhanced.

Hodgson (2016) study conducted in the United Kingdom to identify the factors that affect the attitudes of nurses towards person who harm themselves in emergency departments, the study used the methodology of reviewing previous studies, the results showed that person who self-harm and review emergency departments face negative attitudes from the nursing staff, which negatively affects the quality of care provided, the study recommended the need to train and educate health care providers in providing effective care for person who self-harm and are in the emergency department.

Betz et al., (2016) conducted a study about managing suicidal person at the emergency department to discuss that the big challenge is the care for person with suicide ideation at emergency department in the United State of America. Finally, it showed that qualified staff at the emergency department helps to prevent suicide in the future and also, they have a chance to save lives and to relieve emotional pain.

Petrik et al. (2015) this study aimed to identify the perspectives of employees in emergency departments about the obstacles and facilitators of the suicide risk assessment process and to provide recommendations that would improve the practices of the suicide risk assessment process in emergency departments. The study used the qualitative approach by distributing an electronic questionnaire containing open questions to 92 workers in emergency departments

in the Midwest state, and inductive analysis was used. The result of the analysis showed that there are six topics that have an impact on the suicide risk assessment process, which are as follows: time, cooperation, privacy, environmental and systemic factors, consultation with other professionals, and incorporation of the standard screening protocol into routine care.

Bolster et al. (2015) study aimed to identify the efficiency of the training provided to nurses for suicide assessment in the United States. The study used a review of previous studies and concluded that most registered nurses have little or no training in how to assess or treat a suicidal person due to a lack of training, so the nurses feel less prepared and afraid to speak to person about suicide, the study recommended that nurses should be trained in evaluation and treatment mechanisms for suicidal person.

Betz et al. (2015) study aimed to identify changes in the attitudes and practices of service providers in self-reported emergency departments related to suicide risk assessment, the study was conducted in seven states in the United States of America, the study used a quasi-experimental trial on 1,289 of 1,828 qualified service providers in eight medical departments (response rate 71%). In three phases, the first after the introduction of the comprehensive suicide examination, the second after the introduction of resources for suicide prevention (nurses) and the third after the introduction of the secondary risk assessment tool (doctors), the results showed that between stage 1 and stage 3, increasing proportions of nurses reported suicide screening (36% and 95%), respectively, and increasing proportions of physicians reported further evaluation of suicide risk (63% and 80%), respectively. The results supported the feasibility of implementing comprehensive suicide screening in emergency departments with adequate resources.

Cleaver et al., (2014) conducted semi-structured interviews in London to investigate emergency care professionals' attitudes towards adolescence who have suicidal thoughts. The

method was a survey that includes one hundred and forty-three members from 1 ambulance and 4 departments of emergency. The findings of this quantitative study identified that the practitioner assumes towards adolescents who self-harmed a more positive attitude. The study concluded that one of the significant factors influencing professional's attitudes is age. In addition, age affects teens' journey during the care in the emergency department.

Betz et al., (2013) conducted this study in the United States to assess the emergency nurses' attitudes, knowledge and practices in dealing with suicidal person. The method was a multisite survey. The result of this survey showed that most of the nurses in emergency departments felt they knew how to assess people with suicide ideation; on the other hand, few nurses stated confidence in their skills in screening suicidal person and built safety plan. The study concluded that the healthcare providers experts in suicide screening, but the failure represented in additional assessment, counseling and appropriate referral.

Ouzouni et al., (2013) conducted this cross-sectional study in Greece to examine the attitude of nurses towards suicide attempted. It was through distributing questionnaires on the convenience sample of nurses. In general, the negative attitude of nurse's exhibit towards suicide attempted. This study concluded that the positive attitude of nurses who provide care for suicidal person play an important role in avoiding suicide attempt in the future. And also, the nurses should pay attention to their attitude towards this category of people as a part of their unique profession.

Most of the previous studies examined nursing attitudes towards dealing with suicide person, such as the study: "Ouzouni et al., (2013), Cleaver et al., (2014), Hodgson (2016), Vedana et al., (2017), Rayner et al., (2018), Stevens & Nies, (2018)", or examined nursing practices when dealing with suicidal person, such as the study: "Betz et al. (2015), Bolster et al. (2015), Petrik et al. (2015), Lygnugaryte- Griksiene et al., (2017), Singh et al. (2017), Maina

et al. (2018)". And some of the previous studies examined the knowledge of nursing about dealing with suicide person, such as the study: Landschoot et al. (2017), Briggs (2018). Few studies have examined the knowledge, practices and trends of nursing in dealing with suicide person, such as: Betz et al., (2013).

This study provided an assessment of nursing knowledge, practice, and attitudes in Palestinian hospitals towards suicidal person, where the previous studies searched in one part, as they searched for the practice, attitudes or knowledge of nursing in a separate way, and did not study them together as this study. In addition, this study followed the method of a comprehensive survey of all nursing staff working in emergency departments in West Bank hospitals.

Chapter (3)

Methodology

Introduction:

This chapter provides a description of the research methods used in this thesis. It entails the study's design, population, and sampling. The sampling methods, exclusion and inclusion criteria, site and setting, research instruments, data collection, data analysis method, and ethical considerations were all discussed. This section is crucial because it provides an understanding of the methods used.

3.1 Study Design

In order to assess the knowledge, attitude and practice of the nurse's emergency departments in Palestine to manage suicidal person, the quantitative cross-sectional approach was used to be applied to test hypotheses and examine the association between variables.

3.2 Study Sampling and Population

The study population included all nurses working in emergency departments in all governmental hospitals in Palestine during the study period. To select the study sample, a convenience sampling was used, this method is a type of non-probability sampling, where the sample is taken from a group of people easy to contact or to reach. This is because the number of the study population is 201 nurses working in the emergency departments in all governmental hospitals in Palestine, and since it is possible that all the distributed questionnaires will not return, the researcher took all members of the study population as a sample. Table No. (1) Below shows the number of the study sample according to its distribution in governmental hospitals in Palestine.

Inclusion Criteria: The study sample included qualified nurses, meaning those with a Diploma Nursing, bachelor's degree in nursing, higher diploma, masters and PhD.

Exclusion Criteria: Nurses with less than 6 months experience were excluded.

Table No. (1) Numbers of the study sample

hospitals name	Number of qualified nurses in the emergency departments
1. Jenin Governmental Hospital	13
2. Tubas Turkish Governmental Hospital	8
3. Tulkarm Governmental Hospital	15
4. Rafidia Governmental Hospital	22
5. National Governmental Hospital	14
6. Darwish Nazzal Governmental Hospital (Qalqilia)	9
7. Martyr Yasser Arafat Governmental Hospital	12
8. Palestine Governmental Medical Complex	30
9. Jericho Governmental Hospital	12
10. Beit Jala Governmental Hospital	14
11. Princess Alia Governmental Hospital	28
12. Yatta Governmental Hospital	12
13. Muhammad Ali Al Muhtaseb Governmental Hospital	12
Total	201

3.3 Study Method

This study utilized a quantitative cross-sectional design. The target population included all nurses working at emergency departments in Palestine. Convenience with nonprobability sampling was used. Structured questionnaires used to collect the data. Data entered and analyzed in the statistical program SPSS version 24.

3.4 Study Site and Setting

The research was carried out in the emergency department of the 13 Governmental Hospitals in the West Bank, Palestine.

3.5 Study Period

Data collection began in February until April 2021. After that, the data was entered into the statistical analysis program (SPSS) for the purpose of analyzing the data and testing the study hypothesis.

3.6 Study Tool

The researcher developed a set of questionnaires covering all the study variables to distribute it to the study sample, where the researcher used a number of previous studies to design the study questionnaire. The Likert scale was followed to obtain the answers of the study sample– (Five points scale) were as (5: strongly agree, 4: agree, 3: neutral, 2: disagree, 1: strongly disagree).

Where the questionnaire consisted of four main parts, as follows:

The First Part: contains the demographic information of the study participants from emergency departments nursing.

The Second Part: consist of questions related to nursing attitudes about person who attempt suicide and visit the emergency departments.

The Third Part: it includes questions about the knowledge of nursing staff in emergency departments about dealing with this person.

The Fourth Part: include questions about emergency nursing practices with suicidal person.

Study Tool Internal Validity: The consistency of each statement of the questionnaire with the domain to which this phrase belongs is expressed by calculating the correlation coefficients between each of the terms of the resolution fields and the total degree of the field itself.

Study Tool Structure Validity: It aims to measure the degree of objectives achievement that the tool (the questionnaire) aims to reach, and the extent to which each field of study relates to the total degree of the questionnaire statements. The correlation coefficient (Pearson) is calculated between the score for each axis and the overall score of the questionnaire.

Study Tool Reliability: The researcher was testing the apparent validity of the questionnaire to identify the suitability of the questionnaire questions to each other.

For testing the internal consistency of questions to ensure that the questionnaire is valid as a tool designed to gather the required data, the researcher used the method of Cronbach's alpha coefficient. The researcher was determined three levels (low, medium, high) based on the following equation (Sekaran, 2009): The length of the class = (the upper limit of the alternative - the minimum of the alternative) / the number of levels $(5-1) / 3 = 4/3 = 33.1$. The levels are as follows: The low of (1) - less than (2.33). The average of (2.33) - less than (3.66). Higher than (3.66) to (5).

Panel of experts: The researcher presented the questionnaire to a group of researchers and experts to judge the validity of the tool for collecting study data.

Pilot study: The pilot study was conducted at Al-Makassed Islamic Charitable Hospital in Jerusalem on a sample of 19 staff nurses, who are all nurses who work in the emergency department. The Cronbach's alpha coefficient reached 0.949, so the questionnaire reliability is high and it is considered capable of achieving the same results if it is distributed to the same sample several times at different times.

3.7 Study Procedure

- The researcher designed the study tool (the questionnaire) that achieves the objectives of the study and answers the study questions and hypotheses with the help of relevant previous studies.
- The researcher distributed a questionnaire in the period from February 2021 to April 2021 for all emergency nurses who working at emergency departments in West Bank, Palestine.
- Data was collected through the questionnaire which was distributed to all emergency nurses in the emergency departments in 13 Palestinian hospitals.
- The researcher distributed a specified number (Table No. 1) of the questionnaire, where the researcher distributed the questionnaire to the nursing in emergency departments and the rest of the workers put the questionnaire to them with the head of the department and kept in touch with him to return to take the questionnaire after filling it from everyone.
- The researcher's phone number was placed on the questionnaire for reference in case of any inquiries.
- The required number of (201) respondents (study sample) were obtained, and then an appropriate statistical analysis was performed that tests the study hypotheses to obtain the results.
- Response rate: reached to (183) 91%.

