

ORIGINAL ARTICLE

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The attitudes of emergency service workers towards attempted suicide cases and its relation to burnout and job satisfaction** Gamzegul Ballica¹,  Nursah Basol²,  Asli Yasemen Savas³**¹Gaziosmanpasa University Hospital, Faculty of Health Sciences, Tokat, Türkiye²Gaziosmanpasa University Hospital, Department of Emergency, Tokat, Türkiye³Tokat State Hospital, Department of Emergency, Tokat, Türkiye

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**Abstract**

Emergency healthcare is the first sight of intervention for suicide attempts. Therefore, the attitudes of emergency health personnel towards suicidal tendencies are of great importance. The aims of this study are; to determine the attitudes and behaviors of emergency service workers towards attempted suicide cases, which are frequently encountered in emergency services, and to determine whether they are influenced by job satisfaction and burnout. The sample of the descriptive correlational study consists of 282 healthcare professionals working in the emergency services of Tokat and its districts. The data were collected using a questionnaire method through a personal information form, a scale determining the attitudes of emergency health workers towards attempted suicide cases (SAEHS), occupational burnout inventory (OBI) and job satisfaction survey (JSS). A total of 282 healthcare personnel, 159 women and 123 men, participated in the study. The participants had a positive attitude towards patients who attempted suicide, and the results indicated that this was not affected by variables such as age, gender, level of education, profession, marital status, years of experience, weekly working hours and shift schedules. While there was a significant positive, moderate or weak correlation between SAEHS and its sub-groups; a negative correlation with very low significance was found between SAEHS and OBI. On the other hand, the results suggested that there was a positive correlation with very low significance between SAEHS and JSS. Although emergency service workers approach attempted suicide patients with a positive attitude, this can be improved with an increase in job satisfaction and a decrease in burnout. It would be beneficial to include healthcare professionals in pre and post-graduation training programs regarding suicide cases and to collaborate with psychiatric services.

Keywords: Emergency service, suicide attempt, health personnel, job satisfaction, burnout**Introduction**

In suicide cases, the first intervention to the patient is of great importance in terms of preventing unwanted results and reoccurrences. It is known that emergency healthcare professionals worldwide play an increasing role in attempted suicide cases and there is a need for thorough intervention.

Studies have shown that the attitude, knowledge and skills of healthcare professionals affect the quality of care provided to attempted suicide patients [1]. According to studies using Scale for the Attitudes of Emergency Health Care Workers towards Attempted Suicide Cases (SAEHS) [1], The Maslach Burnout Inventory (MBI) and The Job Satisfaction Survey (JSS) it has

been detected that the emergency medical team perceive attempted suicide patients as problematic patients who seek attention and are inconvenient to treat [2]. Providing the necessary time to communicate with suicide patients on their feelings of anxiety, sadness, and pessimism to help them progress and to prevent a reoccurrence is helpful in the crisis period after the unsuccessful suicide attempt [3,4].

There are studies reporting that the negative attitudes of nurses [5] and the emergency healthcare team [4,6] lead to a lack of emotional support in patients and cause feelings of stigma, guilt, grief, failure, and shame. Additionally, healthcare professionals have stated that they had trouble while approaching suicide cases, as they could not understand the reason for their self-inflicted harm, felt confused and indecisive, and lacked the sufficient knowledge and skills [7].

Although there are many studies in the literature examining the attitude of emergency service workers towards attempted suicide

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cases in Turkey and abroad, to the best of the authors' knowledge, there is no study investigating the relationship between the attitude of emergency service workers towards attempted suicide patients with burnout and job satisfaction. In conclusion, with this study, it was aimed to evaluate the attitudes of emergency service workers towards suicide and its possible relationship with job satisfaction and burnout.

Material and Methods

The present study is a descriptive correlation study covering all healthcare professionals working in state hospitals and university hospital emergency services in province and its districts between 16/06/2017 and 16/12/2017. The study was completed with 282 (96.24%) of 293 subjects, including doctors, nurses, emergency medicine technicians and health officers, who agreed to participate in the study. In the study, it was aimed to include all personnel working in the emergency department, but personnel who voluntarily refused to participate in the study, employees who could not be reached for unpaid leave, maternity leave and other reasons were excluded from the study.

The descriptive information form prepared by the researchers in line with the literature, consisted of 20 questions regarding the socio-demographic (age, gender, marital status, profession, level of education, etc.) and occupational status (years of experience, institution of employment, job satisfaction, shift schedules, working hours etc.) of the subjects [6].

