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Nursing Majors' Attitudes Toward Suicide and Mental Health Training

Beverly Arleen Burton
Walden University

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Walden University

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Beverly A. Burton

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Walden University
2021

Abstract

Nursing Majors' Attitudes Toward Suicide and Mental Health Training

by

Beverly A. Burton

MSN in Nursing, South University, 2008

BSN in Nursing, Allen College, 2004

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Public Policy Administration

Walden University

May 2021

Abstract

The mental health training of nursing majors may play a role in their levels of confidence in attending to suicide patients as working professionals. The purpose of this quantitative study was to explore what impact, if any, attitudes toward suicide had on nursing majors' levels of confidence in their mental health training. Pender's health promotion theory was the theoretical framework. A descriptive correlational survey was used to explore individuals majoring in nursing confidence and perceived skills in mental health training. The 4 research questions asked the relationship between the level of confidence in helping someone with a mental health problem and deliberate self-harm and attitudes to suicide, and between the level of perceived skill in helping someone with a mental health problem and deliberate self-harm and attitudes to suicide. SurveyMonkey was used to collect data from 110 nursing student participants who completed the Attitude Toward Suicide instrument and Mental Health Training and Confidence Questionnaire. The Software Statistical Package for Social Science was used to analyze the reliability, as tested with Cronbach's alpha. Descriptive statistics and Spearman's rho were used. The predictor variable attitude toward suicide was less meaningful than the lack of confidence in mental health training. The lack of significance in the findings of the research questions did not compromise the value of the study. Recommendations include incorporating specific suicide prevention education and training in nursing education curricula. Addressing the public health problem of suicide in all areas of nursing curricula may bolster nurses' confidence in their ability to care for such patients effectively, leading to positive social change.

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Dedication

I would like to dedicate this work to my mother, Minnie Lee Burton Taylor, and my sister, Tracey Burton Powell. I am grateful to my mother who trained me as a child in the way I should go. Finally, I am thankful for my sister who, at times, prayed with me and prayed for me.

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Chapter 1: Introduction to the Study

Suicide is one of those preventable, intentional acts that results in death for many people. Suicide is one of the leading causes of death and about one million individuals globally die by suicide annually. Suicide is the tenth principle reason for violent deaths in the United States (Kotowski & Roye, 2017). According to Kotowski and Roye (2017), nurses occupy the ideal place to intercede with people who have suicidal thoughts, are at risk for suicide, or have attempted suicide. Nurses are an invaluable part of the healthcare staff, and they work in different settings where they may meet suicidal people or people at risk for suicide (Kotowski & Roye, 2017). Data from the Centers for Disease Control and Prevention (CDC, 2017) indicate that suicide is responsible for the loss of more than 40,000 American lives annually. According to Pullen et al. (2016), researchers do not fully understand whether undergraduate nursing program educators adequately train nursing students on suicide prevention.

Woodtli and Breslin (1996) conducted the earliest research on the need for suicide prevention in the nursing curriculum. Woodtli and Breslin characterized the nursing curriculum as having a lack of long-term development, advancement, or progressive movement. As a result, nursing professionals lack sufficient knowledge and training to care for patients effectively amid a growth of self-harm and violent dispositions in society (Woodtli & Breslin, 2002). Nakagami et al. (2018) pointed out that because of the worldwide problem of suicide, adequate suicide prevention was justified and past due. Healthcare professionals, such as doctors and nurses, have an obligatory mandate to give care to patients in danger of suicide. Nakagami et al. stated nurses and medical residents

received a suicide prevention plan of action. The suicide prevention procedure had positive results and raised medical professionals' levels of self-awareness on the care of people at risk for suicide (Nakagami et al., 2018). Suicide prevention training for nurses and physicians may enhance their abilities to assess those at risk for suicide and may influence the total mortality levels of suicide (Nakagami et al., 2018).

According to Poreddi et al. (2015), people who attempt or die by suicide have a mental or emotional disorder; thus, including suicide prevention in the mental health content of the nursing curriculum may increase nurses' knowledge to recognize individuals at risk for suicide. Nurses' attitude toward mental illnesses is another area deserving inclusion in the mental health content of the nursing curriculum. Poreddi et al. defined nurses' attitudes toward mental health as significant because many baccalaureate nursing students had negative attitudes toward people with mental health disturbances. Students' negative attitudes toward mental illness were reflective of societal attitudes. Furthermore, according to Poreddi et al. 84.4% of the student participants perceived that individuals with mental health issues were impacted by mental health stigmas. Nursing educators must address the unfavorable attitudes and negative stereotypes of nursing students when discussing the mental health part of the curriculum. When educators of the nursing curriculum disregard nurses' negative attitudes toward mental illness, then these future practicing nurses may not effectively intervene and give competent care for persons with mental illnesses.

Doing so can be challenging because, as Martensson et al. (2014) noted, negative attitudes toward mental illness often underpin the nursing curricula. These negative

attitudes may have resulted from stigmas about mental health. Health professionals with a negative attitude toward mental illness add to the stigmatization of mental health.

Furthermore, Martensson et al. argued that the stigmas associated with mental health extended into the mental health nursing profession, noting that people engaged in the nursing profession must responsibly act to curtail negative attitudes that characterize stigmatization within the profession. Moreover, members of the nursing profession must first recognize the negative attitudes that exist openly, secretly, or in disguise before addressing this issue (Martensson et al., 2014).

When the stigmatization and negative attitudes that surround mental health extend into nursing educators' decisions to not include pertinent content about mental health issues in the curriculum, inadequate training may occur that results in future nurses not being able to effectively intervene in suicide prevention efforts. Happell and McAllister (2014) addressed the topic of mental health in baccalaureate nursing programs and indicated that mental health content was inadequate it's inadequacy has been stressed consistently with an alternative course of action suggested. The mental health content has also come under scrutiny because the topic of suicide is scarcely covered in curricula. New nursing graduates do not have sufficient mental health training, resulting in a lack of confidence about suicide prevention and mental health (Happell & McAllister, 2014).