3.8 Ethical Consideration

This study was approved by the faculty of high studies at Arab American University – research committee. In addition, ethical approval was obtained from the Ministry of Health and the hospitals as well as the nurses working at the hospitals.

Since the thesis included human subjects, strict ethical guidelines were followed. The participants were asked to agree and were told that their involvement or knowledge would not be used against them.

They were also guaranteed their right to privacy and anonymity.

The data's confidentiality was ensured by preventing unauthorized access.

The researcher prepared a consent form which was signed by nurses to conduct the study before starting the data collection process. The study information was sent to the participants as it included the reasons and importance of the study attached to the questionnaire with an explanation that participation in the study is optional, the study is for research purposes only and that all information will remain strictly confidential and the participants names are not mentioned.

3.9 Statistical Analysis

The researcher used the statistical analysis program (SPSS) version 24 to process the data obtained through the questionnaire and test hypotheses according to the tests that achieve the study objectives. Specifically, the following methods were used:

- **Descriptive Statistics Analysis:** To measures the central tendency: such as percentages, arithmetic mean, and frequencies, to describe the views of the study sample variables and to determine the importance of the words contained in the questionnaire, as well as the standard deviation to show the extent of the dispersion of responses from the arithmetic mean.
- **Cronbach's Alpha Test:** To test the reliability of the data collection tool used to measure the variables included in the study.
- **One Sample T-Test** is used when there is one variable and it was used in testing the study's hypotheses.

- **ANOVA test** is used when there are two dependent and independent variables, this test was used to reach the relationships between demographic data and study variables.

3.10 Study Variables Conceptual and Operational Definitions:

- **Nursing Knowledge:** The researcher defines it as the nurses' information about the management of suicide person in the emergency departments of the West Bank governmental hospitals.

While Bolisani & Bratianu (2017, Pp. 2) defined the knowledge as "is justified true belief is shown to have the limitations given by the justification condition and the truth nature".

- **Nursing Attitude:** The researcher defined it as the way emergency nurses see suicidal person, which affects the health service that will be provided in West Bank governmental hospitals.

Gaiseanu (2020, Pp. 13) defined the attitude as "is a mental and emotional "hypothetical construct" which characterizes the human personality, a concept which "cannot be observed directly, only be inferred from people's actions".

- **Nursing Practice:** The researcher defines it as the diagnostic and treatment methods used by emergency nurses with suicide person in West Bank government hospitals. Where, through the questionnaire questions, the researcher identifies the nursing practices followed with these persons.

Steadman (2018, Pp. 6) defined the practice as "something that is done often or regularly".

Chapter (4)

Research Results

4.1 Introduction:

This chapter presents the statistical analysis of the data collected by distributing the study tool (the questionnaire) to a sample of 183 nurses working in emergency departments in West Bank hospitals. The statistical analysis program (SPSS) version 24 was used to analyze the data and test the study hypotheses.

4.2 Study Tool Reliability

To test the reliability of the data collection tool used to measure the variables included in the study, the Cronbach's Alpha coefficient was used.

Cronbach's alpha is a suitable test used to estimate stability through internal consistency, when a reliable score is large (i.e., consistent), meaning that results lead to similar results when the same person retakes the questionnaire, under the same circumstances (Taber, 2017).

Table No (2) Cronbach's Alpha coefficient results

Questionnaire section	Cronbach's Alpha
Nursing attitudes	0.845
Nursing knowledge	0.882
Nursing practice	0.918
Total	0.882

4.3 Study Tool Structure Validity

Pearson correlation coefficients matrix was calculated to find out the relationship between the variables, with the aim of detecting a linear correlation between the study variables, and Table No. (3) Shows the results of the correlation coefficients between the variables as follows:

Table No (3) Correlation matrix for study variables

Correlations				
		attitudes	knowledge	practice
attitudes	Pearson Correlation	1	.703**	.642**
	Sig. (2-tailed)		.000	.000
	N	183	183	183
knowledge	Pearson Correlation	.703**	1	.847**
	Sig. (2-tailed)	.000		.000
	N	183	183	183
practice	Pearson Correlation	.642**	.847**	1
	Sig. (2-tailed)	.000	.000	
	N	183	183	183
**. Correlation is significant at the 0.01 level (2-tailed).				

The Pearson test for correlation was conducted, and it was found that all correlation factors are a positive value and higher than (0.05), so there is a strong and positive correlation between all the study variables. The strongest correlation is between knowledge and practice (0.847), and the least correlation between practice and attitudes (0.642).

4.4 Demographic Data

Table No (4) Study Sample Demographic Data

Question		Frequency	Percent	Valid Percent	Cumulative Percent
Gender	Male	103	56.3	56.3	56.3
	Female	80	43.7	43.7	100.0
Age	20-29 yrs.	101	55.2	55.2	55.2
	30-39 yrs.	66	36.1	36.1	91.3
	40-49 yrs.	13	7.1	7.1	98.4
	50 yrs. and more	3	1.6	1.6	100.0
Qualification	diploma	18	9.8	9.8	9.8
	Bachelor	132	72.1	72.1	82.0
	Master	19	10.4	10.4	92.3
	Higher diploma	14	7.7	7.7	100.0
Experience	6 months- below 2 yrs.	48	26.2	26.2	26.2
	2-3 yrs.	46	25.1	25.1	51.4
	4-5 yrs.	39	21.3	21.3	72.7
	6-7 yrs.	18	9.8	9.8	82.5
	8-9 yrs.	11	6.0	6.0	88.5
	more than 10 yrs.	21	11.5	11.5	100.0

From the above table, it appears that 103 of the respondents are males, at 56.3%, and 80 are females, at 43.7%. 101 respondents aged 20 to 29 years at a rate of 55.2%, 66 of those aged 30 to 39 years at a rate of 36.1%, 13 of those aged 40 to 49 years at a rate of 7.1%, and finally 3 respondents from those aged 50 years and over at a rate of 1.6 percent. 32 of the respondents hold a diploma with a rate of 17.5%, 132 hold a bachelor's degree and a rate of 72.1%, 14 respondents hold a higher diploma, at a rate of 7.7%, and 19 hold a master's degree and a rate of 10.4%. 48 of the study sample had experience from 6 months to less than two years at a rate of 26.2%, 46 respondents with experience from two to three years at a rate of 25.1%, 39 respondents with experience from 4 to 5 years at a rate of 21.3%, 18 respondents with experience from 6 to 7 years at a rate of 9.8 %, 11 respondents with experience from 8 to 9 years at a rate of 6%, and finally 21 respondents with experience of 10 years or more at a rate of 11.5%.

4.4.1 Other Questions in the First Part of the Questionnaire

Table No (5) Study Sample Demographic Data

Question		Frequency	Percent	Valid Percent	Cumulative Percent
How many attempted suicide clients do you see in the last 5 years	10-20 cases	137	74.9	74.9	74.9
	21-30 cases	11	6.0	6.0	80.9
	31-40 cases	2	1.1	1.1	82.0
	more than 41 cases	16	8.7	8.7	90.7
	0 cases	17	9.3	9.3	100.0
Have you done BLS course	Yes	156	85.2	85.2	85.2
	No	27	14.8	14.8	100.0

Have you done ACLS course	Yes	124	67.8	67.8	67.8
	No	59	32.2	32.2	100.0
Have you done trauma course	Yes	42	23.0	23.0	23.0
	No	141	77.0	77.0	100.0
Have you done Accident and emergency nursing course	Yes	32	17.5	17.5	17.5
	No	151	82.5	82.5	100.0
Any other course relevant to your field?	Yes	36	19.7	19.7	19.7
	No	147	80.3	80.3	100.0
Have you had any formal training on the management of suicidal person	Yes	43	23.5	23.5	23.5
	No	140	76.5	76.5	100.0
In my career, I estimate that I have provided care to _____ person presenting for an acute suicide ATTEMPT	0	15	8.2	8.2	8.2
	below 10	107	58.5	58.5	66.7
	10-50	54	29.5	29.5	96.2
	more than 50	7	3.8	3.8	100.0
In my career, I estimate that I have provided care to _____ person with a presenting suicidal	0	34	18.6	18.6	18.6
	below 10	83	45.4	45.4	63.9

IDEATION	10-50	54	29.5	29.5	93.4
	more than 50	12	6.6	6.6	100.0
In my career, I have SUSPECTED that a person presenting complaints (e.g., injuries, poisoning) were actually related to a suicide	never	34	18.6	18.6	18.6
	once	47	25.7	25.7	44.3
	a few times (2-5 times)	63	34.4	34.4	78.7
	many times (5+ times)	39	21.3	21.3	100.0
In my career, I have EVALUATED whether a person presenting complaints (e.g., injuries, poisoning) were actually related to a suicide	never	42	23.0	23.0	23.0
	once	37	20.2	20.2	43.2
	a few times (2-5 times)	70	38.3	38.3	81.4
	many times (5+ times)	34	18.6	18.6	100.0

In my career, I have SUSPECTED underlying or concealed suicidal IDEATION in person presenting to the ED	never	32	17.5	17.5	17.5
	once	46	25.1	25.1	42.6
	a few times (2-5 times)	65	35.5	35.5	78.1
	many times (5+ times)	40	21.9	21.9	100.0
In my career, I used a guide to help in the MANAGEMENT of person having suicidal behaviors and risk	never	62	33.9	33.9	33.9
	once	41	22.4	22.4	56.3
	a few times (2-5 times)	55	30.1	30.1	86.3
	many times (5+ times)	25	13.7	13.7	100.0

From the above table, it appears that the number of suicide attempts seen by respondents in the past five years, 17 respondents saw no case at a rate of 9.3%, 137 respondents saw a number of 10 to 20 cases and a rate of 74.9%, 11 respondents saw from 21 to 30 cases and by 6%, respondents saw 31 to 40 cases, at a rate of 1.1%, and finally 16 respondents saw more than 41 cases, at a rate of 8.7%.