Scale for the Attitudes of Emergency Health Care Workers towards Attempted Suicide Cases (SAEHS) is a scale developed by Ouzoni and Nakakis and its Turkish validity and reliability was established by Er et al. [6,8]. This scale was designed to determine the attitudes of emergency health care workers towards individuals who attempted suicide and the influencing factors. SAEHS consists of 6 subscales: "prevention and protection", "individual assistance", "institutional assistance", "triggers and psychopathology", "causal attributions and medical assistance". The highest score that can be obtained from the scale is 140, the lowest score is 28. An increase in scores indicates that attitude towards suicide attempt is positive, while a decrease in scores suggests the opposite [6].

The Maslach Burnout Inventory (MBI), which was developed by Christina Maslach and Susan Jackson and adapted into Turkish along with validity-reliability studies conducted by Ergin, aims to measure the perceived burnout level [9,10]. The individual's inability to respond to emotional demands at work presents the emotional exhaustion aspect of the scale (EE); the individual's habit of keeping a certain distance from patients or ignoring them presents the depersonalization aspect of the scale (D); while the self-perceived success of the individual in his / her job presents the personal achievement aspect (PA). The lowest score that can be obtained from each item of the scale was determined as "1" and the highest score as "5". The total MBI score that can be obtained from the scale was calculated as 110 and the lowest 22 points. The total score correlates with the level of burnout [10].

The Job Satisfaction Survey (JSS) used in this study is a scale developed by Kuzgun et al. [11]. This scale, consisting of a total of 20 items, was developed on the basis of Herzberg's "Two Factor Theory" in order to determine how content individuals are

working in their profession [12]. The scale consists of 20 five-point Likert-type questions on the suitability of the professions to their interests and abilities, taking responsibility and room for progress. The lowest score that can be obtained from the scale is 20, and the highest score is 100. High scores suggest high professional satisfaction [11].

The approval of the Gaziosmanpaşa University Faculty of Medicine Clinical Research Ethics Committee (21.03.2017/number; 83116987-144) (Annex-5) and the permission of the General Secretariat of the Union of Tokat Province Public Hospitals (25.05.2017/number; 11055255-E.8308) was received before the research.

Statistical Analysis

Descriptive analyzes were conducted in order to provide information regarding the general characteristics of emergency service personnel included in the study. Data for continuous variables are given as Mean±Standard Deviation or Median [Min-Max]. The differences between groups were examined by Independent Sample T Test or One Way Analysis of Variance (Anova) in cases where parametric assumptions were supplied; otherwise Kruskal Wallis Variance Analysis was used. Additionally, the relationship between numerical values was evaluated using Pearson Correlation Analysis. $p < 0.05$ was considered statistically significant. Statistical analyzes were performed with SPSS 19.0 (IBM SPSS Statistics 19, SPSS inc., An IBM Co., Somers, NY).

There is a significant, negative and very weak relationship between MBI total score and SAEHS total score ($p < 0.001$ - $r = 0.229$).

There is a significant, positive and very weak relationship between MBI total score and SAEHS total score ($p = 0.015$ - $r = 0.145$).

Results

Of the 282 healthcare professionals participating in the study; 56.4% (n:159) were women, 43.6% (n:123) were men; 68.4% were married and 31.6% were single; 22.3% were in the 18-25 age group, 41.8% were in the 26-35 age group, and 35.8% were 35 and older. 53.9% of the participants were nurses, 16.7% were doctors, 15.6% were EMTs, 11% were health officers and 2.8% were midwives. Additionally, it was determined that 74.8% chose the profession voluntarily, 25.2% unwillingly and 11% did not have night shifts, while 89% did. Other sociodemographic and occupational characteristics are presented in Table 1.

It was determined that 22% of the 282 cases participating in the study were between the ages of 18-25, 42% were between the ages of 26-35 and 36% were aged 35 and over.

In the present study, the mean SAEHS total score was detected as 101.28 ± 6.56 (maximum:123, minimum:80). The sociodemographic and occupational characteristics and SAEHS total scores of the emergency health care workers included in the study are presented in Table 1. Statistically, no significant difference was found between any of the parameters and SAEHS.

The relationship between the total OBI score along with the 3 subscale scores and the total SAEHS score along with the 6

subscale scores of the emergency healthcare workers participating in the study are given in Table 2. A higher total score obtained from the OBI indicates a higher level of burnout. EE (Emotional Exhaustion) and D (Depersonalization) subscales are composed of negative expressions, while the PA (Personal Achievement) dimension consists of positive expressions. An increase in the EE and D scores suggests a high level of burnout, while an increase in the PA score indicates a low level of burnout (Table 2). There was a very weakly significant negative correlation between the total OBI and SAEHS scores ($p<0.001$, $r=-0.229$). In other words, as

the OBI scores of the participants increased, their SAEHS scores decreased.

