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Exploring Comprehensive Suicide Prevention Strategies in Community Mental Health Nursing: A Systematic Review of Nursing Practices and Experiences

[1]-Mashael Ayedh Al-Mutiri,[2]-Sarah Ali Abutayrah,[3]-Sultan Saeed Almunammis,[4]-Fadwa Mahmoud Kamel Jawda,[5]-Haifa Fahad Aloslb,[6]- Bashayer Ayad Falah Alshahrani,[7]- Essa Abdulrahman Almutairi,[8]- Fawaz Mofareh Gohal,[9]- Albuaiji, Sultan Taleb M,[10]- Albaiji, Amer Aqeel A,[11]- Albeaigi, Dhaifallah Taleb M,[12]- Albaiji, Salah Daham A,[13]- Alanazi, Abrar Basheer D,[14]- Alanazi, Rzeeka Hamoud K

1. KSA, Ministry Of Health, Eradah (Al Amal) Mental Health Complex
2. KSA, Ministry Of Health, Erada Mental Hospital
3. KSA, Ministry Of Health, Eradah Complex For Mental Health
4. KSA, Ministry Of Health, Eradah Complex For Mental Health
5. KSA, Ministry Of Health, Eradah Complex For Mental Health
6. KSA, Ministry Of Health, Al Nakheel Medical Center
7. KSA, Ministry Of Health, Prince Sultan Military Medical City
8. KSA, Ministry Of Health, National Guard
9. KSA, Ministry Of Health, Irada And Mental Health Hospital In Hafar Al-Batin
10. KSA, Ministry Of Health, Maternity And Children's Hospital Ln Hafar Al-Batin
11. KSA, Ministry Of Health, Al Rabwa Health Center
12. KSA, Ministry Of Health, Maternity And Children's Hospital In Hafar Al-Batin
13. KSA, Ministry Of Health, Abu Musa Al-Ashari Health Center
14. KSA, Ministry Of Health, Al Khalidiy Health Center

Abstract

Background: Suicide remains a leading cause of death globally, with over 800,000 individuals lost annually. The prevalence of suicidal behavior, particularly among vulnerable populations, necessitates effective prevention strategies within community mental health nursing.

Methods: This review synthesizes qualitative studies to explore nurses' experiences and perceptions regarding suicide care. A thorough literature search was conducted across multiple databases, focusing on qualitative research that addresses the nursing role in suicide prevention and management.

Results: Findings indicate that nurses perceive suicidal behavior as a manifestation of profound distress, often linked to mental health disorders, trauma, and social isolation. Key strategies identified include fostering therapeutic relationships, continuous risk assessment, and implementing safety protocols tailored to individual patient needs. The emotional toll on nurses was significant, impacting their ability to provide care; many reported feelings of guilt, sadness, and stress associated with patient suicides.

Conclusions: The review highlights the need for improved training in relational competencies and ongoing emotional support for nursing staff. In conclusion, enhancing nursing practices through targeted training and support systems can improve the effectiveness of suicide prevention interventions. Future research should further explore the nuances of nurse-patient interactions in suicide care to inform practice and policy.

Keywords: Suicide prevention, Community mental health nursing, Nursing experiences, Qualitative research, Therapeutic relationships

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1. Introduction

Annually, more than 800,000 individuals globally succumb to suicide, with almost 20 times that number attempting to take their own lives (1, 2). In several nations, adult males exhibit a greater risk of suicide, whereas adolescent women have a heightened risk of attempted suicide (1). Regarding fatalities, about one-third of suicides occur among adolescents, being the second primary cause of death for individuals aged 15–29 and the second main cause of death for females aged 15–19 (2).

The predominant ways of suicide were pesticide poisoning, hanging, and weapons, followed by other techniques such as leaping from heights or drug overdose. Nonetheless, significant disparities exist across nations and genders (1-3). Poisoning is the predominant technique used by women in 71% of instances, while it accounts for 50% of cases among males, with lethality being contingent upon the geographical region (3). In Europe, over 95% of poisoning cases result in survival, but in low- and middle-income nations, where pesticides and other hazardous compounds prohibited in Europe are accessible, women have more fatal outcomes than males, a trend also seen in China (2).