The goal of this study was to evaluate nursing majors' attitudes toward suicide and mental health training and suicide prevention content in the curriculum because, according to Neville and Roan (2013), nurses' familiarity with the topic of suicide was insufficient, and many had negative attitudes about suicide. As a result, nurses may not

be able to effectively care for the population affected by suicide. Researchers have recognized negative thoughts, perceptions, and attitudes on the topic of suicide as key influences in the care of suicidal patients (Neville & Roan, 2013). In conducting this study, I wanted to determine whether the mental health training on suicide is equal in value to the mental health training. I also wanted to determine if underlying negative attitudes and beliefs toward mental health and suicide for nursing educators influence mental health training.

According to Bilge and Palabiyik (2017), educators should teach constructive and beneficial aspects of mental health. Yet, educators may have stigmas that can be reinforced during educational instruction. Future researchers could prompt nursing faculty to scrutinize the curriculum and decide if certain attitudes point to stigmatization in mental health content so that they can reverse this negative trend, beginning with policy changes in the curriculum (Bilge & Palabiyik, 2017).

This chapter includes a summary of the literature related to the need for effective content on suicide in the nursing curriculum and details about the public health problem of suicide in specific populations. Chapter 1 also includes the problem, purpose of the study, and theoretical framework specific for this study. I examine the theoretical framework, nature, assumptions, scope, limitations, and significance of the study. This chapter includes a summary of the literature on the attitude and confidence levels of senior nursing students on mental health training and suicide content in the nursing curriculum, details on the public health problem of suicide in specific populations, and a

discussion of how negative attitudes influence mental health nursing. I further discuss these topics in Chapter 2.

Background

“According to the World Health Organization, suicide should be given a high preference on the list of health matters to be acted on regarding public policy, including in nursing program curriculums.” Factors, such as opinions concerning self-harm; negative stigmas; attitudes toward suicide; and mental health training that includes suicide assessment, risk, and prevention skills, often influence nurses’ provision of individualized care to suicidal persons (Moraes et al., 2016). The literature shows a gap in the educational foundation for suicide prevention in nursing programs, as well as for other licensed health specialists. Moraes et al. examined the attitudes, circumstances, and elements behind undergraduate nursing students’ opinions of suicide. The researchers determined that students in baccalaureate and undergraduate nursing programs should have an inadequate introduction to the basic principles of suicide (Moraes et al., 2016).

Educators should teach nurses to intervene in suicide prevention efforts effectively. The educational preparation of nurses in a baccalaureate program is essential to combat the public health problem of suicide and promote health (Woodtli & Breslin, 2002). The goal of this study was to examine how nursing majors evaluated mental health training related to suicide prevention in the curriculum. Study findings may enable nursing leaders to provide a pertinent nursing curriculum with a direct bearing on public health problems that individuals face in society on a global scale. The significance of this study is that it may provide individuals with a degree in nursing with knowledge of

nursing attitudes about suicide and their perceived confidence in mental health training about suicide prevention.

Problem Statement

The problem was that, according to Bolster et al. (2015), although nurses are visible and in a good position to intercede for suicide, most baccalaureate-trained nurses have inadequate assessment, judgment, analysis, or referral skills for someone at risk for suicide or in a suicidal crisis. The ability to assess, intervene, evaluate, and treat the suicidal patient is essential in raising the confidence levels of nurses about preventing suicide. Furthermore, additional research is required to generate suggestions for curriculum and policy changes to train nurses on suicide prevention (Bolster et al., 2015).

Suicide is the 10th leading cause of death in the United States, accounting for more than 45,000 deaths nationally in 2016 (CDC, 2018). Children and the adult population alike face suicide (CDC, 2018). According to Bolster et al. (2015), suicide is a problem globally; nevertheless, suicide is preventable. Furthermore, nurses can offer primary and secondary suicide prevention. Primary prevention includes providing suicide prevention education to trained nurses before the public health problem of suicide ensues (CDC, 2018). Secondary prevention includes screening for people at risk for suicide to identify their immediate potential for suicide (Bolster et al., 2015). Tertiary prevention for suicide, according to Ganz et al. (2010), occurs when health professionals, such as nurses, act to decrease the extent of suicides that could occur from exposure to suicidal behavior. Health promotion and education for exposure to suicidal behavior or contagion are examples of tertiary prevention.

Purpose of the Study

The purpose of this quantitative descriptive correlational study was to explore what impact, if any, attitudes toward suicide had on nursing majors' level of confidence in their mental health training. Examining the impact of attitudes of those with a major in nursing on suicide and mental health content in the nursing curriculum could influence nursing leadership to evaluate mental health content, leading to policy changes in the curriculum that might result in greater suicide prevention. The independent variable in this research included the attitudes toward suicide of individuals majoring in nursing. I measured the dependent variable of mental health training in the curriculum using the Attitudes Towards Suicide (ATTS; Renberg & Jacobsson, 2003) scale. The measurement of nursing majors' attitudes toward suicide may help to determine the outcome of the adequacy of mental health training and suicide prevention content in the curriculum. The covariate dependent variable of mental health-specific suicide prevention content was measured using the Mental Health Training and Confidence Questionnaire (MHTCQ; Yuen et al., 2008) to evaluate the mental health training of nursing programs.

Research Questions and Hypotheses

The research questions (RQs) and hypotheses for the study were as follows:

Research Questions

RQ1: Among individuals majoring in nursing, what is the relationship between the level of confidence in helping someone with a mental health problem and attitudes to suicide?

RQ2: Among individuals majoring in nursing, what is the relationship between the level of confidence in helping someone with the issue of deliberate self-harm and attitudes to suicide?

RQ3: Among individuals majoring in nursing, what is the relationship between the level of perceived skill in helping someone with a mental health problem and attitudes to suicide?

RQ4: Among individuals majoring in nursing, what is the relationship between the level of perceived skill in helping someone with the issue of deliberate self-harm and attitudes to suicide?

Null Hypotheses

*H*₀₁: Among individuals majoring in nursing, there is no significant relationship between the level of confidence in helping someone with a mental health problem and attitudes to suicide.

*H*₀₂: Among individuals majoring in nursing, there is no significant relationship between the level of confidence in helping someone with the issue of deliberate self-harm and attitudes to suicide.

*H*₀₃: Among individuals majoring in nursing, there is no significant relationship between the level of perceived skill in helping someone with a mental health problem and attitudes to suicide.