156 respondents took a BLS course with a percentage of 85.2%, and 27 respondents did not take a BLS course with a percentage of 14.8%. 124 respondents took the ACLS course with a

percentage of 67.8%, and 59 did not take this course with a percentage of 32.2%. 42 respondents took a course of trauma treatment (23%), and 141 did not take this course (77%). 32 respondents had attended the accident and emergency nursing course at a rate of 17.5%, and 151 respondents had not attended this course at a rate of 82.5%. 36 respondents had joined other courses related to their field of work, at a rate of 19.7%, of these courses: (ECG Interpretation, Eye trauma management, medication program, narcotic management, Critical care, Burn management, Communication skills, advanced airway, Ventilator course, Suicidal management course, Advance airway management, Fire course, High diploma in emergency, Pediatric course, First aid, Nutrition course, Infection control, violence, and Emergency leadership). 43 respondents received formal training in the management of suicidal person with a percentage of 23.5%, and 140 respondents did not receive such training at a rate of 76.5%.

15 respondents did not provide care to person who attempt suicide at a rate of 8.2%, 107 respondents provided care to less than 10 person and a rate of 58.5%, 54 respondents provided care to between 10 to 50 persons at a rate of 29.5%, and finally 7 respondents provided care to 50 person and more at 3.8%. 34 respondents did not provide care to person who had a suicidal idea, 18.6%, 83 respondents provided care to less than 10 person, 45.4%, 54 respondents provided care to 10 to 50 persons, 29.5%, and finally 12 respondents provided care to more than 50 sick, with a rate of 6.6%. 34 respondents expected that the person submission of complaints (such as injuries and poisoning) to be actually related to suicide, with a percentage of 18.6%, 47 respondents who dealt with one case and a rate of 25.7%, 63 respondents who dealt with 2 to 5 cases and a percentage of 34.4%, and finally 39 respondents who dealt with more than 5 cases, with a rate of 21.3%. 42 respondents evaluated whether the person presenting complaints (such as injuries and poisoning) were actually related to suicide (23%), 37 respondents evaluated one case and 20.2%, 70 respondents

evaluated from 2 to 5 cases and a percentage of 38.3%, and finally 34 respondents evaluated more than 5 cases, with a rate of 18.6%. 32 respondents confirmed the presence of a latent or hidden suicidal idea in person who presented to the emergency department with a rate of 17.5%, 46 respondents were assured of one case and a rate of 25.1%, 65 respondents were confirmed from 2 to 5 cases and a percentage of 35.5%, and finally 40 respondents were assured of 5 cases and more at a rate of 21.9%. 62 respondents did not use a guide to help manage person with suicidal behaviors and risks at a rate of 33.9%, 41 respondents used the guide once, 55 respondents used the guide from 2 to 5 times at a rate of 30.1%, and finally 25 respondents used the guide 5 or more times at a rate of 13.7%.

4.4.2 The Graphs of Demographic Data for the Study Sample:

The following figures represent the graph of demographic data for the study sample (gender, age, educational level, and years of experience):