There exists an ongoing dispute among experts in health and social sciences, as well as the general public, about the causes of suicide (1, 4). Evidence indicates that a significant proportion of suicide cases include individuals with mental problems and/or those engaged with health services. Research on psychiatric autopsy indicates that around 90% of fatalities in high-income nations had a mental condition (1). Other studies indicate that between 20%–40% of all suicide instances include individuals who are undergoing follow-up for affective disorders and getting continuous treatment in mental health facilities (1, 5). Consequently, suicide prevention strategies must be instituted in therapeutic environments.

Suicidal behavior is characterized as the deliberate act of terminating one's own life. These behaviors include suicidal thinking, suicide planning, and suicide attempts (6, 7). Suicide prevention is ongoing monitoring and evaluation of those displaying suicidal behavior, therefore identifying those in danger of suicide. Given that the majority of risk assessment instruments have a poor predictive value for suicide (8), a comprehensive array of indicators is essential for prevention. This encompasses fostering effective communication and creating a support system for high-risk patients, analyzing the situation from a contextual perspective, implementing stringent safety measures to minimize the presence of objects and substances in environments that patients may utilize for self-harm, and promoting coordination and oversight among professionals to enhance teamwork (9).

Nurses are essential contributors to suicide prevention by delivering individualized care to patients and facilitating the identification and mitigation of suicide risk indicators. Nurses are integral to suicide prevention within healthcare teams, as they deliver the majority of direct patient care and possess enhanced opportunities to prevent and recognize the warning signs of suicidal behavior (10, 11). Nursing care for suicidal behavior includes actions focused on evaluating suicidal tendencies and fostering a secure environment to avert suicide and facilitate patient recovery (6). However, challenges have been identified in evaluating suicide risk by nurses who lack specialized training and coping mechanisms for such scenarios (10). Moreover, suicide has been recognized as inducing adverse attitudes and feelings in nurses, which impact the provision of care and, subsequently, patient safety (10).

Recent years have witnessed a heightened interest in the role of nurses in suicide care, evidenced by a significant surge in publications addressing this issue. Notably, there has been an increase in qualitative studies exploring the experiences and perceptions of suicide care from a nursing perspective across various geographical contexts and intervention areas (10, 12, 13). Nonetheless, there are no recognized qualitative syntheses that have consolidated the primary results on suicide care from the nursing viewpoint. Despite the prevalence of quantitative studies, qualitative findings provide a more comprehensive and nuanced understanding essential for effective suicide intervention, enriching nurses' experiences that are crucial for identifying barriers to care and their effects on individuals exhibiting suicidal behavior. Therefore, it is evident that there is a need to gather, analyze, and critically assess the existing data to synthesize the results

and generate new insights that might be pivotal in enhancing nursing care. To investigate nurses' experiences in suicide care and to identify and synthesize the most appropriate approaches for the management of individuals exhibiting suicidal behavior from a nursing standpoint.

2. Comprehending suicide behavior as a result of anguish

In several research, nurses saw suicide as a means of alleviating insurmountable physical, psychological, and social distress (5, 14-18). Research conducted at multiple mental health facilities in Sweden (5, 15) revealed that nurses reported patients opting for suicide due to suffering associated with severe physical ailments, or traumatic life events (such as divorce, childhood trauma, and age-related pain), leading to these individuals to perceive continued existence as futile. Nurses have associated suicide with missed chances, talent, and loneliness stemming from a mental health illness (15, 18).

Moreover, in contexts characterized by strong cultural and religious devotion, nurses saw an individual's inability to fulfill familial expectations as a contributing factor to suicide. Jones et al. (17) conducted a study at a general hospital in southern India, observing that nurses associated suicide with discrepancies between family expectations and the experiences of patients displaying suicidal behavior, including academic failure, inadequate job performance, diminished social status, unsuccessful romantic relationships, loss of faith, and familial rejection. In China, Hu et al. (14) reported that nurses perceived patients as suicidal due to feelings of guilt regarding their illness, regret over being a burden to their families, and an inability to provide care due to economic hardship, a situation particularly pronounced among women, who are typically assigned the caregiver role.