*H*₀₄: Among individuals majoring in nursing, there is no significant relationship between the level of perceived skill in helping someone with a mental health problem and attitudes to suicide.

Alternative Hypotheses

H_{a1}: Among individuals majoring in nursing, there is a significant relationship between the level of confidence in helping someone with a mental health problem and attitudes to suicide.

H_{a2}: Among individuals majoring in nursing, there is a significant relationship between the level of confidence in helping someone with the issue of deliberate self-harm and attitudes to suicide.

H_{a3}: Among individuals majoring in nursing, there is a significant relationship between the level of perceived skill in helping someone with a mental health problem and attitudes to suicide.

H_{a4}: Among individuals majoring in nursing, there is a significant relationship between the level of perceived skill in helping someone with a mental health problem and attitudes to suicide.

Theoretical Framework

The theoretical framework used to guide this study was Pender's (1984) health promotion model (HPM). The HPM contains information about how to include policy to promote health for suicide prevention education. Nurses can use the HPM to offer health education and health promotion in a preventative way (Syx, 2008). Pender (1984) developed this model based on components found in Bandura's (1999) theory of social cognitive theory. The major theoretical proposition highlighted in the HPM showed how personal behaviors and existing conditions could affect health behaviors. This research

study includes a detailed description of the major propositions in Pender's health model in Chapter 2 in the literature review section.

According to Syx (2008), health promotion is the foundation on which the concept of nursing stands. Nursing students should have competency and confidence in the theory of health promotion to offer effective education to patients, families, and communities. Nurses who know how to apply the theoretical framework of health promotion to all areas of nursing may save lives; thus, I presented the reasons for supporting effective content in the nursing curriculum about mental health. Simpson and Richards (2015) pointed out that educators of the nursing curriculum should blend relevant content to include population health, with a focus on health promotion. Students need exposure to caring for people with specific problems. In addition, Dahl et al. (2014) argued that educators should include health promotion in the systematic study of public health content in the nursing curriculum to prevent health problems in specific populations. Addressing the problem of a lack of suicide prevention content in the mental health section and other pertinent nursing areas could help with the solution of preventing health problems in certain populations.

Nature of the Study

I used a quantitative cross-sectional approach with an online survey design to gather data from individuals majoring in nursing and their attitudes toward suicide and adequate mental health training and suicide prevention content in the nursing curriculum. According to Kelley et al. (2003), researchers can use a survey design to describe participants' attitudes and perceptions of confidence about the mental health training and

suicide prevention content in the nursing curriculum. Kelley et al. noted that the survey design was the best method for data collection because researchers could use the least number of resources available, resulting in the least amount of time spent. The data can show various attitudes and perceptions from a randomly sampled population using numeric values.

Researchers have used the MHTCQ as an important evaluation tool to measure the adequacy of the mental health training in nursing programs. According to Robinson et al. (2008), the MHTCQ includes only four questions. The questionnaire is designed to evaluate training on self-harm in efforts to improve prevention attempts. The questionnaire was designed to measure skills because of widespread self-harm and inadequate provision for the well-being of those who self-harm (Robinson et al., 2008).

This instrument was expected to show the levels of confidence of those majoring in nursing after they completed mental health training in the nursing program. I used the questionnaire to target training on self-harm and consideration of those who commit bodily harm to their selves. Researchers have used the questionnaire to measure the abilities stemming from participants' knowledge and competency of self-harm and feelings toward suicide prevention (Robinson et al., 2008).

According to Ingham-Broomfield (2014), researchers have often used a cross-sectional survey in descriptive research. In this descriptive study, I collected information at a specific time to describe certain elements connected to the RQs, such as nurses' levels of reflection, feeling, and evaluation. I used the ATTS scale as the tool to describe specific aspects of the independent variable, nurses' or nursing students' attitudes toward

suicide in the mental health training and suicide prevention content in the nursing curriculum. Hoffman and Julie (20012) suggested using Software Statistical Package for Social Science (SPSS) statistical software to offer a numerical description and correlation analysis of the data. Hoffman and Julie also noted that researchers could express data in a concise form by using tables and diagrams, showing connections or interrelations between two or more variables.

Definitions

I use the following operational terms and phrases throughout this study:

Associate Degree Nursing (ADN): The Associate of Applied Science degree that is awarded for satisfactorily completing registered nurse (RN) courses in an Associate Degree Nursing program (Peruski, 2019).

Attitudes: Attitudes are fixed or established ways of thinking. Because these feelings are often imitated in an individual's behavior, the fixed way of thinking is unlikely to change without education (Happell & Gough, 2007).

Baccalaureate nursing program: "A four-year college or university education that incorporates a variety of liberal arts courses with professional educational and training; specifically designed for high school graduates without previous nursing experience" (American Association of Colleges of Nursing, n.d., para. 1).

Contagion: The exposure to suicide and the subsequent risk of suicide for exposed individuals or the actual imitation behavior of suicide by individuals (Swanson & Colman, 2013).

Deliberate self-harm: Self-harm and suicide are different. Individuals who self-harm cannot always be classified as suicidal, but people who attempt suicide are classified as self-harming. The difference between deliberate self-harm and suicide is intent (Karasouli et al., 2015).

Gatekeepers: People in immediate proximity or association to those at risk for suicide. For example, gatekeepers are found at nursing homes where a large population of older adults reside (Chauliac et al., 2016).

Huntington disease: An inherited disease that affects muscle coordination, eventually resulting in mental and behavioral symptoms (Halpin, 2012).

Mental health literacy: Acquired familiarity and information about the specifics of one's mental disorder (Chamberlain et al., 2012).

Nontraditional nursing students: Senior nursing students who have completed an associate degree program, becoming licensed as an RN, while currently completing the undergraduate baccalaureate nursing program, commonly known as RN to Bachelor of Science in Nursing (Labrague et al., 2015).

Nursing faculty: In a baccalaureate program, educators with a master's degree or credentials at the doctoral level or preparation in nursing, according to the National Council of State Boards of Nursing (2008).

Primary prevention: This prevention entails providing suicide prevention education before suicide occurs (Bolster et al., 2015).

Secondary prevention: Screenings for people at risk for suicide to identify the potential of suicide immediately (Bolster et al., 2015).