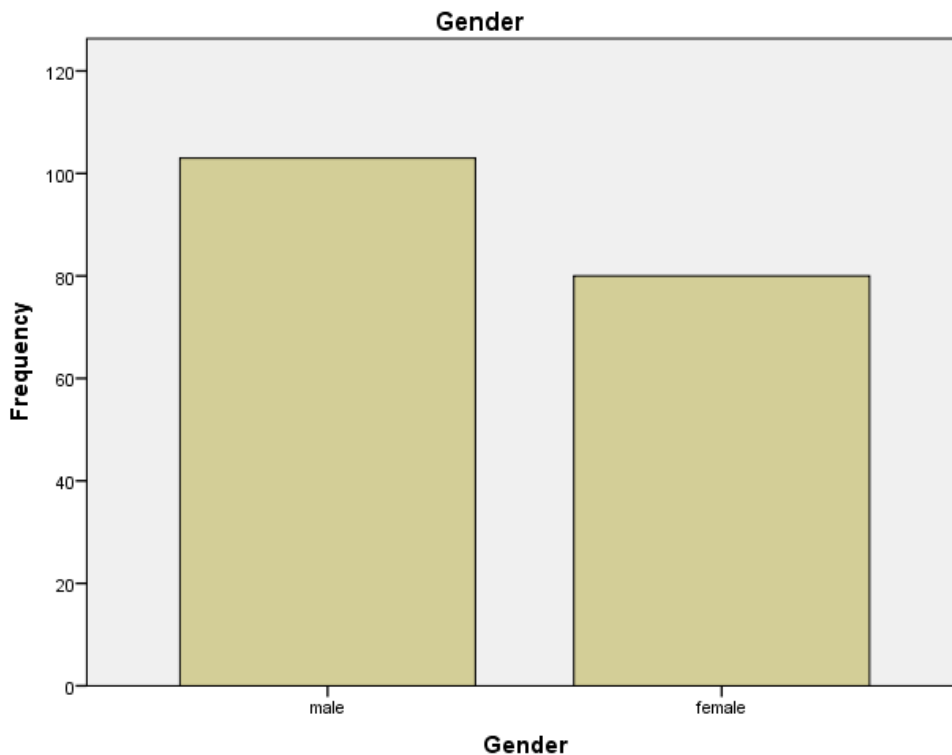


Figure No (1) The gender of the study sample

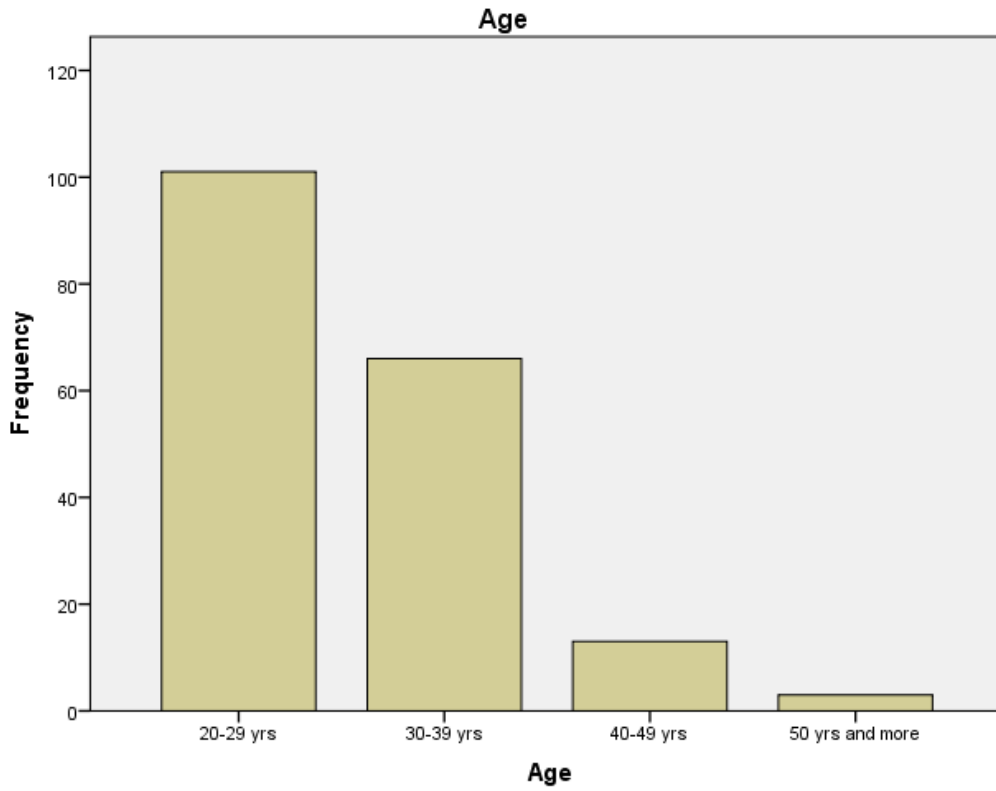


Figure No (2) The age of the study sample

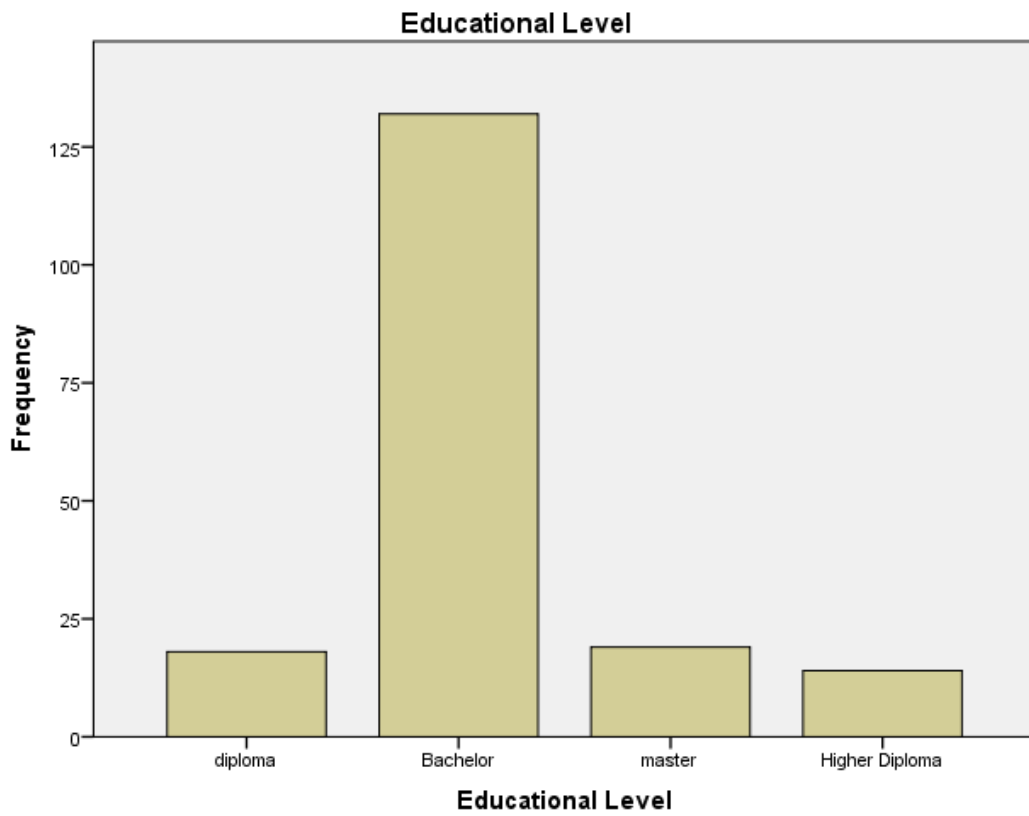


Figure No (3) The educational level of the study sample

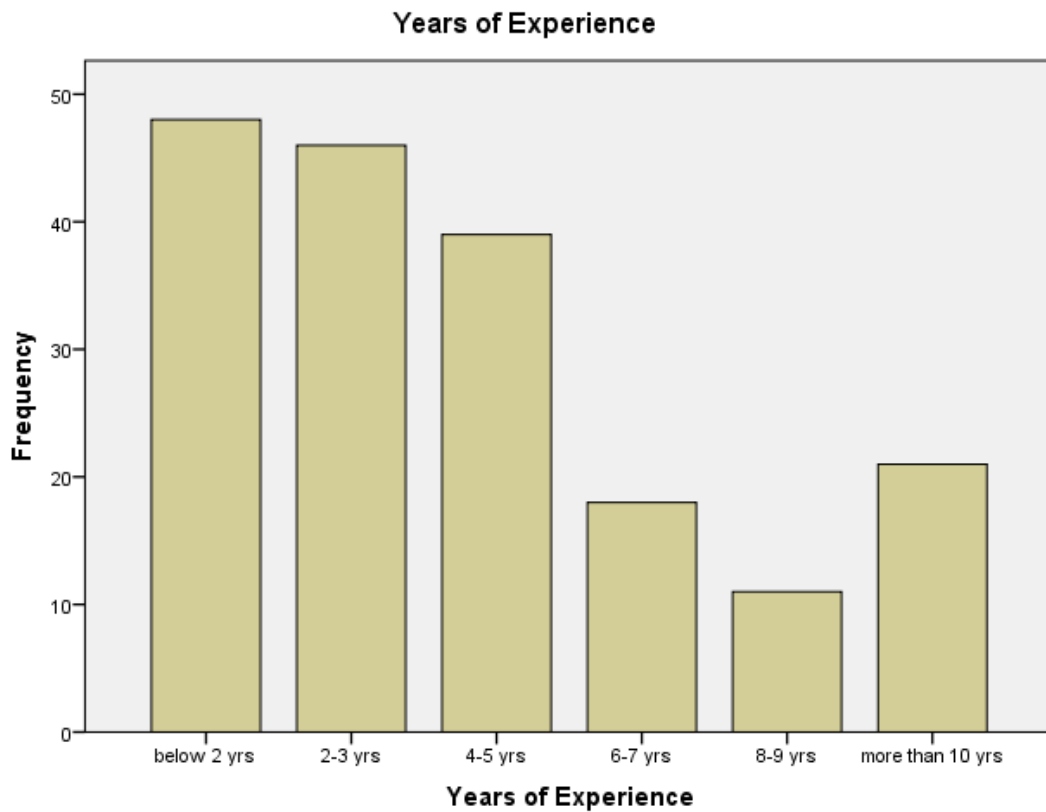


Figure No (4) The study sample years of experience

4.5 Descriptive Analysis Tests for Nursing Knowledge

The arithmetic means and standard deviations were extracted for **Nursing Knowledge**, and the table below illustrates this.

Table No. (6) The arithmetic means averages and the standard deviations of Nursing Knowledge dimensions

Rank	Paragraphs	Mean	Std. Deviation	Degree
11	1- I have stigma against person with suicide	2.70	1.123	Medium
10	2- I consider person who have suicide behavior as ethically deviant.	2.84	1.062	Medium
	3- I discriminate female and male person with suicidal attempts	2.78	1.148	Medium
6	4- Additional training in how to ASSESS level of suicide risk in person would be helpful	3.34	1.056	Medium

4	5- Additional training in how to ASSESS level of suicide risk in person would be helpful.	3.42	1.115	Medium
3	6- A person who has made a past suicide attempt is more likely to attempt suicide again than someone who has never attempted.	3.44	1.092	Medium
1	7- People who have substance use problems (alcohol and/or drug abuse) are at greater risk for suicide.	3.64	.994	Medium
5	8- People with suicidal risk or behaviors prone to high risk after discharge	3.41	.979	Medium
6	9- The diagnosis of a serious medical illness puts one at greater risk for suicide.	3.34	.997	Medium
2	10- A person who has made numerous suicide attempts is at high risk to commit suicide.	3.47	1.093	Medium
7	11- Knowledge of referral sources are important when dealing with deliberate suicidal clients	3.17	1.176	Medium
9	12- I have the appropriate knowledge in counselling skills to help deliberate suicidal clients	2.96	1.076	Medium
8	13- I have the appropriate knowledge in communication skills to help deliberate suicidal clients	3.10	1.097	Medium
-	Overall Mean	3.2	1.077	Medium

From the above table, the highest mean for the **Nursing Knowledge** items is shown for the ninth paragraph “People who have substance use problems (alcohol and/or drug abuse) are at greater risk for suicide.” (3.64) with a standard deviation equal to (0.994), and the lowest mean for the first paragraph “I have stigma against person with suicide” (2.70) with a standard deviation equal to (1.123). The mean for all items is **(3.03)** with a standard deviation equal to **(1.108)**, and was within the **medium** level.

4.6 Descriptive Analysis Tests for Nursing Attitudes

The arithmetic means and standard deviations were extracted for **Nursing Attitudes**, and the table below illustrates this.

Table No. (7) The arithmetic means averages and the standard deviations of Nursing Attitudes dimensions

Rank	Paragraphs	Mean	Std. Deviation	Degree
2	1- I feel CONFIDENT in my abilities to detect underlying or concealed suicidal ideation in my person.	3.35	1.026	Medium
5	2- I feel COMFORTABLE asking person without mental health complaints about of suicide ideation.	3.22	.983	Medium
6	3- If I suspect emotional distress in my person, I always ask them directly if they are having suicidal thoughts.	3.20	1.068	Medium
1	4- When I suspect that my person may have ATTEMPTED suicide, if available, I usually approach the person FAMILY or close FRIENDS (if they are available) to ask about my person mental health and signs of suicidal behavior.	3.51	.943	Medium
4	5- When I suspect that my person may have suicidal IDEATIONS, if available, I usually approach the person FAMILY or close FRIENDS (if they are available) to ask about my person mental health and signs of suicidal behavior.	3.23	1.049	Medium
9	6- I resent being asked to do more about suicide.	3.13	.992	Medium
15	7- Suicide prevention is not my responsibility.	2.70	1.111	Medium
11	8- I feel defensive when people offer advice about suicide	3.01	1.051	Medium

	prevention.			
10	9- It is easy for people not involved in clinical practice to make judgments about suicide prevention.	3.03	1.048	Medium
16	10- People have the right to end their own lives.	2.58	1.214	Medium
3	11- As unemployment and poverty are the main causes of suicide, there is little that an individual can do to prevent it.	3.34	1.057	Medium
13	12- I don't feel comfortable assessing someone for suicide risk.	2.97	1.013	Medium
14	13- There is no way of knowing who is going to commit suicide.	2.92	1.021	Medium
12	14- It is frustrating to treat person who have attempted suicide	2.99	1.046	Medium
5	15- I feel empathetic regarding person who attempt suicide and I feel the same sympathy as I care for other person in accident and emergency department	3.22	1.005	Medium
8	16- Person presenting with suicide attempt occupy more staff time, do staff are unavailable to person who are in greater need of help.	3.14	.979	Medium
7	17- I feel that clients who attempted suicide are treated less seriously by the medical staff than clients with medical problems	3.18	1.035	Medium
-	Overall Mean	3.16	1.038	Medium

From the above table, the highest mean for the **Nursing Attitudes** items is shown for the fourth paragraph “When I suspect that my person may have ATTEMPTED suicide, if available, I usually approach the person FAMILY or close FRIENDS (if they are available) to ask about my person mental health and signs of suicidal behavior.” (3.51) with a standard deviation equal to (0.943), and the lowest mean for the tenth paragraph “People have the right

to end their own lives.” (2.58) with a standard deviation equal to (1.214). The mean for all items is (3.16) with a standard deviation equal to (1.038), and was within the **medium** level.

4.7 Descriptive Analysis Tests for Nursing Practice

The arithmetic means and standard deviations were extracted for **Nursing Practice**, and the table below illustrates this.

Table No. (8) The arithmetic means averages and the standard deviations of Nursing Practice dimensions

Rank	Paragraphs	Mean	Std. Deviation	Degree
11	1- Documentation in ED person charts will accurately reflect the level to which ED providers inquire about suicidal thoughts or behaviors.	3.12	1.212	Medium
3	2- I try to understand the motives that triggered the suicidal behavior	3.28	1.020	Medium
5	3- As an ED healthcare provider, I play an important role in identifying/assessing underlying or concealed suicidal ideation in my person.	3.23	.991	Medium
1	4- Detecting underlying or concealed suicidal thoughts in ED person can help reduce the risk of future suicide attempts	3.46	1.098	Medium
6	5- The ED where I work has approved protocol for managing suicidal person when they are identified.	3.21	1.155	Medium
9	6- The ED where I work has approved protocol for managing suicidal person when they are identified.	3.15	1.102	Medium
10	7- I ask what he expected when attempting suicide	3.14	.979	Medium
8	8- I conduct a family interview	3.18	.997	Medium
7	9- I refer the person to psychiatric	3.20	1.152	Medium

	counseling/monitoring			
2	10- I refer to a colleague who is better prepared in this filed.	3.41	1.049	Medium
4	11- I ask questions about problems he may be experience	3.25	1.032	Medium
12	12- I use specific suicidal behavior assessment instruments	3.07	1.064	Medium
13	13- I use specific intervention protocols for suicidal behaviors	3.03	1.231	Medium
15	14- I have sufficient training in how to ASK person about suicidal thoughts and behavior.	2.81	1.185	Medium
14	15- I have sufficient training in how to ASSESS level of suicide risk in person.	2.92	1.155	Medium
-	Overall Mean	3.164	1.095	Medium

From the above table, the highest mean for the **Nursing Practice** items is shown for the fourth paragraph “Detecting underlying or concealed suicidal thoughts in ED person can help reduce the risk of future suicide attempts” (3.46) with a standard deviation equal to (1.098), and the lowest mean for the thirteen paragraph “I use specific intervention protocols for suicidal behaviors” (3.03) with a standard deviation equal to (1.231). The mean for all items is (3.21) with a standard deviation equal to (1.008), and was within the **medium** level.