The nurses saw many behaviors before the suicide attempt. Nurses indicated that patients experience increased isolation and disconnection, fail to articulate their demands and display inconsistencies between verbal and non-verbal communication (5, 16, 19, 20). Rytterström et al. (5) and Hultsjö et al. (15) noted that nurses saw patients experiencing a sense of desolation and exhibiting a tacit demeanor before suicide. Rytterström et al. (5) noted that patients sometimes exhibited signs of improvement while exhibiting pessimistic behaviors, refraining from discussing future endeavors and expressing anxiety around mortality. In the minutes before suicide, patients exhibited non-verbal cues of farewell and gratitude. Hultsjö et al. (15) observed that several suicides transpired after bouts of psychotic symptoms, correlating with inadequate treatment adherence, missing visits, and substance use.

3. Personal Distress of Nurses in Suicide Care

The nurses ascribed these issues to their constraints, including biases against such actions and the emotional toll of caring for individuals with suicide inclinations. Furthermore, these challenges were associated with organizational problems stemming from various health systems. This category is a pivotal concern in the majority of research included in the evaluation, and understanding these emotional barriers in care is deemed crucial to equipping nurses with skills and empowering services to avert suicide.

Research including nurses from non-mental health environments revealed the presence of biased attitudes towards suicide. In the studies by Fontão et al. (21) and Vedana et al. (22) conducted in Brazilian emergency departments, as well as in Jones et al. (17) at a general hospital in India, nurses demonstrated a deficiency in comprehending the subjective dimensions of suicidal behavior, often rendering value judgments accompanied by condemnatory sentiments and discriminatory attitudes towards patients. Overall, these views were associated with the insufficient incorporation of psychological factors in work environments where physical health issues are predominant.

Nurses in several studies expressed a spectrum of emotions, ideas, and recollections about the sentiments associated with suicide cases. Overall, the predominant negative emotions included sadness, anger, guilt, exhaustion, stress, anxiety, loss of control, doubt, disappointment, failure, and responsibility, which were alleviated through sharing with family and professional personnel (9, 16, 18, 21, 23, 24, 27). Rytterström et al. (5) and Morrissey and Higgins (24) performed research demonstrating that experts formed a profound connection with patients displaying suicidal behavior, physically empathizing with their agony. In research done inside hospital environments (18, 23, 27), nurses articulated concerns over

potential organizational retaliation and legal repercussions for their failure to avert the suicide attempt. Furthermore, they were apprehensive about communicating with the family, attempting to suppress memories of the events and evading the location of the suicide.

The nurses articulated several challenges and constraints in providing care for patients with suicidal behavior. Consequently, recurring grievances included insufficient time, worry, and an inadequate and unstable work environment (16, 18-21, 23, 24). This resulted in the improper use of procedures, constraints on delivering comprehensive treatment, and a deficiency in oversight. Nurses reported deficiencies in skills, competencies, and resourcefulness (20, 21, 24, 27), which occasionally prompted a desire for training and the pursuit of support and supervision from the relevant health organization (22, 24). In severe instances, this led some nurses to refuse to work with such patients (18).

4. The nurse's role as the central figure in suicide care

All therapies included both physical and psychological support, emphasizing the ability to empathize, listen, watch, and be present and accessible to patients' needs. This category encompasses four components: (a) the connection with the patient, which pertains to the therapeutic relationship that nurses cultivate to foster a secure and empathetic environment conducive to identifying suicide risk; (b) the evaluation of suicide risk, wherein experience-based care is employed alongside protocols for identifying patients with suicidal ideation; (c) ongoing monitoring, which involves the continuous oversight of patients exhibiting suicidal behavior and the commitments made for suicide prevention; and (d) interventions following suicide attempts, concerning the measures implemented in response to such incidents.

