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ORIGINAL ARTICLE

Attitude and Willingness for helping patients with Suicidal Behavior: A Comparative Study of Clinicians working in Psychiatry and Emergency Medicine Units

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ABSTRACT

Aim: To compare the attitude and willingness of clinicians working in emergency medicine and psychiatry units to help patients who are exhibiting suicidal behavior. The study also aimed to investigate differences across male and female clinicians in their attitude and willingness to help patients with suicidal behaviour.
Method: A comparative cross-sectional study was carried out between March 15, 2022, and January 10, 2023. A sample comprised of clinicians working in psychiatry and emergency medicine units (N = 130, 65=eThe data was gathered from Benazir Bhutto Hospital, Pakistan Institute of Medical Sciences, Fauji Foundation Hospital, CMH, Watim Medical Hospital, CDA Hospital, Pakistan Ordinance Factories Hospital, and Shifa International Hospital. Data was collected using the demographic sheet, and to measure the attitude and willingness for helping patients with suicidal behaviour, the Understanding Suicidal Patients Scale was used. Data was analysed using SPSS (V-25).
Results: Participants' ages ranged from 25 and older (M = 1.86, SD =.89). Most of them were males (51.5%), belonging to middle socio-economic status (n = 82, 63.1%), were married (50%), had a nuclear family background (67.7%), were working at Benazir Bhutto Hospital (36.9%), and were working for more than 8 hours (65.4%). Clinicians working at psychiatry units showed more positive attitude and willingness for helping patients with suicidal behaviour than emergency medicine units (p<.001). The results further indicated that female clinicians showed more positive attitude and willingness for helping patients with suicidal behaviour than male clinicians (p<.04).
Conclusion: There is a need for crisis handling training of health care professionals not only for physical crises/emergencies but also for mental health crises in order to deliver better care and treatment to the patients in need of help. Also, there should be some mental health crisis management program in Pakistan that can educate/bring awareness on suicidal behaviours among the clinician, parents, and vulnerable individuals.
Key Words: Suicidal Behavior, Clinicians, Attitude, Willingness

INTRODUCTION

One of the main causes of death worldwide is suicide, with over 80% of suicides taking place in low- and middle-income countries (LMICs). Suicide accounts for more than one out of every 100 fatalities[1]. There are many more people with significant suicidal thoughts and non-fatal attempts for every suicide[2]. Nevertheless, the study on suicide is undertaken in less than 15% of LMICs; consequently, substantially less is known about the epidemiology and etiology of suicide in these contexts[3]. According to estimates made by experts, three months prior to their deaths, 89.4% of those who died by suicide got medical attention[4].

Nonetheless, the majority of people exhibiting suicidal behavior in South Asia, especially Pakistan, do not receive the proper assessment and treatment for their risk of suicide. Health professionals' ignorance, lack of understanding, knowledge gaps, misperceptions and negative attitudes or anti-suicide sentiments could be the cause of this[5]. Some previous suicide patients reported that health care professionals did not take their cases seriously or acknowledge their suffering[6]. Suicidal people may be discouraged from seeking help if they encounter negative or dismissive attitudes because they fear negative responses from others[7]. Due to their increased likelihood of seeing high-risk suicidal patients, health professionals have the ability to function as gatekeepers in the suicide prevention movement. Nevertheless, the majority lack formal training in risk assessment and recognition[8]. The front-line healthcare providers, however, are mental health and accident/emergency medicine specialists. They are expected to screen for all illnesses and provide appropriate therapy or refer patients for further care[9].

The capacity of a health care professional to evaluate a patient's risk of suicide, communicate effectively, show empathy and compassion, and provide a safe space with nonjudgmental listening is crucial to providing care for suicidal patients[8]. A worldwide research demonstrates that these expertise or skills are underutilized in practice[10]. Despite differences in culture and the healthcare system, when patients who had attempted suicide were asked about their encounters with health care professionals, most of the responses were unfavorable. Patients reported misbehavior by staff members, a lack of direction for care after discharge, decisions made without consulting them, poor communication, and a belief that the professionals lacked skills to care for them[11,12]. Such examples illustrate the dearth of quality treatment that people with suicidal behavior may receive while attempting to seek help fromclinicians[12].

Attitudes of clinicians towards patients with suicidal behavior are influenced by a variety of factors. In terms of profession, psychiatric workers expressed more favorable or positive attitudes toward patients with suicidal behavior than those working at other medical disciplines.[10,13]Negative or unfavorable attitudes were also expressed by older medical professionals and those who had treated more suicidal individuals.[14,15]It was identified that female clinicians were less stigmatizing towards patients who were suicidal[16]. Particularly, training and greater self-efficacy in the management of suicide were critical in changing attitudes toward patients with suicidal behavior[13,17].