4.8 Study Hypotheses Test

The study used the ANOVA test to identify the relationship between the study variables (knowledge, practice, attitudes) and some demographic variables (age, gender, education level, and years of experience). The study used also one sample t-test to test the last three hypotheses.

4.8.1 First Hypothesis

H01: There is no statistically significant relationship to the level of nursing knowledge in emergency departments with level of educational.

Table No. (9) ANOVA test to know the relationship between knowledge and level of education

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.574	1	.574	.678	.411 ^b
	Residual	152.267	180	.846		
	Total	152.841	181			
a. Dependent Variable: level of education						
b. Predictors: (Constant), knowledge						

The table above shows the sigma value (0.411), which is higher than (0.05), Thus, we accept the null hypothesis and reject the alternative hypothesis, which means that there is no statistically significant relationship between knowledge and participant's education level.

4.8.2 Second Hypothesis

H02: There is no statistically significant relationship with the level of nursing practices in emergency departments with level of education.

Table No. (10) ANOVA test to know the relationship between practice and level of education

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.797	1	.797	.953	.330 ^b
	Residual	150.565	180	.836		
	Total	151.363	181			
a. Dependent Variable: level of education						
b. Predictors: (Constant), practice						

The table above shows the sigma value (0.330), which is higher than (0.05), Thus, we accept the null hypothesis and reject the alternative hypothesis, which means that there is no statistically significant relationship between practice and participant's level of education.

4.8.3 Third Hypothesis

H03: There is no statistically significant relationship with the level of nursing practices in emergency departments with years of experience.

Table No. (5) ANOVA test to know the relationship between practice and years of experience

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	11.561	1	11.561	4.483	.036 ^b
	Residual	464.203	180	2.579		
	Total	475.764	181			
a. Dependent Variable: years of experience						
b. Predictors: (Constant), practice						

The table above shows the sigma value (0.036), which is less than (0.05), and therefore we reject the null hypothesis and accept the alternative hypothesis which is significant and therefore there is statistically significant relationship between practice and participant's years of experience.

4.8.4. Fourth Hypothesis

H04: There is no statistically significant relationship with the level of nursing attitudes in emergency departments with the age.

Table No. (6) ANOVA test to know the relationship between attitudes and age

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	.356	1	.356	.723	.396 ^b
	Residual	88.699	180	.493		
	Total	89.055	181			
a. Dependent Variable: age						
b. Predictors: (Constant), attitudes						

The table above shows the sigma value (0.396), which is higher than (0.05), Thus, we accept the null hypothesis and reject the alternative hypothesis, which means that there is no

statistically significant relationship between attitudes and participant's age.

4.8.5 Fifth Hypothesis

H05: There is no statistically significant relationship with the level of nursing attitudes in emergency departments with the gender.

Table No. (7) ANOVA test to know the relationship between attitudes and gender

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.695	1	1.695	7.094	.008 ^b
	Residual	43.014	180	.239		
	Total	44.709	181			
a. Dependent Variable: Gender						
b. Predictors: (Constant), attitudes						

The table above shows the sigma value (0.008), which is less than (0.05), and therefore we reject the null hypothesis and accept the alternative hypothesis which is significant and therefore there is statistically significant relationship between attitudes and participant's gender.

4.8.6 Sixth Hypothesis

H06: There is no statistically significant relationship with the level of nursing attitudes in emergency departments with the level of education.

Table No. (8) ANOVA test to know the relationship between attitudes and level of education

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.567	1	1.567	1.883	.172 ^b
	Residual	149.796	180	.832		
	Total	151.363	181			
a. Dependent Variable: level of education						
b. Predictors: (Constant), attitudes						

The table above shows the sigma value (0.172), which is higher than (0.05), Thus, we accept the null hypothesis and reject the alternative hypothesis, which means that there is no statistically significant relationship between attitudes and participant's level of education.

4.8.7 Seventh Hypothesis

H07: There is no statistically significant relationship with the level of nursing attitudes in emergency departments with the years of experience.

Table No. (9) ANOVA test to know the relationship between attitudes and years of experience

ANOVA ^a						
Model		Sum of Squares	df	Mean Square	F	Sig.
1	Regression	1.290	1	1.290	.495	.483 ^b
	Residual	469.018	180	2.606		
	Total	470.308	181			
a. Dependent Variable: years of experience						
b. Predictors: (Constant), attitudes						

The table above shows the sigma value (0.483), which is higher than (0.05), Thus, we accept the null hypothesis and reject the alternative hypothesis, which means that there is no statistically significant relationship between attitudes and participant's years of experience.

4.8.8 Eighth Hypothesis

H08: There is no significant impact of the level of emergency nursing knowledge on the assessment and management of suicidal person.

The study used the One-Sample Test to test the hypothesis.

Table No. (10) One-Sample Test for First Hypothesis

One-Sample Test						
	Test Value = 0					
	t	Df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
knowledge	63.787	181	.000	44.51694	43.1399	45.8940

The above table shows the results of the One-Sample Test, and we note that the sigma value is (0.000) and it is less than (0.05) and therefore we reject the null hypothesis and accept the alternative hypothesis which is significant and therefore there is significant impact of emergency nursing knowledge on optimal assessment and management of suicidal person.

4.8.9 Ninth Hypothesis

H09: There is no significant impact of the level of emergency nursing attitudes on the assessment and management of suicidal person.

The study used the One-Sample Test to test the hypothesis.

Table No. (11) One-Sample Test for Second Hypothesis

One-Sample Test						
	Test Value = 0					
	t	Df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
attitudes	74.649	181	.000	49.71978	48.4056	51.0340

The above table shows the results of the One-Sample Test, and we note that the sigma value is (0.000) and it is less than (0.05) and therefore we reject the null hypothesis and accept the alternative hypothesis which is significant and therefore there is significant impact of emergency nursing attitudes on optimal assessment and management of suicidal person.

4.8.10 Tenth Hypothesis

H010: There is no significant impact of the level of emergency nursing practice on the assessment and management of suicidal person.

The study used the One-Sample Test to test the hypothesis.

Table No. (12) One-Sample Test for Third Hypothesis

One-Sample Test						
	Test Value = 0					
	t	Df	Sig. (2-tailed)	Mean Difference	95% Confidence Interval of the Difference	
					Lower	Upper
practice	55.839	181	.000	38.89772	37.5232	40.2722

The above table shows the results of the One-Sample Test, and we note that the sigma value is (0.000) and it is less than (0.05) and therefore we reject the null hypothesis and accept the alternative hypothesis which is significant and therefore there is significant impact of emergency nursing practice on optimal assessment and management of suicidal person.

Chapter (5)

Discussion & Conclusion

5.1 Results Discussion

This chapter presents a discussion of the study results and its comparison with the results of previous relevant studies.

5.1.1 Discuss the Result of the First Question

Do emergency departments' nurses have the necessary knowledge on the initial assessment and management of suicidal person?

The results showed that there is a significant impact of the level of knowledge of emergency nursing on the assessment and management of suicidal person. The results also showed that the knowledge of nursing in emergency departments about dealing with suicide person was moderate.

The results of previous studies agreed with the result of this study that there is an effect of the level of nursing knowledge on the evaluation and treatment of suicide person. Where the Briggs (2018) showed that the significant differences in attitudes based on nurses' knowledge showed a correlation between suicide prevention training and nurses' perceived competence to triage suicidal people, and Landschoot et al. (2017) showed that base scores for knowledge were high and there was an effect of knowledge about suicide and self-confidence in managing suicidal behavior. While Bolster, Holliday et al. (2015) concluded that most registered nurses have little or no training in how to assess or treat a suicidal person due to a lack of training, so the nurses feel less prepared and afraid to speak to person about suicide. But Betz et al., (2013) concluded that the healthcare providers experts in suicide screening, but the failure represented in additional assessment, counseling and appropriate referral.

5.1.2 Discuss the Result of the Second Question

Do emergency departments' nurses have the necessary attitude on the initial assessment and management of suicidal person?

The results showed that there is significant impact of the level of emergency nursing attitudes on the assessment and management of suicidal person. The results also showed that nursing attitudes in emergency departments towards suicide person were moderate.

The results of previous studies agreed with the result of this study that there is an effect of the level of nursing attitudes in emergency departments on the assessment and management of suicidal person. However, most of the previous studies reported that nursing attitudes were negative towards suicide person, while this study showed a moderate level of nursing attitudes in emergency departments in dealing with suicide person. Where Ouzouni et al., (2013) concluded that the positive attitude of nurses who provide care for suicidal person play an important role in avoiding suicide attempt in the future, and Cleaver et al., (2014) identified that the practitioner assumes towards adolescents who self-harmed a more positive attitude, and Singh et al. (2017) showed that (60%) have a positive attitude towards working with suicidal person, and 70% of the participants did not consider unemployment and poverty among the main causes of suicide, and they were positively inclined towards suicide prevention measures. While Rayner (2018) study determined that nurses have a negative attitude towards person who have attempted suicide, and Rayner et al., (2018) showed that nursing staff across several countries, including the UK, Australia, Sweden, Finland, Brazil, and Taiwan, hold negative attitudes and limited empathy towards people who self-harm, and Hodgson (2016) showed that person who self-harm and review emergency departments face negative attitudes from the nursing staff, which negatively affects the quality of care

provided. Also, Stevens & Nies, (2018) showed that the attitude of nurse towards suicidal person care is affected by internal and external factors.

5.1.3 Discuss the Result of the Third Question

Do emergency departments' nurses have the necessary practice on the initial assessment and management of suicidal person?

The results showed that there is significant impact of the level of emergency nursing practice on the assessment and management of suicidal person. The results also showed that the emergency department nursing practices towards dealing with suicide person were moderately.

The result of this study did not agree with most of the previous studies, as the results of this study showed a moderate level of nursing practices in emergency departments in dealing with suicide person, while Andrews (2020) showed that the conduct of suicide examination by nurses is limited, and Maina et al. (2019) showed that nurses in the emergency department had less than average self-efficacy in the assessment and management of suicide, and Maina et al. (2018) showed that there were significant gaps in the assessment as person were not routinely screened for suicidal thoughts despite suicidal intent and psychological problems they faced. In addition to Vedana et al., (2017) showed that the major of participants reported having no training or experience in suicide or mental health, and Lygnugaryte- Griksiene et al., (2017) showed that improved suicide intervention skills were more prevalent between emergency healthcare providers with an advanced educational level, enormous workload, more positive attitudes towards suicide inhibition, improved methods of coping with stress, and those of a younger age, but Betz et al., (2016) showed that qualified staff at the emergency department helps to prevent suicide in the future and also, they have a chance to save lives and to relieve emotional pain. Also, Betz et al. (2015) support the feasibility of

implementing a comprehensive suicide screening in emergency departments with adequate resources.