The research indicated that nurses recognized abilities and methods they deemed essential in suicide treatment. In the realm of suicide prevention, nurses deemed it essential to cultivate rapport through active listening and empathy, thereby fostering a secure environment and addressing patient needs (9, 14, 16, 18, 19, 24, 25). Nurses in many professional environments indicated that they actively addressed suicide with patients to illustrate that it is not a taboo topic (16, 19, 25).

The evaluation of suicide revealed significant disparities based on the nurses' experience and the work environment. Several studies (9, 16, 19) have shown that experienced nurses evaluated suicide risk via their expertise and intuition, as well as by analyzing mood, verbal and non-verbal communication, and patient emotions. Conversely, less experienced nurses indicated a preference for instrumental approaches, such as protocols, to monitor and assess patients (19). Research across diverse work environments, irrespective of nurses' expertise, has deemed structured and protocol-driven suicide evaluation essential (14, 19, 20). Marutani et al. (26) conducted research among public health nurses in the Tokyo Metropolitan region, assessing suicides post-incident and gathering community information to elucidate the underlying causes of suicide. Vedana et al. (22) conducted research at a Brazilian emergency room, revealing that nurses lack guidelines or methods for monitoring suicide.

Numerous studies have highlighted the need for ongoing monitoring of patients displaying suicidal behavior and the significance of information exchange throughout the professional team (9, 14, 19, 20, 25). In some instances, nurses established agreements with patients via the therapeutic contract to systematize treatment and mitigate ambiguity and anxiety (16, 24, 25). In two investigations done in hospital mental health units, some nurses indicated that they explored patients' life histories, evaluating suffering and trauma over the life span (19, 25). Marutani et al. (26) documented how public health nurses facilitated follow-up and engagement within the community using a web-based network of care and mutual support to legitimize suicide prevention efforts.

Research across diverse work environments indicated that nurses intervened to enhance safety and instill hope in patients after suicide attempts (9, 14, 19, 20, 25). They emphasized that the intervention must be swift and accurate while cooperating with other experts to provide first aid by the protocols and procedures developed for various suicide techniques (18, 21).

5. Enhancing Nurses' Relational Competencies for an Improved Therapeutic Environment

In all the research included in the evaluation, nurses suggested improvements to clinical practice for suicide prevention. Nurses regarded relational competency as essential for enhancing treatment in suicide prevention. The enhancements can be categorized into four dimensions: the nurse-patient relationship, which pertains to the suggestions nurses identified as essential for fostering a conducive environment in the therapeutic rapport with patients; the assessment and monitoring of suicide, concerning recommendations for the oversight of patients exhibiting suicidal behavior; the emotional supervision of nurses, regarding formal support initiatives aimed at equipping nurses to manage the emotional repercussions associated with caring for individuals with suicidal tendencies; and continuous learning, which relates to training initiatives designed to enhance the care of suicide.

Numerous studies indicate that nurses emphasize the therapeutic relationship as a crucial instrument in managing individuals exhibiting suicidal behavior (5, 17, 19, 21, 22, 24). Nurses advocated for the observation of verbal and non-verbal behavior, together with active listening, as fundamental tactics (20-22). Nurses across diverse work environments appreciated that the patient connection allowed them to transition from a monitoring position to one centered on the therapeutic alliance (5, 15, 24, 25). Research conducted in general hospitals or low-security work environments indicated that nurses recommended enhancing surveillance and safety measures, including augmenting security personnel and eliminating objects and substances that could facilitate suicide (14, 18, 21, 23).

Nurses from diverse professional environments advocated for enhanced follow-up and ongoing evaluation of patients. Consequently, emergency department nurses recommended that referrals to outpatient mental health care services be augmented post-discharge (20, 22). Nurses in rural Sweden advocated for mobile units to enhance patient access and follow-up via telephone or telehealth systems (16). Nurses emphasized the need to establish a community care network, highlighting the problem of suicide within the political policy framework (26). Nurses developed a psychosocial care approach that considers religious and cultural factors, emphasizing the patient and family (17).