With a suicide attempt, the patient is brought to the emergency room. As a result, they should be able to make these patients feel more at ease while remaining unbiased. Because psychiatric consultations are brought later, clinicians must be better prepared to deal with them. Therefore, considering the part frontline clinicians play in preventing suicide in patients who are suicidal, the current study sought to investigate differences in Attitude and Willingness to Help Patients with Suicidal Behavior among clinicians working at psychiatric and emergency medicine units. Furthermore, the study sought to investigate gender

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variations in attitudes and willingness to assist patients with suicidal behavior among clinicians.

MATERIALS &METHODS

Employing a cross-sectional comparative research design and a purposive sampling technique, this study involved data collection from clinicians working at psychiatric and emergency medicine units (N = 130, 65 = eClinicians employed at Benazir Bhutto Hospital, Pakistan Institute of Medical Sciences, Fauji Foundation Hospital, CMH, Watim Medical Hospital, CDA Hospital, Pakistan Ordinance Factories Hospital, and Shifa International Hospital were approached for data collection. Participants age ranged from 25 years and above (M = 1.86, SD =.89).

Only clinicians who had at least two years of experience in their respective departments and had a PMDCP registration number were included. Clinicians who had previously sought psychiatric consultation or who were unable to give informed permission were excluded. The data was collected from 15th March 2022 to 10th January 2023 after receiving approval from the departmental ethics committee [Letter No. 2/04/2021/52DPEC; Department of Psychology, International Islamic University, Islamabad].

Before completing the questionnaires, informed consent was provided by the study participants. The instruments include a demographic sheet and Understanding suicidal patients scale.[18] Data on age, gender, marital status, socioeconomic status, hospital name, working department, family type, and working hours in clinical settings were collected. Eleven items make up the Understanding of Suicidal Patients Scale (USP), which is scored on a five-point scale from 1 [I entirely agree] to 5 [I disagree completely][18].

The instrument assesses empathy, understanding, and compassion for patients exhibiting suicidal behaviour in addition to willingness or readiness to provide care. The total score ranges between 11 [completely positive] and 55 [completely negative]. Items Number two, five, and eleven are reversed scored. In a prior Finnish study, an Understanding Suicidal Patients score of less than 23 was classified as a favourable attitude toward individuals with suicidal behaviour, though a score greater than thirty-three was defined as an unfavourable or negative attitude[19]. Positive attitudes were defined as a commitment, empathy, and willingness to provide care for people who are attempting suicide or exhibit suicidal behavior. [20] In the original study, the USP scale reliability was measured and showed α of 0.74[18].

The data was examined using IBM SPSS [V 25.0]. We used Cronbach's alpha coefficient to analyse the psychometric characteristics and dependability of the USP scale. We discussed the demographic factors' percentages and frequency. To investigate differences between clinicians working at psychiatric and emergency medicine units, an independent sample t-test was performed. Gender differences across clinicians were also examined through an independent sample t-test.

RESULTS

The data were evaluated by using IBM SPSS [version 25]. The sample consisted of 130 clinicians with an average age of 1.82 ±.90. Most of them were males (51.5%) in comparison to females (48.5%). Among them, 82 (63.1%) belong to middle socio-economic status, are married (50%), single (40.8%), divorced (8.5%), and widowed (.8%). 67.7% are from nuclear and joint (32.3%) family systems. Most of them are working at Benazir Bhutto Hospital (36.9%), CMH (13.07%), Pakistan Institute of Medical Sciences (12.30%), CDA Hospital (10.78%), Shifa International Hospital (10.78%), Fauji Foundation Hospital (6.93%), Pakistan Ordinance Factories Hospital (6.93%), and Watim Medical Hospital (2.31%). Most of the participants are working for more than 8 hours (65.4%) [Table 1].

Table 2 displays the Understanding Suicidal Patients Scale's Cronbach alpha reliability, which is.95. The data were determined to be normally distributed, with the scale standard deviation (SD=10.11) being fairly spread around the mean (M=19.20), neither too high nor too low. Results on skewness showed that the data had a normally distributed distribution with kurtosis for scale, which is regarded as statistically acceptable.

Table 3 reveals differences based on Standard Deviation, Mean and t-values along Clinicians working in Psychiatry and Emergency Medicine Unitson their Attitude and Willingness for Helping patients with Suicidal Behavior. The results indicated significant clinician's differences ontheir Attitude and Willingness for Helping patients with Suicidal Behavior. Clinicians working in Psychiatry Units(M =12.89, SD=2.48) showed more positive Attitude and Willingness for Helping patients with Suicidal Behavior thanclinicians working in Emergency Medicine Units (M =25.52, SD = 10.90), p<.001.