Stigma: “The co-occurrence of labeling, stereotyping, separation, status loss and discrimination in a power situation that allows the components of stigma to unfold” (Link & Phelan, 2013, p. 525).

Suicide: The manner of dying from injurious behavior to oneself with the end purpose to cease to live (CDC, 2015).

Suicide behaviors: Self-mutilation, as well as deliberate self-harm (Sun et al., 2011).

Traditional students: Undergraduate nursing students who are unregistered nurses (Labrague et al., 2015).

Assumptions

In this study, I assumed that individuals majoring in nursing would truthfully indicate their attitudes toward suicide in the nursing curriculum. Further assumptions were that participants in this study would refrain from exhibiting biased responses during completion of the survey (see Baldwin, 2013). According to Baldwin (2013), segments depicting mental health experts were used to generalize to larger populations of professionals in California. In addition, Le Roux and Khanyile (2012) stated that the participants of a study would take part without obligation, as documented on the informed consent that would include the right to decline. Assumptions were clear about the participants’ agreement on the importance of conducting the study in strict privacy.

Scope and Delimitations

Individuals majoring in nursing attitudes toward suicide and mental health training in the nursing curriculum were addressed in this study. The mental health

theoretical content on suicide prevention is lacking in the baccalaureate nursing program and marginally adds suicide prevention into the clinical portion of mental health.

According to Hunter et al. (2014), nursing faculty must develop policy to prepare baccalaureate nurses for mental health curriculum content to meet the needs of society and promote the mental health profession. Researchers can evaluate the population of individuals with a major in nursing to evaluate the mental health portion of the curriculum through the expression and reflection of their attitudes toward suicide and mental health content. Nursing leadership can use this information to formulate nursing curriculum policy if changes are warranted.

The sample population of individuals majoring in nursing was selected from a broad SurveyMonkey population of individuals with a medical major from universities/colleges. Senior nursing students from two baccalaureate nursing programs in Iowa provided a small sample. Finally, a sample from Facebook and a web link was sent to nurses. All cultures were not represented; thus, certain unrepresented cultures were considered exclusionary.

Ellis and Levy (2010) defined delimitations as the inclusionary or exclusionary choices that a researcher would make while developing the research plan, including RQs, variables, theoretical framework, methodology, and choice of participants. The results from this study could be generalized to nurses from various nursing programs at universities/colleges. The results might not be generalizable to other geographical areas. The research from this study delineated various cultures.

Pender's (1984) HPM was carefully selected in preference to Watson's (2007) theory of caring. According to Riegel et al. (2018), caring is also one of the basic foundations of nursing because aspects of caring influence nursing education and clinical nursing training. According to Syx (2008), nursing educators should emphasize the foundational basis of patient education, which has origins from the HPM.

Limitations

The study was limited to individuals majoring in nursing willing to take the survey. The problem of limited sample participants posed limitations for this study. Black et al. (2016) used a descriptive survey design to describe the part that physical therapists played in health promotion based patients' perceptions. Respondent bias, where the participant is aware of the study and might respond with bias, was a limitation for this study (see Black et al., 2016). These respondent biases could have been avoided by using the ATTS scale suitable for senior nursing students because they were knowledgeable, qualified, and capable of evaluating the mental health portion of the curriculum and responding to the questions at this stage of their education.

Significance

I may advance knowledge in the discipline of nursing on suicide prevention in the undergraduate nursing curriculum. I may advance knowledge in the discipline of nursing by examining the significance of the undergraduate nursing curriculum on the assumption that mental health nursing education does not meet the requirements for suicide prevention. I will add to the literature about whether the stigma of mental health impacts the mental health part of the nursing curriculum. Bolster et al. (2015) showed that nurses

might not act on suicide prevention competencies if untrained in suicide prevention. Organization leaders who regulate nursing education state that suicide prevention and self-injury education are important for a human being and the public. Furthermore, leaders of those same organizations regulate nursing education but do not include and implement suicide prevention training in the nursing curriculum (Bolster et al., 2015).

By analyzing existing nurse training in mental health, I may impart knowledge to develop and advance nursing practices and educational policies. Members of a significant organization—namely, the World Health Organization—advocated that suicide should be given high priority in health and public policy preparation (Moraes et al., 2016). The advancement of nursing practice may have a corresponding relationship with implementing educational policy about suicide prevention training for undergraduate nursing students. Inclusion of suicide prevention training in the form of a policy mandate may raise the level for standardized competencies in the practice of nursing. Regarding the competencies of practicing psychiatric nurses, Puntill et al. (2013) pointed out that during direct care with patients characterized by a confirmed problematic suicide state, psychiatric mental health nurses reported a deficit in the amount of competence. The nurses indicated insufficient training, in addition to unsatisfactory ongoing advanced training, occurred. Furthermore, there were no established specialized educational instructions for psychiatric mental health nurses who administered direct care for patients with suicide ideation, suicide risk, and self-harm in an in-patient environment.

The implications for positive social change reach professional disciplines other than nurses on the topic of suicide prevention and training. Robinson et al. (2008) pointed

out that deliberate self-harm occurred on a large scale in the adolescent population. Even though self-harm is widespread, people who purposefully attempt self-harm receive less than standard care. School leaders create an environment to support adolescents with the problem of deliberate self-harm, except school officials do not have specialized instruction and guidance for deliberate self-harm issues (Robinson et al., 2008).

The potential findings from this study may lead to positive social changes by inspiring leaders to implement public policy on suicide prevention training for nurses, teachers, police officers, ministers, and social workers, just to name a few. Suicide prevention training may have positive social change implications that may decrease suicide through suicide prevention efforts of trained, competent professionals.

Summary

In summary, the purpose of this quantitative descriptive correlational study was to explore what impact, if any, attitudes toward suicide had on the levels of confidence and mental health training for individuals with a major in nursing. A survey method was used to collect data online from participating individuals majoring in nursing. The nursing curriculum on suicide prevention content is lacking, which might hinder preventing suicide. Attempting to understand if the attitudes toward suicide of individuals majoring in nursing can show adequate mental health training in the curricula is important because suicide has increasingly become a serious health problem. Research from this study showed individuals majoring in nursing's attitudes toward suicide in the nursing curriculum.