Numerous studies advocate for the emotional supervision of nurses to mitigate the impact of negative sentiments regarding suicide on clinical practice (9, 16, 17, 18, 19, 23, 24, 27). Numerous investigations carried out in general and mental health hospitals (9, 14, 17, 18, 19; 27) advocated for the structured supervision of nurses who had encountered suicide, facilitated through psychological care and support groups.

Regarding continuing education, hospital, and emergency department nurses advocated for more general training in mental health to broaden expertise in comprehensive suicide treatment (9, 22, 23, 27).

6. Conclusion

This review offers novel perspectives on the interpretation of suicide, the related emotions, the response to suicide, and recommendations for enhancing clinical practice from the nurses' standpoint. The results demonstrate that in the nursing care of patients displaying suicidal behavior, the nurse-patient therapeutic connection is crucial, along with ongoing evaluation and the capacity to instill a feeling of security and optimism. Therefore, to enhance the efficacy of nursing care for suicide prevention, nurses should get additional training in therapeutic relationships, especially in settings devoid of mental health expertise. Consequently, we advise health institutions to provide sufficient time and space for establishing an effective therapeutic connection, while also ensuring that management oversees and treats the emotional repercussions experienced by nurses caring for patients displaying suicidal behavior. Future studies should use an ethnographic strategy to get comprehensive insights into the interactions between nurses and patients exhibiting suicidal behavior. Such findings would be very beneficial for therapeutic practice. Moreover, research on the need for treatment from the standpoint of suicidal thoughts may provide additional essential insights.

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استكشاف استراتيجيات شاملة للوقاية من الانتحار في مجال تمريض الصحة العقلية المجتمعية: مراجعة منهجية لممارسات وخبرات التمريض

الملخص

الخلفية :لا يزال الانتحار يمثل أحد الأسباب الرئيسية للوفاة على مستوى العالم، حيث يُفقد أكثر من 800,000 فرد سنويًا. تُظهر انتشار السلوك الانتحاري، خاصة بين الفئات الضعيفة، ضرورة وجود استراتيجيات فعالة للوقاية في مجال التمريض النفسي المجتمعي.

الطرق :تتناول هذه المراجعة دراسات نوعية لتسليط الضوء على تجارب ومفاهيم الممرضين فيما يتعلق برعاية الانتحار. تم إجراء بحث أدبي شامل عبر عدة قواعد بيانات، مركزًا على البحوث النوعية التي تتناول دور التمريض في الوقاية من الانتحار وإدارته.

النتائج :تشير النتائج إلى أن الممرضين يرون السلوك الانتحاري كمظهر من مظاهر الضيق العميق، وغالبًا ما يرتبط باضطرابات الصحة العقلية، والصدمة، والعزلة الاجتماعية. تشمل الاستراتيجيات الرئيسية التي تم تحديدها تعزيز العلاقات العلاجية، والتقييم المستمر للمخاطر، وتنفيذ بروتوكولات السلامة المصممة لتلبية الاحتياجات الفردية للمرضى. كانت الضغوط العاطفية على الممرضين كبيرة، مما أثر على قدرتهم على تقديم الرعاية؛ حيث أبلغ العديد منهم عن مشاعر الذنب، والحزن، والتوتر المرتبطة بالانتحارات المرضى.

الاستنتاجات :تسلط المراجعة الضوء على الحاجة إلى تحسين التدريب في الكفاءات العلائقية والدعم العاطفي المستمر لطاقم التمريض. في الختام، يمكن أن يؤدي تعزيز ممارسات التمريض من خلال التدريب المستهدف وأنظمة الدعم إلى تحسين فعالية تدخلات الوقاية من الانتحار. يجب أن تستكشف الأبحاث المستقبلية المزيد من التفاصيل حول تفاعلات الممرضين والمرضى في رعاية الانتحار لتوجيه الممارسة والسياسة.

الكلمات المفتاحية :الوقاية من الانتحار، التمريض النفسي المجتمعي، تجارب التمريض، البحث النوعي، العلاقات العلاجية