Table 4 reveals differences based on Standard Deviation, Mean, and t-values for Attitude and Willingness for Helping patients with Suicidal Behavior across Male and Female clinicians. The results indicated significant gender differences on Attitude and Willingness for Helping patients with Suicidal Behavior. Female clinicians (M = 17.15, SD = 8.82) showed more positive Attitude and Willingness for Helping patients with Suicidal Behavior than male clinicians (M =20.74, SD = 11.02), p<.04.

Table 1: Demographic Variables of Participants (N=130)

Variable	Construct	Frequency	Percentages (%)
Age [M±SD] [1.82 ± .90]			
Gender	Female	63	48.5%
	Male	67	51.5%
Socio Economic Status	Middle Class	82	63.1%
	Upper Class	48	36.9%
Marital Status	Single	53	40.8%
	Married	65	50.0%
	Divorced	11	8.5%
	Widowed	1	.8%
Working Department	Psychiatry	65	50%
	Accident & Emergency	65	50%
Family Type	Nuclear	88	67.7%
	Joint	42	32.3%
Hospital	Benazir Bhutto Hospital	48	36.9%
	Fauji Foundation Hospital	9	6.93%
	Pakistan Institute of Medical Sciences	16	12.30%
	CMH	17	13.07%
	Pakistan Ordinance Factories Hospital	9	6.93%
	Capital Development Authority Hospital	14	10.78%
	Watim Hospital	3	2.31%
	Shifa International Hospital	14	10.78
Working Hours	8 hours	45	34.6%
	More than 8 hours	85	65.4%

Table 2 : Psychometrics of Understanding Suicidal Patients scale (N=130)

Scale	*k*	*M*	*SD*	□	Skewness	Kurtosis
Understanding Suicidal Patients Scale	11	19.20	10.11	.95	1.69	2.44

Table 3: Mean, Standard Deviations and t-values alongClinicians working in Psychiatry and Emergency Medicine Unitson Attitude and Willingness for Helping patients with Suicidal behavior(N=130)

Variable	Psychiatry	Emergency Medicine	95% *CI*				
	(*n* = 65)	(*n* = 65)					
	M (SD)	*M (SD)*	***t***	***p***	***LL***	***UL***	**Cohen's *d***
Attitude and Willingness for Helping patients with Suicidal behavior	12.89(2.48)	25.52(10.90)	9.10	.001	9.88	15.37	1.59

df=128; Note. CI = Confidence Interval; [*L* = Lower Limit]; [*UL* = Upper Limit].

Table-4: Mean, Standard Deviations and t-values along female and male clinicians onAttitude and Willingness for Helping patients with Suicidal behavior(N=130)

Variable	Male (n=67)	Female (n=63)	95% *CI*				
	M (SD)	*M (SD)*	***t***	***p***	***LL***	***UL***	**Cohen's *d***
Attitude and Willingness for Helping patients with Suicidal behavior	20.74 (11.02)	17.15(8.82)	2.04	.04	.10	7.06	0.35

df=128 ; Note. CI = Confidence Interval; [*LL* = Lower Limit]; [*UL* = Upper Limit].

DISCUSSION

According to the prior literature, health practitioners other than mental health specialists tend to have negative or unfavourable attitudes regarding suicidal behaviour and lack confidence in dealing with such patients. [10,13,14,17] Physicians express comparable thoughts, beliefs, and unfavourable attitudes despite completing medical and residency training, with the exception that they either practice psychiatry or have personal experience with suicide. Physicians' negative or unfavourable attitude appears to be mostly connected to uncertainty and self-doubt in dealing with suicidal patients. Such a negative attitude has a significant impact on primary care clinicians' ability to conduct proper risk assessments with suicidal patients. [10] Because high-risk patients are more likely to turn to their primary care physician for assistance rather than a mental health professional within a month after attempting suicide, this barrier has a detrimental impact on the quality of care provided to them[12]. This study adds to existing evidence by demonstrating that clinicians working at psychiatry units have a more favourable attitude toward suicidal patients and are more willing to provide care than emergency medicine healthcare providers. The findings suggest that mental health clinicians were more skilled and competent in their suicide prevention skills, which might lead to a greater possibility of intervening with suicidal patients. In contrast, clinicians working at emergency medicine units lack such training in suicide treatment, which may lead to self-doubt and a sense of helplessness against suicide, exacerbating a healthcare worker's lack of willingness to aid or help suicidal patients[21,4].