The relationship between the JSS scores and the total SAEHS score along with the 6 subscale scores of the participants are presented in Table 3. A higher JSS score indicates a higher level of job satisfaction. A weak yet statistically significant positive correlation was found between the JSS score and the total score of SAEHS ($p=0.015$, $r=0.145$); implying that the JSS scores of the participants increased along with their SAEHS scores.

Table 1. The sociodemographic and occupational characteristics and total SAEHS scores of emergency health care workers

| | | n | SAEHS Total Score | t,F, χ^2 | p |
|--|------------------------------------|-----|-------------------|---------------|--------|
| Age | 18-25 | 63 | 102.4 \pm 5.75 | 2.306 | 0.102* |
| | 26-35 | 118 | 100.35 \pm 6.28 | | |
| | 35 and Older | 101 | 101.67 \pm 7.24 | | |
| Gender | Female | 159 | 101.5 \pm 6.18 | 0.630 | 0.529 |
| | Male | 123 | 101 \pm 7.04 | | |
| Marital Status | Married | 193 | 101.3 \pm 6.46 | 0.057 | 0.954 |
| | Single | 89 | 101.25 \pm 6.81 | | |
| Occupation | Nurse | 152 | 101.97 \pm 6.52 | 1.934 | 0.105* |
| | Doctor | 47 | 99.43 \pm 6.53 | | |
| | EMT | 44 | 101.43 \pm 5.73 | | |
| | Health Officer | 31 | 101.35 \pm 7.94 | | |
| | Midwife | 8 | 97.88 \pm 3.6 | | |
| Level of Education | Health Careers High School Diploma | 53 | 101(98-106) | 3,280 | 0,657 |
| | Associate Degree | 68 | 102(97-106) | | |
| | Bachelor's Degree | 122 | 101(97-106) | | |
| | Master's Degree | 14 | 100,5(93-102) | | |
| | Medical Specialty | 22 | 102(96-107) | | |
| | Doctoral Degree | 3 | 99(95-106) | | |
| Weekly Working Hours | | 36 | 100,25 \pm 4,85 | 2.338 | 0.098* |
| | Less than 40 hours | 9 | 98.78 \pm 2.73 | | |
| | 40-56 Hours | 178 | 100.84 \pm 6.64 | | |
| | More than 56 Hours | 95 | 102.35 \pm 6.55 | | |
| Years of Experience | | 137 | 101.55 \pm 6.92 | 0.653 | 0.582* |
| | Less than 1 Year | 14 | 101.57 \pm 8.69 | | |
| | 1-5 Years | 97 | 101.72 \pm 6.01 | | |
| | 6-10 Years | 72 | 100.36 \pm 6.2 | | |
| Years of Experience at the Present Institution | 11 Years and More | 99 | 101.47 \pm 7.02 | 0.184 | 0.907* |
| | Less than 1 Year | 50 | 101.02 \pm 7.4 | | |
| | 1-5 Years | 161 | 101.52 \pm 6.13 | | |
| | 6-10 Years | 41 | 101.05 \pm 6.38 | | |
| Years of Experience at the Present Unit | 11 Years and More | 30 | 100.73 \pm 7.79 | 0.620 | 0.603* |
| | Less than 1 Year | 58 | 101.02 \pm 7.07 | | |
| | 1-5 Years | 166 | 101.62 \pm 6.31 | | |
| | 6-10 Years | 36 | 100.03 \pm 6.45 | | |
| Satisfaction Status | 11 Years and More | 22 | 101.45 \pm 7.37 | 0.711 | 0.478 |
| | Satisfied | 190 | 101.47 \pm 6.44 | | |
| Voluntary Selection of Profession | Not Satisfied | 92 | 100.88 \pm 6.83 | 0.562 | 0.575 |
| | Yes | 211 | 101.41 \pm 6.31 | | |
| Shift Status | No | 71 | 100.9 \pm 7.3 | 0.599 | 0.549 |
| | Yes | 251 | 101.36 \pm 6.58 | | |
| Monthly Shifts | No | 31 | 100.61 \pm 6.46 | 0.579 | 0.561* |
| | 0-5 | 59 | 100.68 \pm 6.1 | | |
| | 6-10 | 168 | 101.26 \pm 6.5 | | |
| | 11 and More | 55 | 102 \pm 7.24 | | |