Given these points, Chapter 2 contains a detailed analysis of the literature about suicide prevention, attitudes on suicide held by healthcare professionals, and the problem of suicide. Chapter 2 will include the impact of the stigma behind mental health and the possible impact on healthcare, including nursing students' attitudes. Lastly, Chapter 2 will contain a review of nurses, nursing faculty attitudes, and stigmatization on mental health and suicide prevention.

Chapter 2: Literature Review

Introduction

Studies have shown that suicide has become a serious public health problem in the past few decades, both in the United States and other countries (Betz et al., 2015; Grimholt et al., 2014; Halpin, 2012; Happell, 2014; Happell & Cutcliffe, 2011; Happell & McAllister, 2014; Hjelmeland et al., 2014; Hollingshaus & Smith, 2015; Karasouli et al., 2015; Kennedy & Tripodi, 2014; McAllister et al., 2014; Neville & Roan, 2013; Sun et al., 2014; Wong & Mellor, 2014; Woodtli & Breslin, 2002). Suicide is the 10th leading cause of death in the United States, accounting for more than 45,000 deaths nationally in 2016 (CDC, 2018). Children and adults alike contemplate suicide (CDC, 2018).

Nurses are well situated to intercede with people who have suicidal thoughts, are at risk for suicide, or have attempted suicide (Kotowski & Roye, 2017). The problem is that most baccalaureate-trained nurses have inadequate assessment, judgment, analysis, or referral skills for someone at risk for suicide or in a suicidal crisis (Bolster et al., 2015). The ability to assess, intervene, evaluate, and treat the suicidal patient is essential to giving nurses the confidence they need to work with patients at risk of suicide. Negative attitudes regarding mental health exist for some nurses, potentially hindering suicide prevention efforts (Bolster et al., 2015). The purpose of this quantitative descriptive correlational study was to explore what impact, if any, attitudes toward suicide had on the levels of confidence and mental health training for individuals majoring in nursing.

Millions consider suicide and fall short, with 2.8 million having a method, and 1.3 million seeking to commit suicide (CDC, 2018). According to Xu et al. (2014), the U.S. suicide rate had reached an all-time high in 2011 to 2012, the greatest rise in suicides in 25 years. Despite the global public problem of suicide, leaders of many U.S. baccalaureate nursing programs in the U.S. have neglected to include suicide prevention in the curriculum and discuss the public health issue. In brief, current nursing program leaders are not preparing students for their roles in suicide prevention.

This literature review provides an overview of suicide, addressing the importance of suicide prevention in public health education for nursing students. This review indicates that leaders providing suicide prevention education in the nursing curriculum can prevent suicide. Moreover, the literature review shows the existence of a mental health stigma that may influence suicide prevention education in the nursing curriculum. Based on the literature, I concluded that educators at all levels in nursing schools must emphasize the need to include suicide prevention in the curriculum to evaluate suicide prevention efforts in nursing education and affect the problem of suicide positively. Meanwhile, nursing leaders should reach a better understanding of the relationship between individuals majoring in nursing ATTS and relevant nursing curriculum.

I contribute to the current knowledge and established methods of suicide prevention by critically examining nursing majors' attitudes toward suicide content in the nursing curriculum. In this literature review, I (a) explore various themes related to suicide; (b) describe the problem of suicide in society and its negative impacts on diverse cultures; (c) examine suicide's prominence in mental health and physical health; and (d)

propose solutions, strategies, and guidelines. Happell and McAllister (2014) defined positive attitudes toward mental health as expressed and shaped by nursing education. Nursing leaders should emphasize how to ease the mental health stigma and the influence of negative attitudes in healthcare, with a focus on nursing education.

Literature Search Strategy

I used several different databases to obtain peer-reviewed literature, including PsychINFO, Cinahl, Cinahl & Medline, Education databases in EBSCOhost, PsychArticles, Nursing & Allied Health databases in ProQuest, PubMed, Research Gate, Cindal, and Medline. In addition, I used Google Scholar and Sage website to search for articles and websites relating to suicide prevention and attitudes, suicide and nurses, suicide and nursing curriculum, suicide and nursing programs, suicide and mental health, suicide and mental health stigma, suicide and family, and suicide and men. I searched key terms relating to the research topic, such as *suicide, substance abuse, nursing, mental health, depression, suicide stigmas, beliefs, attitudes, and suicide rates.*

I used the list of references from current articles to gather sources that I could use in the literature review. I used articles published between 2012 and 2018 to keep the data current. Thus, I searched and gathered articles in the 5-year time frame associated with my expected graduation date to obtain relevant, peer-reviewed articles. By using Google Scholar and Medline, I was able to research content from the *Journal of Psychology and Clinical Psychiatry, Journal of Nursing Education and Practice, BMC Psychiatry, Suicide and Life Threatening Behaviors, Advances in Mental Health, Journal of Empirical Research on Human Research Ethics, Issues in Mental Health Nursing,*

Nursing Standard, as well as additional credible and scholarly sources. I used the time frames of 2011 to 2014 to begin researching the literature. The combination of terms used in the initial search included *baccalaureate*, *nursing faculty*, *suicide*, and *curriculum*. The results of that search yielded one article related to the term *nursing curriculum* about violence-related content in the nursing curriculum. However, this article (Woodtli & Breslin, 2002) was somewhat outdated. As a result, I explored the problem of *suicide*, *mental health*, *stigma*, and *nursing attitudes*. Gaps were identified in the research literature on suicide content in baccalaureate curriculum and nursing faculty attitudes.

Theoretical Foundation

I used Pender's (1984) HPM for the theoretical foundation of this study. According to Bittencourt et al. (2018), Pender's health model is practical if a researcher studies mental health promotion, as in the central part of this study. Researchers can use Pender's HPM to identify the connection between various body systems and the human environment that bring into existence the risk for illness. Pender's HPM is based on the nurse's ability to alter a person's conduct to promote health. Mental health promotion is best accomplished by patient education or primary prevention aimed to prevent illness before it manifests. Leaders who adopt mental health promotion policies give credence to their abilities to transform future habits, attitudes, and behaviors of groups and populations (Bittencourt et al., 2018). Pender created the HPM from Bandura's (1999) theory of social cognition. According to Syx (2008), Bandura perceived that factors involved in an individual's awareness of their capacity for producing a desired result could be influenced by observing behaviors in others, social persuasion, and support. Syx

argued that leaders could use the HPM to provide a powerful emphasis on patient education. The nurse's skilled mastery of the health promotion theory can be educational, preventative, and lifesaving. Finally, Syx presented reasons in favor of the HPM. The HPM is characterized by two essential theoretical propositions. The first description positions nurses as positive representatives of health-promoting behaviors, which can have a compelling influence on desired individual health behaviors. In addition, nurses can play an important role in disseminating education to communities, families, and the public to prevent suicide (Syx, 2008).