Health care personnel from non-psychiatric departments had higher negative sentiments than psychiatric staff, which is consistent with previous research. [22,23] Compared to hospital workers, doctors demonstrated less empathy and readiness to help suicide patients. Perhaps hospital attendants and clinicians at psychiatric units have more opportunities to interact with patients and, as a result, grow to have more positive attitudes towards them[24,22].

The study also revealed that female clinicians are more positive than males and more eager to help and provide care to suicidal individuals. Previous research has also found that female health professionals have more positive sentiments regarding suicide attempters.[25,10,18] Women are more empathetic and understanding toward suicide attempters than men. [10] A cross-sectional study conducted in Victoria in 2015 discovered that females, younger ages, and working as a maternal and child healthcare provider were related to a more positive attitude toward suicide[26].

A cross-sectional study found that having a favourable attitude toward patients exhibiting suicidal behaviour was strongly associated with being aware of suicide risk factors[27]. A cross-sectional study discovered that a positive attitude may be associated with health workers believing that suicide prevention was their responsibility and that a substantial percentage of suicides were avoidable and preventable. The study found that mental health training and increased emotional intelligence can lead to positive attitudes[28].

All healthcare personnel now have a responsibility to prevent suicide as the focus shifts from a medical to a more comprehensive public health approach. [4] As a result, they need to learn techniques for the early identification, care, and referral of suicidal individuals, as well as adopt fewer stigmatising attitudes. Gatekeeper training and hospital-wide policies and procedures could be used to achieve this[17].

Healthcare personnel have increasing responsibilities and new challenges, while mental health services remain sparse in this region. Unfortunately, raising awareness of suicide does not appear to be enough to persuade physicians to vigorously prevent suicide amongst their patients[12,4]. This is demonstrated by the fact that emergency medicine doctors' perspectives are similar to the general public, with improved knowledge of suicide as the major strategy or policy for increasing education and intervention for suicide.

The outcomes of the current study recommend that there is a vital need to teach health care staff suicide risk management. This may improve the quality of life for healthcare staff, leading to more positive attitudes toward suicidal patients. [4] In order to tackle the difficulties associated with suicide prevention in the current public health context, medical curricula ought to offer enhanced guidance on identifying and addressing the mental health requirements of persons who pose a risk. To ensure treatment compliance following an attempted suicide, the patient must be appropriately admitted to the hospital[12].

Primary care is one of three settings, according to the American Foundation for Suicide Prevention [AFSP], where missed opportunities for suicide prevention can be successfully restored with research-proven risk-reduction strategies that can save lives.[29] According to an additional study, one of the top three most promising strategies for reducing suicide rates is to provide medical students and doctors with rigorous suicide prevention training. [30] Despite being viewed as the gatekeepers in suicide prevention, a large number of doctors hold unfavourable opinions about suicide and lack the necessary expertise to effectively identify, manage, and analyze risk factors in their patients[31].

The overwhelming body of research demonstrates that medical professionals and students who have received appropriate training in suicide intervention can exhibit more optimistic attitudes towards suicide and offer suicidal patients better care, both of which can significantly reduce the risk of suicide and, ultimately, save lives[4,12].

There is a need to recognise the training requirements of healthcare personnel in hospitals, as well as the realistic limitations posed by specialised and systemic elements in suicide prevention. Because this was a cross-sectional study, we were unable to determine long-term trends in healthcare personnel's attitudes or the causal impact of predictors on knowledge of suicidal patients.

Forthcoming studies should use a nationwide representative sample to determine more generalisable incidence rates of healthcare professional attitudes. Furthermore, a qualitative method might be used to investigate the precise factors that influenced attitudes toward suicidal patients and suicide prevention. Matching suicidal patient outcomes, such as treatment or care satisfaction and post discharge suicidality, with health professional traits could be a step further in Asian studies on suicide attitude.

CONCLUSION

Suicide is a widespread and preventable problem. Clinicians' attitudes toward suicide influence how they approach, care for, and treat patients who exhibit suicidal behavior. The study's findings indicate that clinicians working in psychiatric units and female clinicians had a more positive attitude toward suicidal patients, and they are more willing to help them in comparison to clinicians working at emergency medicine units and males, respectively. The study suggests the need to minimize clinicians' negative attitudes regarding suicide while also raising awareness among frontline clinicians.

The study clearly shows a lack of data on attitudes towards suicidal patients in our region, emphasizing the necessity for additional research in this area. Crisis management training for health care providers is required not just for physical crises/emergencies but also for mental health crises in order to provide better care and treatment to patients in need. There should also be a Mental Health Crisis Management program in Pakistan that educates and raises awareness about suicidal behaviour among frontline clinicians, parents, and vulnerable persons.

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1. Conception and design of or acquisition of data or analysis and interpretation of data.
2. Drafting the manuscript or revising it critically for important intellectual content.
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