5.2 Conclusion

The study reached the following results:

- There is a significant impact of the knowledge of emergency nursing on the assessment and optimal management of suicidal person. The results also showed that the knowledge of nursing in emergency departments about dealing with suicide person was moderate.
- There is significant impact of emergency nursing attitudes on optimal assessment and management of suicidal person. The results also showed that nursing attitudes in emergency departments towards suicide person were moderate.
- There is significant impact of emergency nursing practice on optimal assessment and management of suicidal person. The results also showed that the emergency department nursing practices towards dealing with suicide person were moderately.
- 43 respondents received formal training in the management of suicidal person with a percentage of 23.5%, and 140 respondents did not receive such training at a rate of 76.5%.
- There is no statistically significant relationship between knowledge and participant's education level.
- There is no statistically significant relationship between practice and participant's level of education.
- There is statistically significant relationship between practice and participant's years of experience.
- There is no statistically significant relationship between attitudes and participant's age.

- There is statistically significant relationship between attitudes and participant's gender.
- There is no statistically significant relationship between attitudes and participant's level of education.
- There is no statistically significant relationship between attitudes and participant's years of experience.

5.3 Limitations

The researcher faced the following limitations during the study period, which are as follows:

- Because of the Corona pandemic, the researcher faced a problem in moving between governorates.
- During the study period, there was a strike in the Palestinian government hospitals, including the nursing staff working in the emergency departments.
- This study was limited to nursing workers in emergency departments in government hospitals, so the researcher recommends conducting a comprehensive study in the future for all health care providers, including doctors and nurses, in the government hospitals, private sector, and mental health hospitals.

5.4 Recommendation

Based on the study results, the researcher recommends the following:

- The need to develop written, systematic, clear and comprehensive suicide risk assessment protocols and a national registration system to enhance the safety of person who have attempted suicide and to prevent suicide.
- The need for continuous training on the mechanisms of identifying, evaluating and treating suicide person, which has an impact on improving the quality of the health service provided and improving person outcomes.

- The necessity of cooperation between health care providers, including doctors, nurses, psychiatrists and social therapists, to ensure the provision of integrated health care for suicide person.

5.5 Implication

Implications for emergency nursing care include:

- The need for specialized training for emergency department nursing staff on suicide management.
- Determine appropriate training that takes into account evidence-based practice of suicide management.
- Filling the nursing knowledge gap about the management of suicidal person with appropriate continuing education and training.
- Enhancing nursing attitudes towards suicide person through appropriate training and practical application.

References

- Andrews, C. H. (2020). *Improving Suicide Prevention in the Emergency Department*. Doctoral Thesis, Walden University, United States of America.
- Beaver, B. (2016). *Nursing Attitudes towards Suicidal Patients in the Emergency Department: Assessment Interview Training*. Doctoral published thesis. University of South Carolina
- Betz, M. E., & Boudreaux, E. D. (2016). Managing Suicidal Patients in the Emergency Department. *Annals of Emergency Medicine*, 67(2), 276–282.
- Betz, M. E., Arias, S. A., Miller, M., Barber, C., Espinola, J. A., Sullivan, A. F., ... Boudreaux, E. D. (2015). Change in Emergency Department Providers' Beliefs and Practices After Use of New Protocols for Suicidal Patients. *Psychiatric Services*, Vol. 66, No. (6), pp. 625–631.
- Betz, M. E., Arias, S. A., Segal, D. L., Miller, I., Camargo, C. A., & Boudreaux, E. D. (2016). Screening for Suicidal Thoughts and Behaviors in Older Adults in the Emergency Department. *Journal of the American Geriatrics Society*, Vol. 64, No. 10, pp. 72-77.
- Betz, M. E., Sullivan, A. F., Manton, A. P., Espinola, J. A., Miller, I., Camargo Jr, C. A., ... & ED-SAFE Investigators. (2013). Knowledge, attitudes, and practices of emergency department providers in the care of suicidal patients. *Depression and anxiety*, 30(10), 1005-1012.
- Bhatt, M., Perera, S., Zielinski, L., Eisen, R. B., Yeung, S., El-Sheikh, W., ... Samaan, Z. (2018). Profile of suicide attempts and risk factors among psychiatric patients: A case-control study. *PLOS ONE*, 13(2), e0192998. doi:10.1371/journal.pone.0192998
- Bolisani, E., & Bratianu, C. (2017). The Elusive Definition of Knowledge. *Emergent Knowledge Strategies*, 1–22. doi:10.1007/978-3-319-60657-6_1
- Bolster, C., Holliday, C., Oneal, G., & Shaw, M., (2015). Suicide Assessment and Nurses: What Does the Evidence Show?. *The Online Journal of Issues in Nursing*, Vol. 20, No. 1, Manuscript 2.
- Boukouvalas, E., El-Den, S., Murphy, A. L., Salvador-Carulla, L., & O'Reilly, C. L. (2019). Exploring health care professionals' knowledge of, attitudes towards and confidence in caring for people at risk of suicide: a systematic review. *Archives of Suicide Research*, 1–32. doi:10.1080/13811118.2019.1586608
- Briggs, A. (2018). Nurses' attitudes to supporting people who are suicidal in emergency departments. *evidence & practice / emergency departments*. doi: 10.7748/en.2018. e1785

- Chihara, I., Ae, R., Kudo, Y., Uehara, R., Makino, N., Matsubara, Y., ... & Nakamura, Y. (2018). Suicidal patients presenting to secondary and tertiary emergency departments and referral to a psychiatrist: a population-based descriptive study from Japan. *BMC psychiatry*, 18(1), 1-10.
- Chang, H. Y. (2018). A Brief History of Anglo-Western Suicide: From Legal Wrong to Civil Right. *GGU Law Digital Commons*, 46 S.U.L.Rev. 150.
- Cleaver, K., Meerabeau, L., & Maras, P. (2014). Attitudes towards young people who self-harm: Age, an influencing factor. *Journal of Advanced Nursing*, 70(12), 2884-2896.
- De Beurs, D., Fried, E. I., Wetherall, K., Cleare, S., O' Connor, D. B., Ferguson, E., ... O' Connor, R. C. (2019). Exploring the psychology of suicidal ideation: A theory driven network analysis. *Behaviour Research and Therapy*, 103419. doi:10.1016/j.brat.2019.103419
- Dorigan, G. H., & Guirardello, E. D. (2017). Nursing practice environment, satisfaction and safety climate: the nurses' perception. *Acta Paul Enferm*, 30(1):129-35.
- Fry, M., Abrahamse, K., Kay, S., & Elliott, R. M. (2019). Suicide in older people, attitudes and knowledge of emergency nurses: A multi-centre study. *International Emergency Nursing*, 43, 113–118.
- Fontao, M. C., Rodrigues, J., Lino, M. M., Lino, M. M., & Kempfer, S. S. (2017). Nursing care to people admitted in emergency for attempted suicide. *Rev Bras Enferm*. 2018;71(suppl 5):2199-205. DOI: <http://dx.doi.org/10.1590/0034-7167-2017-0219>
- Gaiseanu, F. (2020). Attitude as an Expressible Info-Operational Reaction to a Perceived/Purposed Object/Objective. *International Journal on Neuropsychology and Behavioural Sciences*, Vol. 1, Issue. 1, pp. 12-16.
- Giacchero Vedana, K. G., Magrini, D. F., Zanetti, A. C. G., Miasso, A. I., Borges, T. L., & dos Santos, M. A. (2017). Attitudes towards suicidal behaviour and associated factors among nursing professionals: A quantitative study. *Journal of Psychiatric and Mental Health Nursing*, 24(9-10), 651–659. doi:10.1111/jpm.12413
- Hedegaard, H., Curtin, S. C., & Warner, M. (2020). Increase in Suicide Mortality in the United States, 1999–2018. *NCHS Data Brief*, No. 362.
- Heyland, M., Delaney, K. R., & Shattell, M. (2021). Steps to Achieve Universal Suicide Screening in Emergency Departments: A Call to Action. *Journal of Psychosocial Nursing and Mental Health Services*, 56(10), 21–26.
- Hodgson, K. (2016). Nurses' attitudes towards patients hospitalized for self-harm. *Nursing Standard*, 30(31), 38–44. doi:10.7748/ns.30.31.38.s44.

- Jabr, S., Morse, M., El Sarraj, W. & Awid, B. (2013). Mental Health in Palestine: Country Report. *The Arab Journal of Psychiatry*, Vol. 24, No. 2, Pp.174-178, doi: 10.12816/0001376.
- Kahl, C., Meirelles, B. H. S., Lanzoni, G. M. de M., Koerich, C., & Cunha, K. S. da. (2018). Actions and interactions in clinical nursing practice in Primary Health Care. *Rev Esc Enferm USP*, 52(0). doi:10.1590/s1980-220x2017025503327
- Khatib, S., & Miri, M. (2019). *attempted suicide patients risk factors and suicide prevention strategies in palestine*.
- Klonsky, E. D., May, A. M., & Saffer, B. Y. (2016). Suicide, Suicide Attempts, and Suicidal Ideation. *Annual Review of Clinical Psychology*, 12(1), 307-330. doi:10.1146/annurev-clinpsy-021815-093204
- Landschoot, R. V., Portzky, G., & Heeringen, K. V. (2017). Knowledge, Self-Confidence and Attitudes towards Suicidal Patients at Emergency and Psychiatric Departments: A Randomised Controlled Trial of the Effects of an Educational Poster Campaign. *International Journal of Environmental Research and Public Health*, Vol. 14, No. 304, pp 1-12.
- Lygnugaryte-Griksiene, A., Leskauskas, D., Nedas Jasinskas, N., & Masiukiene, A. (2017). Factors influencing the suicide intervention skills of emergency medical services providers. *Medical Education Online*, 2017 VOL. 22, 1291869. <http://dx.doi.org/10.1080/10872981.2017.1291869>
- Maina, R., Bukusi, D., & Kumar, M. (2019). Suicide prevention by emergency nurses: perceived self-efficacy in assessment, management and referral at Kenyatta National Hospital in Kenya. *Annals of General Psychiatry*, Vol. 18, No. 16, pp. 1-16.
- Maina, R., Bukusi, D., Njuguna, S. K., & Kumar, M. (2018). Gaps in Suicide Assessment and Management Among Accident and Emergency Nurses in Kenyatta National Hospital: A Qualitative Study. *Global Social Welfare*, Vol. 6, pp. 87–96.
- Manister, N. N., Murray, S., Burke, J. M., Finegan, M., & McKiernan, M. E. (2017). Effectiveness of Nursing Education to Prevent Inpatient Suicide. *The Journal of Continuing Education in Nursing*, 48(9), 413–419. doi:10.3928/00220124-20170816-07
- Ngune, I., Hasking, P., McGough, S., Wynaden, D., Janerka, C., & Rees, C. (2020). Perceptions of knowledge, attitude and skills about non-suicidal self-injury: A survey of emergency and mental health nurses. *International Journal of Mental Health Nursing*. doi:10.1111/inm.12825