Jamieson and Romer (2011) pointed out that "suicide is the third leading cause of mortality for young people ages 15 to 24 in the U.S." (p. 277). In consideration of the importance of how theory shows implications for the prevention of suicide, Jamieson and Romer (2011) argued the various explanations had been attributed to a rise in youth suicide, with an incremental rise in favorable ways that individuals in society view suicide as an important contribution. The researchers examined suicide content represented in movies from 1950 to 2006. When the depiction of tobacco in movies was diminished, tobacco use subsequently decreased. In a similar fashion, the vivid depiction of suicide in movies may represent favorable societal receptions of suicidal behaviors. Similarly, Bandura's (1999) social cognitive theory of mass communication shows that the portrayal of suicide in movies from 1950 to 2006 increases the odds that suicidal behaviors can be viewed as a practical solution for various problems in society today (Jamieson & Romer, 2011).

The fundamental rationale for the selection of Pender's (1984) health promotion theory was based on Syx (2008), who defined the theory as having patient education as its foundation. The HPM has a foundational basis derived from Bandura's (1999) theory of self-efficacy and social theory. Researchers can incorporate these theories to integrate nursing and behavioral science to describe how specific components of the health promotion theory are a compelling force for adjusting health-promoting behaviors. According to Syx (2008), an essential result of patient education is directed toward assisting individuals in understanding the optimum health possible, thus enabling them to make behavioral changes to achieve the most favorable health status. Nurses can use patient education to influence behaviors, promote health, and save lives. Likewise, individuals majoring in nursing ATTS and mental health content can influence nursing leadership to modify mental health education policy to promote mental health for those at risk for suicide (Syx, 2008).

I used the HPM by Pender (1984) to provide a twofold foundational basis for this present study. The first basis is the senior nursing student's attitude toward suicide and mental health content in the curriculum. The second basis is the absence of suicide prevention content in the curriculum. The need to include suicide prevention in the curriculum can be better understood in the context of the need to include positive components of mental health. The topic of suicide content concerning mental health education and mental health promotion provides a sound basis for the inclusion of suicide prevention in the curriculum. I examined individuals majoring in nursing's attitude toward suicide and mental health content in the curriculum because of the limited amount

of suicide content in mental health , in addition to all other areas of nursing in the curriculum.

One may question why the content of suicide is limited in the baccalaureate and other nursing curriculums. This lack of suicide content may be reflected in the mental health training and, therefore, obvious to the senior nursing student. De Araújo Gama et al. (2016) argued that Pender's (1984) HPM was ideal for nurses to gain educational assistance for increasing patients' motivations to participate in healthy behaviors. Nurses use health education and promotion as concepts in partnership with patients to assist them in engaging in healthy lifestyles and preventive measures. Health education is the base from which nurses promote health. Furthermore, Simpson and Richards (2015) discussed health promotion in relation to specific issues that affected public health, communities, and society. Educators of the nursing curriculum do not effectively address health problems that various populations face. The curricula must have a focal point on population health, in addition to individual patient-centered care (Simpson & Richards, 2015).

Chaeye and Jullmusi (2012) used Pender's (1984) HPM to collect data on nursing students' health-promoting behaviors. Nurses should first be cognizant of how to accomplish personal good health, and then they are in a better position to act as role models for healthy behaviors in various healthcare settings and the community to model health-promoting behaviors. Researchers have defined the theory of health-promoting behaviors as easier understood in relationship to practice and experience (Chaeye & Jullmusi, 2012).

Literature Review

Deliberate Self-Harm

Individuals who self-harm cannot always be classified as suicidal, but people who attempt suicide are classified as self-harming. A relationship exists between deliberate self-harm and suicide. Karasouli et al. (2015) investigated suicide after nonfatal self-harm, considering an aggregation of people based on cases selected through cross-linking data from a self-harm project and mortality data from suicides during the same period from March 2000 and March 2007. The data collected in the northern English city of Leeds were analyzed using SPSS Version 17. Nonfatal self-harm is considered a risk for later suicidal behavior. People presenting in hospitals for self-harm commit suicide at increased rates compared to suicide without self-harm (Karasouli et al., 2015).

In a careful analysis, Karasouli et al. (2015) pointed out that people who entered the hospital due to self-harm would have an increased risk for suicide later. Preventative measures undertaken during the first clinical mental health episode of the self-harm during patients' hospital stays would benefit those at risk for suicide. Hospital leaders spend large sums of money treating patients who self-harm. Indications are critical for adequate and competent assessment, interventions, and treatment for self-harm. Scientific evidence shows the need for policies for immediate care and aftercare for people who self-harm as a suicide prevention measure (Karasouli et al., 2015). Moreover, McMahon et al. (2014) identified self-harm as a significant factor in the problem of adolescent suicide, identifying self-harm as a major risk for suicide. A significant relationship

between self-harm occurrence and suicide in adolescence might be considered a persuasive reason to prevent suicide (McMahon et al., 2014).

Suicide and Family

Health professionals should realize that families need targeted education after a family member attempts suicide. Sun et al. (2014) described nurses providing suicide prevention education to members of the family who had experienced a suicide attempt in the family and the importance it signified. Sun et al. showed that an increased risk of future suicide attempts occurred after the first attempt of suicide, especially within the first year. Other researchers evaluated an educational program for families of people who have attempted suicide (Sun & Long, 2013). Sun et al. (2014) described an experimental design utilizing two groups, pre- and post-intervention, and a survey method using a sample size that included 74 individuals split into two groups of 37 each. The families were from a suicide prevention center and two psychiatric hospitals in Japan. The results indicated an increased ability of family caregivers to render specialized care to family members with attempted suicide episodes after the event, as well as decreased stigmatization toward people with suicide ideation from the caregiver's point of view in the post-intervention group (Sun & Long, 2013).