Table 2. The relationship between OBI and SAEHS along with their subgroups

| | | SAEHS Total | Prevention and Protection | Individual Assistance | Institutional Assistance | Triggers/ Psychopathology | Casual Attributions | Medical Assistance |
|----------------------------------|---|----------------|------------------------------|--------------------------|-----------------------------|------------------------------|------------------------|-----------------------|
| Maslach Burnout Inventory | r | -0.229** | -0.133* | -0.188** | -0.365** | -0.057 | -0.066 | -0.019 |
| | p | <0.001 | 0.026 | 0.002 | <0.001 | 0.344 | 0.266 | 0.751 |
| Emotional Exhaustion | r | -0.197** | -0.102 | -0.226** | -0.341** | -0.036 | -0.048 | 0.013 |
| | p | 0.001 | 0.088 | <0.001 | <0.001 | 0.547 | 0.420 | 0.828 |
| Personal Achievement | r | -0.180** | -0.089 | -0.105 | -0.262** | -0.082 | -0.035 | -0.062 |
| | p | 0.002 | 0.136 | 0.079 | <0.001 | 0.170 | 0.562 | 0.297 |
| Depersonalization | r | -0.180** | -0.231** | -0.020 | -0.183** | -0.035 | -0.017 | -0.109 |
| | p | 0.002 | <0.001 | 0.733 | 0.002 | 0.560 | 0.779 | 0.067 |

Table 3. The relationship between JSS and SAEHS along with its subgroups

| | | SAEHS Total | Prevention and Protection | Individual Assistance | Institutional Assistance | Triggers/ Psychopathology | Casual Attributions | Medical Assistance |
|--------------------------------|---|----------------|------------------------------|--------------------------|-----------------------------|------------------------------|------------------------|-----------------------|
| Job Satisfaction Survey | r | 0.145* | 0.020 | 0.190** | 0.297** | 0.100 | <0.001 | -0.038 |
| | p | 0.015 | 0.744 | 0.001 | <0.001 | 0.093 | 0.994 | 0.523 |

Discussion

In the present study, which investigated the relationship between the attitudes of emergency service workers towards attempted suicide cases and burnout and job satisfaction; it was determined that emergency room workers have a positive attitude towards patients who attempted suicide. In a study conducted with the participation of 42 nurses, which aimed to investigate the experiences of nurses regarding patients admitted to the emergency department with attempted suicide, Boğahan (2018) stated that nurses had a negative perception towards manipulative suicide cases due to increased workload and interference with the care of other patients [13]. In another study, it was discovered that suicidal behavior was considered non-genuine by the emergency department personnel, it was viewed as an attempt to manipulate the staff and the surrounding individuals, which resulted in a waste of time and resources of the health team, and the personnel were uncomfortable when encountered with such behavior [14]. In a study conducted by Rimkeviciene et al., it was found that the healthcare personnel considered attempted suicide as insignificant and a form of manipulation to attract attention, leading to avoidance behaviors ranging from neglecting the symptoms to keeping a distance from the patient [15]. In a study conducted by Vedana et al. with 30 nursing students, the participants have expressed an unwillingness to approach cases with self-harming behavior due to reasons such as; discomfort when handling feelings and reactions that arise with suicide, lack of personal sympathy for mental illness, not feeling personally / professionally prepared to face such an event, personal beliefs / prejudices, and fear that suicidal behavior is contagious [16]. In the study conducted by Karman et al., it was found that emergency service nurses generally displayed a negative attitude towards self-harming patients, expressing feelings of anger and sadness while caring for these patients and that they viewed such cases as obstacles in the system due to their complex requirements [17]. The results of the present research differ from the literature, however it can be inferred that healthcare professionals experience

emotions such as anger and irritation towards self-harm inflicting patients, as the personnel assume that they hurt themselves in order to attract attention, therefore the healthcare workers have trouble understanding these patients and are unwilling to provide care. The difference in the results may be due to the characteristics of the institutions where the research was conducted, the facilities of the department, sociocultural factors and the differences in the sampling method.