- Norheim, A. B., Grimholt, T. K., Loskutova, E., & Ekeberg, O. (2016). Attitudes toward suicidal behaviour among professionals at mental health outpatient clinics in Stavropol, Russia and Oslo, Norway. *BMC Psychiatry*, (2016) 16:268. DOI 10.1186/s12888-016-0976-5
- O'Connor, R. C., & Nock, M. K. (2014). The psychology of suicidal behaviour. *The Lancet Psychiatry*, 1(1), 73–85. doi:10.1016/s2215-0366(14)70222-6
- Ortiz, M. R. (2018). Patient-Centered Care: Nursing Knowledge and Policy. *Nursing Science Quarterly*, 31(3), 291–295. doi:10.1177/0894318418774906
- Ouzouni, C., & Nakakis, K. (2013). Nurses' attitudes towards attempted suicide. *Health Science Journal*, 7(1), 119 - 134.
- Petrik, M. L., Gutierrez, P. M., Berlin, J. S., & Saunders, S. M. (2015). Barriers and Facilitators of Suicide Risk Assessment in Emergency Departments: A Qualitative Study of Provider Perspectives. *General Hospital Psychiatry*, Vol. 37, No. 6, Pp. 581–586.
- Rayner, G. et al. (2018) Emergency department nurse's attitudes towards patients who self-harm: A meta-analysis. *International Journal of Mental Health*. doi.org/10.1111/inm.12550.
- Rico, E. (2016). *Teaching and Evaluation of Suicidal Assessment, Five-Step Evaluation and Triage (SAFE-T) in the Emergency Department*. Master published thesis. San Jose State University
- Sekaran, U. (2009). *Research Method for Business: A Skill Building Approach*. 4th Edition, Wiley India, New Delhi.
- Singh, H., Shalavadi, M. N., & Thyloth, M. (2017). A study of attitude towards suicide prevention among non-mental health care providers. *Telangana Journal of Psychiatry*, Vol. 3, No. (1), pp. 23-27.
- Steadman, S. (2018). Defining practice: exploring the meaning of practice in the process of learning to teach'. *TEAN Journal*, 10(1), pp. 3-9.
- Stevens, K. P., & Nies, M. A. (2018). Factors Related to Nurses' Attitudes Towards the Suicidal Patient: An Integrative Review. *Clinical Research and Trials*. Volume 4(2): 1-6. doi: 10.15761/CRT.1000211
- Taber, K. S. (2017). The Use of Cronbach's Alpha When Developing and Reporting Research Instruments in Science Education. *Research in Science Education*. Vol. 48, No. (6), pp. 1273-1296

- Thabet, A. M., Thabet, S. S., & Vostanis, P. (2016). The Relationship between War Trauma, PTSD, Depression, and Anxiety among Palestinian Children in the Gaza Strip. *Health Science Journal*, Vol.10, No. 5:1.
- Vedana, K. G. G., Zanetti, A. C. G., Miasso, A. I., Borges, T. L., & dos Santos, M. A. (2018). Attitudes towards suicidal behaviour and associated factors among nursing professionals: A quantitative study. *J Psychiatr Ment Health Nurs*. 2017; 24:651–659. DOI: 10.1111/jpm.12413
- Williams, S. C., Schmaltz, S. P., Castro, G. M., & Baker, D. W. (2018). Incidence and Method of Suicide in Hospitals in the United States. *The Joint Commission Journal on Quality and Patient Safety* 2018; 44:643–650.
- World health organization, 2019.
- World Health organization (WHO). (2018). Depression and Other Common Mental Disorders: Global Health Estimates. WHO/MSD/MER/2017.2. Retrieved from: <http://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf>

Appendices No (1) Questionnaire

Part One: *Demographic and Occupational Information*

Persons seeking care at an ED often present with complaints that are caused by conditions that need to be uncovered, such as suicidal behavior. In the next several questions, please select the answer that best represents your experience and beliefs on screening for this condition.

Social and Demographic Data

1. Gender: Male _____ Female _____

2. What is your age?

- 22-29yrs _____

- 30-39yrs _____

- 40-49yrs _____

- 50 > yrs _____

3. Highest nursing education earned:

- Nursing Diploma _____

- Bachelor Degree _____

- Higher diploma _____

- Masters _____

- PHD _____

4. Number of years since you qualified as a nurse: _____

5. How many years of experience do you have in accident and emergency environment?

- < 2 years _____
- 2-3 years _____
- 4-5 years _____
- 6-7 years _____
- 8-9 years _____
- >10 years _____

6. How many attempted suicide clients do you see in the last 5 years:

7. Have you done any of the following courses since you qualified as a nurse:

- BLS _____ which year _____
- ACLS _____ which year _____
- Trauma course _____ which year _____
- Accident and emergency nursing course _____ which year _____
- **Any other course relevant to your field?** 1. Yes _____ 2. No _____

If yes which course? _____

8. Is there any course you are currently pursuing related to your nursing field?

1. Yes _____ 2. No _____

If yes which course? _____

9. Have you had any formal training on the management of suicidal person since you qualified as a nurse? 1. Yes ____ 2. No ____

The remainder of the survey will focus on identifying suicidal behavior.

Sometimes a person suicide risk or suicidal behaviors are obvious to recognize.

The following questions are about those situations.

Suicide

a. In my career, I estimate that I have provided care to _____ person presenting for an acute suicide ATTEMPT.

_____0

_____ < 10

_____10-50

_____>50

b. In my career, I estimate that I have provided care to _____ person with a presenting suicidal IDEATION

_____0

_____ < 10

_____10-50

_____>50

At other times, a person suicidal behavior has to be asked about and uncovered.

The following questions are about those situations.

- a. In my career, I have SUSPECTED that a person presenting complaints (e.g., injuries, poisoning) were actually related to a suicide attempt.

_____ Never

_____ Once

_____ A few times (2-5 times)

_____ Many times (more than 5 times)

- b. In my career, I have EVALUATED whether a person presenting complaints (e.g., injuries, poisoning) were actually related to a suicide attempt.

_____ Never

_____ Once

_____ A few times (2-5 times)

_____ Many times (more than 5 times)

- c. In my career, I have SUSPECTED underlying or concealed suicidal IDEATION in person presenting to the ED.

_____ Never

_____ Once

_____ A few times (2-5 times)

_____ Many times (more than 5 times)

d. In my career, I have EVALUATED underlying or concealed suicidal IDEATION in person presenting to the ED.

_____ Never

_____ Once

_____ A few times (2-5 times)

_____ Many times (more than 5 times)

e. In my career, I have given a person the phone number for a suicide prevention hotline.

_____ Never

_____ Once

_____ A few times (2-5 times)

_____ Many times (more than 5 times)

f. In my career, I used an assessment guide to help determine LEVEL OF SUICIDE RISK.

_____ Never

_____ Once

_____ A few times (2-5 times)

_____ Many times (more than 5 times)

g. In my career, I used a guide to help in the MANAGEMENT of person having suicidal behaviors and risk,

_____ Never

_____ Once

_____ A few times (2-5 times)

_____ Many times (more than 5 times)

Part two:

We also are interested in your *attitudes* regarding screening for suicide risk.

For each of the statements below, please mark your level of agreement:

Strongly Disagree	Disagree	Uncertain	Agree	Strongly Agree
1	2	3	4	5

Number	Questions	1	2	3	4	5
1	I feel CONFIDENT in my abilities to detect underlying or concealed suicidal ideation in my person.					
2	I feel COMFORTABLE asking person without mental health complaints about of suicide ideation.					
3	If I suspect emotional distress in my person, I always ask them directly if they are having suicidal thoughts.					
4	When I suspect that my person may have ATTEMPTED suicide, if available, I usually approach the person FAMILY or close FRIENDS (if they are available) to ask about my person mental health and signs of suicidal behavior.					
5	When I suspect that my person may have suicidal IDEATIONS, if available, I usually approach the person FAMILY or close FRIENDS (if they are available) to ask about my person mental health and					

	signs of suicidal behavior.					
6	I resent being asked to do more about suicide.					
	Suicide prevention is not my responsibility.					
7	I feel defensive when people offer advice about suicide prevention.					
8	It is easy for people not involved in clinical practice to make judgments about suicide prevention.					
9	People have the right to take their own lives.					
10	As unemployment and poverty are the main causes of suicide, there is little that an individual can do to prevent it.					
11	I don't feel comfortable assessing someone for suicide risk.					
12	There is no way of knowing who is going to commit suicide.					
13	It is frustrating to treat person who have attempted suicide					
14	I feel empathetic regarding person who attempt suicide and I feel the same sympathy as I care for other person in accident and emergency department					
15	Person presenting with suicide attempt occupy more staff time, do staff are unavailable to person who are in greater need of help.					
16	I feel that clients who attempted suicide are treated less seriously by the medical staff than clients with medical					

	problems					
17	I have stigma against person with suicide					
18	I consider person who have suicide as ethically deviant					
19	I discriminate female and male person with suicidal attempts					

Part three:

We also are interested in your **knowledge** regarding screening for suicide risk.