There are significant gender differences in suicide rates, with rates for men being much higher than women. According to Haddad (2013), "In most regions of the world, suicide rates are significantly higher in men than women" (p. 52). In view of this significant statistic, the health promotion approach is essential in improving the mental health status of men in danger of suicide. Clinicians should realize that, relative to

women, men have a major risk for suicide. Furthermore, health promotion is important for improving people's health conditions. Leaders of suicide prevention should promote health for the public at various policy levels, such as in nursing programs (Haddad, 2013). By the same token, Oliffe et al. (2014) attributed the Murder-Suicide (M-S) problem, where the perpetrators were often men who murdered and then committed suicide. The M-S problem involves three themes: family violence, workplace equity, and school reprisal. As a result, suicide prevention interventions for the male population, in proper measures, should benefit the family as well as society (Oliffe et al., 2014).

Furthermore, Junior et al. (2016) studied hospital morbidity in Brazil using hospital statistics on suicide attempts. The attempted suicide rates for men were 88.6% compared to 59.4% for women. Additionally, the suicide attempt rates for older adults showed a higher frequency of death than in younger cohorts. According to Chauliac et al. (2016), older adults are at risk for suicide. The mortality rates are high enough to call for preventative measures. The World Health Organization (as cited in Chauliac et al., 2016) suggested that a good way to prevent suicide would be to educate gatekeepers.

Gatekeepers are defined as people in immediate proximity or association to those at-risk for suicide. Gatekeepers are found at nursing homes where large populations of older adults live (Chauliac et al., 2016). According to Ali (2015), family members are influenced by the suicide of a family member currently undergoing treatment for mental health problems. Therefore, it becomes essential to provide post-intervention services for those families. Bereavement for families with a member who committed suicide while undergoing mental health treatment differs from families who experience grief after a

family member who may have unexpectedly committed suicide without mental health treatment. Stigma is a barrier to post-intervention services for families, and a great number of families lack post-interventions or any type of support, thus making gatekeepers helpful for such a situation (Ali, 2015).

According to Betz et al. (2015), suicide screening for families is feasible, advantageous, and applicable for everyone in all emergency departments. In addition, nurses could and should include questions regarding access to lethal means, such as firearms. Betz et al. showed the significance of providing counsel about the restriction of firearms, specifically for suicidal patients and their families. Often, patients' first attempts at suicide may involve a drug overdose or self-harm, but then they may commit suicide with a more lethal means later, such as using firearms (Betz et al., 2015).

On the contrary, Hollingshaus and Smith (2015) pointed out that people subjected to early life parental death (PD) might be at greater risk for suicide. Individuals enduring PD also experience increased risks for cardiovascular disease death, along with an increased suicide risk. In addition, the remarriage of the widowed parent may either weaken or strengthen the risk of suicide. Individuals experiencing PD by suicide are at increased risks for suicide, and the risks increase for those enduring the PDs of both parents (Hollingshaus & Smith, 2015).

According to Atwoli et al. (2014), earlier studies have shown a connection between parents with mental disorders and their children presenting with suicidal behaviors. There is a gap of knowledge about factors that foretell why individuals have thoughts of suicide and then act on those thoughts. The results of Atwoli et al.'s study

showed that in South Africa, certain psychopathological disorders in parents heightened the changes of suicidal behavior in their adult children.

Suicide is a prominent issue in mental health; for this reason, Shibre et al. (2014) pointed out that the existence of mental health problems was a major risk for suicide. Shibre et al. studied people with severe mental disorders (SMD) in Butajira southern Ethiopia, and the relationship to suicide and suicide attempts. The study's longitudinal design consisted of a population-based group of 919 people with SMD studied over 10 years. Sample inclusion criteria included people with specific clinical diagnoses, including schizophrenia, major depressive disorder, and bipolar I disorder, which defines SMD. The findings from this study indicated that the number of reported suicides was often fewer than reported in many societies. Suicide is a serious threat to public health with global and pandemic ramifications. Mental illness is a single compelling risk for suicide, and the results also concluded that actual suicide numbers were greater for those with mental illness.

Shibre et al. (2014) made another key point about the correlation between higher rates of suicide attempts and completions for people being treated with psychotropic drugs. People with the clinical diagnosis of schizophrenia committed suicide at higher rates than people with any other diagnosis. According to Shibre et al., statistics showed that completed suicides occurred more often with male patients, while individuals with SMD were at increased risks for suicide. Thus, the researchers requested specific mental health and preventive measures for this population (Shibre et al., 2014). Comparatively, de Beurs et al. (2013) argued that because suicide was a well-known global problem,

there was an ever-increasing number of suicidal patients who communicated or had contact with mental healthcare officials at some point.

Mental health professionals have limitations in their educational training on the care of suicidal people (de Beurs et al., 2013). Han et al. (2014) argued that people exposed to clinical mental health services due to suicide attempts or similar suicide instabilities would face greater danger of suicide after discharge from the healthcare system. However, there are no preventative measures for this population at increased risk for suicide. Han et al. defined targeted interventions designed for those released after an acute suicide crisis as most effective. Effective suicide interventions and preventive efforts coordinated with suitable suicide prevention education remain necessary. Suicidal patients with suicide attempts as a part of their clinical documentation benefit clinically from management by mental health professionals. Thus, leaders should track and follow up on the population of people who attempt suicide because of the demonstrated reliability and validity in suicide prevention aspects of mental health promotion and preventative care (Han et al., 2014).

Furthermore, Indu et al. (2018) examined patients in the care of primary care practitioners after depression and earlier suicide attempts. Previous suicide attempts may show future attempts. Nurses and physicians working in primary healthcare can intervene with patients with depressive symptoms who have attempted suicide. Professionals working in primary healthcare can screen, evaluate, and follow-up with patients who have histories of depression and suicide attempts, thereby positively affecting the public health problem of suicide through prevention (Indu et al., 2018).