It was found that age, gender, having children, number of children, income status, level of education, occupation, presence of chronic illness, marital status, years of experience, institution, weekly working hours, monthly working hours, years of experience in another institution, satisfaction in the working environment, shift status, the number of shifts, voluntary selection of the profession did not affect the attitude towards suicide cases according to the total scores obtained from SAEHS. Similarly, in a study where Alan et al. compared the total SAEHS scores of the employees with their sociodemographic characteristics; it was found that age, gender, level of education, occupation, marital status, years of experience, weekly working hours, and shift schedules did not affect the attitudes towards suicide cases and they had a positive attitude towards patients who attempted suicide [18]. According to the results of a study conducted by Gibb et al., the attitude factor scores of personnel providing emergency health care towards patients who attempted suicide were not statistically significant in terms of age, gender, individual characteristics and experience [19]. Likewise, in a study examining the attitudes of healthcare professionals towards self-harming cases, it was found that marital status and educational status did not influence the attitude scale scores [20]. Contrary to the results of the present study, in a study conducted by McCann et al., in which emergency room nurses evaluated their attitudes towards self-harming patients, it was found that older personnel had a more positive attitude [21]. Similarly, according to the findings of a study examining the attitudes of nurses working in the intensive care, emergency

and internal medicine services, it was found that nurses who were older and with more years of experience were more likely to display empathy [22]. In another study where the attitude was examined according to years of professional experience, it was found that more experienced nurses had a more positive attitude [21]. According to a study examining the attitudes of nurses working in the emergency department towards patients who attempted suicide, it was discovered that as the duration of experience increased, emergency service nurses reported a more positive attitude towards individuals who attempted suicide [23]. In line with the aforementioned findings, it can be inferred that experience plays an active role in an empathic approach and understanding the needs of self-harming patients. However, in the present study, no relationship was found between experience and attitude towards suicide cases; this contrast in results may be due to individual differences within the sample.

When the relationship between the attitudes towards attempted suicide cases and occupational burnout levels of the emergency room workers participating in the present study was examined, a statistically significant but very weak negative correlation was detected. In other words, as the level of burnout increases, a decline is observed in the attitude towards patients who attempted suicide. An increase in the burnout levels of the personnel working in the emergency department may lead to the perception of suicide cases as problematic patients who aim to attract attention and are difficult to treat, and therefore they may display a negative attitude. To the best of the authors' knowledge, there is no study in the literature that compares the attitude towards suicide cases with occupational burnout; therefore, the findings of the current study could not be compared with other studies. A decrease in the sensitivity and empathy levels of employees is an undesirable yet expected result of an increase in occupational burnout. Consequently, the optimal care provided to suicidal cases who are in a psychologically sensitive state may be compromised. Reducing the workload of emergency service workers, providing psychological support when necessary, and improving the working hours can improve their attitudes towards suicide cases.

Following the investigation of the relationship between the attitudes of emergency room workers towards suicide attempts and their levels of job satisfaction, it was discovered that job satisfaction correlated with the attitude towards patients who attempted suicide. It can be inferred that an increase in the job satisfaction of emergency department personnel may help them perceive attempted suicide cases as patients seeking emotional support and who are in a life-threatening situation and consequently lead to a positive attitude. Given that there is no study in the literature examining the relationship between the attitudes of healthcare professionals towards suicide and their job satisfaction in Turkey and abroad, this result could not be evaluated in the light of further studies. However, the findings of the current study suggest that job satisfaction plays a key role in the attitude towards attempted suicide cases. In addition to this, it is thought that the high level of job satisfaction enables the individual to work more willingly and motivated, thus increasing the quality of care provided to patients.

Limitation

The fact that the information obtained about the attitudes of the health personnel towards the cases attempting suicide is based

only on their own reports, and no observations can be made on this issue.

Exclusion of employees who do not agree to voluntarily participate in the research and emergency service employees differ in terms of education, knowledge and experience.

Adequate analysis could not be performed to determine the similarities and differences between the scales.

Conclusion

In the present study, which is the first study conducted on this subject, it was found that the attitudes of emergency service workers towards attempted suicide cases were positive and this attitude was influenced by job satisfaction and burnout. As job satisfaction increases and burnout decreases, the attitude of emergency healthcare workers towards suicide cases improves. Therefore, making innovations and arrangements to prevent burnout and increase professional satisfaction in emergency services will improve the care provided to patients admitted to the emergency service after attempted suicide.

Conflict of interests

The authors declare that there is no conflict of interest in the study.

Financial Disclosure

The authors declare that they have received no financial support for the study.

Ethical approval

The approval of the Gaziosmanpaşa University Faculty of Medicine Clinical Research Ethics Committee (21.03.2017/ number; 83116987-144) (Annex-5) and the permission of the General Secretariat of the Union of Tokat Province Public Hospitals (25.05.2017/ number; 11055255-E.8308) was received before the research. .

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