For each of the statements below, please mark your level of agreement:

Number	Questions	1	2	3	4	5
1	Additional training in how to ASSESS level of suicide risk in person would be helpful.					
2	A person who has made a past suicide attempt is more likely to attempt suicide again than someone who has never attempted.					
3	People who have substance use problems (alcohol and/or drug abuse) are at greater risk for suicide.					
4	People with suicidal risk or behaviors prone to high risk after discharge					
5	The diagnosis of a serious medical illness puts one at greater risk for suicide.					
6	A person who has made numerous suicide attempts is at high risk to commit suicide.					

7	Knowledge of referral sources is important when dealing with deliberate suicidal clients					
8	I have the appropriate knowledge in counselling skills to help deliberate suicidal clients					
9	I have the appropriate knowledge in communication skills to help deliberate suicidal clients					

Part four: *We also are interested in your **practice** regarding screening for suicide risk. For each of the statements below, please mark your level of agreement:*

Number	Questions	1	2	3	4	5
1	Documentation in ED person charts will accurately reflect the level to which ED providers inquire about suicidal thoughts or behaviors.					
2	I try to understand the motives that triggered the attempt					
3	As an ED healthcare provider, I play an important role in identifying/assessing underlying or concealed suicidal ideation in my person.					
4	Detecting underlying or concealed suicidal thoughts in ED person can help reduce the risk of future suicide attempts.					
5	The ED where I work has approved protocol for					

	managing suicidal person when they are identified.					
6	I ask what he expected when attempting suicide					
7	I conduct a family interview					
8	I refer to psychiatric counselling/monitoring					
9	I refer to a colleague who is better prepared in this area					
10	I ask questions about problems he may be experiencing					
11	I use specific suicidal behavior assessment instruments					
12	I use specific intervention protocols for suicidal behaviors					
13	I use formal instruments to assess suicide risk					
14	I have sufficient training in how to ASK person about suicidal thoughts and behavior.					
15	I have sufficient training in how to ASSESS level of suicide risk in person.					

Appendices No (2) Approval correspondences

15/01/2013 01:35 092333901

MOH

PAGE 01/01

State of Palestine
Ministry of Health - Nablus
General Directorate of Education in Health



دولة فلسطين
وزارة الصحة - نابلس
الإدارة العامة للتعليم الصحي

Ref.:
Date:

الرقم: ٢٠٢١ / ٣١٣ / ١٦٤
التاريخ: ٢٠٢١ / ١٢ / ١٤

الأخ مدير عام الإدارة العامة للمستشفيات المحترم ،،
الأخ مدير مجمع فلسطين الطبي المحترم،،
تمية وأعتزاء...

الموضوع: تسهيل مهمة بحث

لاحقاً لموافقة معالي وزيرة الصحة، يرجى تسهيل مهمة الطالبة: نعين أبو حمود، دراسات عليا
تمرير/ الجامعة العربية الأمريكية، لعمل بحث بعنوان:
"ادارة حالات الانتحار في أقسام الطوارئ في فلسطين: المعرفة، السلوك، والممارسة لمرضى
الطوارئ"

وذلك بالسماح لها بالحصول على المعلومات من خلال تعبئة استبانة من قبل الممرضين في
أقسام الطوارئ (بعد اخذ موافقتهم)، مع العلم ان مشرفي الدراسة د. عماد أبو خضير، وذلك في
المستشفيات الحكومية في محافظات:

- نابلس - جنين - طولكرم - قلقيلية - سلفيت - طوباس - اريحا - الخليل - بيت لحم
- رام الله

على ان يتم الالتزام بجميع تعليمات واجراءات الوقاية والسلامة الصادرة عن وزارة الصحة
بخصوص جائحة كورونا، وتحت طائلة المسؤولية.

مع الأعتزاء...

د. عبد الله القواسمي
مدير التعليم الصحي والبحث العلمي
دولة فلسطين
الإدارة العامة للتعليم الصحي

نسخة: مشرف الدراسة المحترم/ الجامعة الأمريكية

P.O .Box: f4
Tel.:09-2333901

ص.ب. 14
تلفون: 09-2333901

التاريخ: 2021/2/9

حضرة السيد عبد الله القواسمة المحترم

مدير عام التعليم الصحي المحترم / وزارة الصحة الفلسطينية

تحية طيبة وبعد،

الموضوع: "تسهيل مهمة بحث لطلاب كلية التمريض"

تهديكم الجامعة العربية الأمريكية أطيب تحياتها،
إشارةً إلى الموضوع اعلاه، وتماشياً مع سياسة كلية لتمريض/ الجامعة العربية الأمريكية- المتعلقة بتعزيز التعاون بين المؤسسات
ووزارة الصحة الفلسطينية الموقرة بإتاحة فرص الإثراء العلمي للطلبة والخريجين في المؤسسات الوطنية وإسهامها في تنمية قدراتهم
وخبراتهم، نرجو من حضرتكم التكرم بالموافقة والإيعاز للجهات المعنية لتسهيل مهمة طالبة الماجستير نفين أبو حمود 201912779
لاستكمال بحثها العلمي بعنوان:

Managing Suicidal Patients in the Emergency Departments in Palestine: knowledge, Attitude and
Practice of the Emergency Nurses.

وذلك لأغراض البحث العلمي حيث سيكون الهدف من الدراسة: "ادارة حالات الانتحار في أقسام الطوارئ في فلسطين: المعرفة،
السلوك والممارسة لمرضى الطوارئ "

وذلك عن طريق استمارة (مرفق) يتم تعبئتها عن طريق المقابلات مع المرضى في المستشفيات الحكومية في جميع محافظات الضفة
(رام الله، جنين، نابلس، اريحا، طولكرم، الخليل، بيت لحم، سلفيت، قلقيلية، طوباس)، على أن تبدأ مهمتها البحثية بتاريخ
2021/2/25 وتنتهي بتاريخ 2021/4/25 تحت إشراف الدكتور عماد أبو خضر.

مع فائق الشكر والتقدير،،،

د. عماد أبو خضر



عميد كلية التمريض



التاريخ: 2021/3/3

حضرة السيد سليمان تركمان المحترم

مدير التمريض في مستشفى المقاصد

تحية طيبة وبعد،

الموضوع: "تسهيل مهمة بحث لطلاب كلية التمريض"

تهديكم الجامعة العربية الأمريكية أطيب تحياتها،
إشارةً إلى الموضوع اعلاه، وتماشياً مع سياسة كلية لتمريض/ الجامعة العربية الأمريكية- المتعلقة بتعزيز التعاون بين المؤسسات
ومشفاكم الموقر بإتاحة فرص الإثراء العلمي للطلبة والخريجين في المؤسسات وإسهاماً في تنمية قدراتهم وخبراتهم، نرجو من
حضرتكم التكرم بالموافقة والإيعاز للجهات المعنية لتسهيل مهمة طالبة الماجستير نفين أبو حمود 201912779 لعمل دراسة
(Pilot Study) في مستشفى المقاصد وذلك عن طريق استمارة (مرفق) يتم تعبئتها من قبل مرضي وممرضات قسم الطوارئ،
لاستكمال البحث العلمي بعنوان:

Managing Suicidal Patients in the Emergency Departments in Palestine: knowledge, Attitude and
Practice of the Emergency Nurses.

وذلك لأغراض البحث العلمي حيث سيكون الهدف من الدراسة: "ادارة حالات الانتحار في أقسام الطوارئ في فلسطين: المعرفة،
السلوك والممارسة لممرضين الطوارئ "

على أن تبدأ مهمتها البحثية بتاريخ 2021/3/5 وتنتهي بتاريخ 2021/3/15 تحت إشراف الدكتور عماد أبو خضر.

مع فائق الشكر والتقدير،،،

د.عماد أبو خضر

عميد كلية التمريض



Abstract in Arabic

ادارة حالات الانتحار في اقسام الطوارئ في فلسطين: المعرفة، السلوك والممارسة لممرضين الطوارئ

الخلفية والأهداف: يبقى الانتحار مشكلة وطنية وعالمية، وقد يؤدي إلى الموت. الهدف الرئيسي من هذه الدراسة هو التحقيق في المعرفة والمواقف والممارسات تجاه الأشخاص الانتحاريين والعوامل المرتبطة بها بين الممرضين العاملين في أقسام الطوارئ في فلسطين.

المنهجية: من أجل تقييم المعرفة والموقف والممارسات لأقسام الطوارئ للممرضات في فلسطين لإدارة الأشخاص الانتحاريين، تم استخدام النهج الكمي المقطعي ليتم تطبيقه لاختبار الفرضيات وفحص الارتباط بين المتغيرات. شمل مجتمع الدراسة المستهدف جميع الممرضات العاملات في أقسام الطوارئ (201 ممرض) في 13 مستشفى حكومي في الضفة الغربية، فلسطين. تم استخدام الملاءمة مع أخذ العينات غير الاحتمالية. وبلغت نسبة الاستجابة (183 ممرض) 91%. من خلال توزيع استبانة منظمة لجمع البيانات. تم إدخال البيانات وتحليلها في البرنامج الإحصائي SPSS الإصدار 24.

النتائج: اظهرت الدراسة أن هناك تأثيراً معنوياً لمعرفة واتجاهات وممارسة تريض الطوارئ على التقييم والإدارة المثلى للأشخاص الانتحاريين. كما أظهرت النتائج أن معرفة واتجاهات وممارسة التريض في أقسام الطوارئ حول التعامل مع الأشخاص الانتحاريين كانت معتدلة.

التوصيات: بناءً على نتائج الدراسة توصي الباحثة بما يلي: الحاجة إلى تطوير بروتوكولات مكتوبة ومنهجية وواضحة وشاملة لتقييم مخاطر الانتحار ونظام تسجيل وطني لتعزيز سلامة الأشخاص الذين حاولوا الانتحار ومنعهم من الانتحار. الحاجة إلى التدريب المستمر على آليات تحديد وتقييم وعلاج الأشخاص المنتحرون مما يؤثر في تحسين جودة الخدمة الصحية المقدمة وتحسين نتائج هؤلاء الأشخاص. وضرورة التعاون بين مقدمي الرعاية الصحية من أطباء وممرضات وأطباء نفسيين ومعالجين اجتماعيين لضمان توفير رعاية صحية متكاملة للأشخاص الانتحاريين.

الكلمات المفتاحية: الأشخاص الانتحاريون، معرفة تريض الطوارئ، موقف تريض الطوارئ، ممارسة تريض الطوارئ.