Similarly, Chappell et al. (2014) argued that professional nurses worked throughout the organized system of mental healthcare, and their power, control, or management could positively impact outcomes for people encountered. Undergraduate nurses must acquire the necessary skills to react competently with people undergoing significant mental health disorders. Therefore, leaders developed mental health first aid training to help the public with mental health crises; however, inadequacies in the mental health curriculum remain. Nurses should support the mental health profession, as well as enhance the mental health part of the nursing curriculum (Chappell et al., 2014).

Suicide and Postpartum Depression

Depression is classified as a mental health issue, and severe depression can lead to serious mental health problems. Littlewood et al. (2016) classified depression associated with pregnancy, as well as in the postpartum period, as perinatal depression. Perinatal depression is a type of depression that stands alone. Perinatal depression has an exact clinical description and strategy for addressing mental health disorders, including depression that occurs during pregnancy, which often correlates with detrimental outcomes for the newborn. Perinatal depression is widely accepted as a mental health issue, which is often under-detected in clinical practices (Littlewood et al., 2016).

Similarly, Kennedy and Tripodi (2014) argued that postpartum mental health problems differed in levels of severity. Kennedy and Tripodi defined postpartum psychosis as a severe mental health disorder linked with a higher risk of suicide for the mother, even having possible adverse effects of killing an infant. Postpartum psychosis is distinguished by markedly unusual behavior, involving incongruous, unexpected, and

outrageous acts of conduct. Strange and odd behaviors may manifest immediately or shortly after delivery (Kennedy & Tripodi, 2014).

According to Gressier et al. (2017), mental health issues, including depression, are considered risk factors for suicide in pregnant women. Women with mental disorders commit suicide in the perinatal period, as well as the postpartum period. Sometimes, in the postpartum period, thoughts of suicide are related to depression. Specialized professional care is necessary for women in the perinatal period presenting with habit-forming behaviors, such as using alcohol, smoking, or engaging in drug use, along with having a history of unsuccessful pregnancies. Thus, researchers have defined special care as necessary for women with depression in the postpartum period (Gressier et al., 2017).

The Suicide Problem and Veterans

Suicide is a serious problem for U.S. military veterans. Healthcare professionals must function as required for possible suicide-related behaviors in this population. For this reason, Allen et al. (2013) conducted a systematic review of literature to detail various themes about why thoughtful, deliberate, and sympathetic clinical education about veterans and suicide should be addressed in the nursing curriculum. Allen et al. collected data from veterans of Operation Iraqi Freedom, Operation New Dawn, and Operation Enduring Freedom in Afghanistan. Additionally, the Institute of Medicine (2013) provided health information data on veterans. Allen et al. (2013) also examined wounded veterans over the past 100 years of war in the United States. Comparatively, McCarthy et al. (2013) argued that the suicide rates from veterans, following an inpatient nursing home in the veterans' healthcare community, was alarmingly high and reflected

the dire need for suicide prevention efforts during discharge and community outreach following discharge (McCarthy et al., 2013).

Allen et al. (2013) concluded that the high numbers of veterans with mental health problems would inevitably increase the requirements for healthcare, subsequently creating the need for specialized content in the nursing curriculum. The Institute of Medicine (2013) pointed out that many veterans would return from service with limited or no visible injuries associated with their military services, while others would encounter severe mental health difficulties. Allen et al. (2013) indicated that problems that veterans experienced could escalate several decades after deployment. Due to an anticipated increase in future problems for recent veterans, healthcare officials, such as nurses, should receive specialized education and clinical preparation (Allen et al., 2013).

Suicide Prominence in Physical Health: Chronic Illness and Suicide

Physical health often deteriorates in chronic illness, such as Huntington's disease (HD) and end stage renal disease (ESRD). This decline of physical health and chronic illness indicates risk factors for suicide. HD is an inherited disease that affects muscle coordination, eventually resulting in mental and behavioral symptoms. Higher suicide rates are attributed to people diagnosed with HD. The risk of suicide is often elevated before the determination of the real cause of the disease, as well as immediately after diagnosis. People with HD would benefit from regular depression screening and mental health treatment (Huber et al., 2013).

According to Boudreau and Dubé (2014), ESRD is defined as the gradual and continual advancement in the decline of kidney activity. The kidneys filter waste and

excess fluid from the blood excreted through the urine. Declining kidney activity potentially incapacitates the patient and thus negatively influencing their quality of life. Moreover, Boudreau and Dubé pointed out that people experiencing hemodialysis management must frequently deal with depression and suicidal behaviors. Nurses need specialized training to help those with ESRD make critical decisions about treatment preference, which may affect their quality of life. Furthermore, Macaron et al. (2014) argued that patients with ESRD undergoing hemodialysis sometimes were incognizant of indications of abnormal depression. Clinicians often misjudge the level of depression and mental disorders, showing specialized training for patients with ESRD on dialysis should be provided. Patients with one or more diseases occurring along with ESRD are even more likely to experience depression and suicidal thoughts (Macaron et al., 2014).

Karasouli et al. (2015) made another key point that people with ESRD often experienced suicidal thoughts and feelings when they found that their chronic illnesses had become unendurable. Therefore, nurses need preparation in the event that patients wish to end their lives, which can manifest as refusal of further treatments and interventions. Suicide ideation often occurs as a means of dealing with chronic illness, when prolonging the inevitable means continued endurance of diminished quality of life (Karasouli et al., 2015). In addition, Kim and Yang (2017) showed that in the older adult population, the rate of the chronic disease of dementia continues to rise incrementally, with an increase of aging people. Suicide was identified as a problem with older adults, specifically during the first part of the dementia process. Suicide prevention efforts would benefit people aware of their dementia in the first stage. Leaders of suicide prevention

initiatives should consider depression, available help, and onset of dementia as risk factors for suicide (Kim & Yang, 2017).

Review of Methodological Literature

Influence of Negative Attitudes from Doctors

In this section, I show how the literature on mental health applies to my work. Mental health professionals who display negative attitudes toward people who manifest suicidal behaviors often have negative attitudes and display those attitudes professionally. Grimholt et al. (2014) examined attitudes of doctors toward patients who attempted suicide, specifically how the doctors identified their own abilities to offer adequate care for this population. Grimholt et al. used a random sample of 750 physicians from Norway that included doctors trained to give primary healthcare to male and female patients at various ages. The researchers examined their attitudes toward patients who had attempted suicide. The sample also included internists and psychiatrists in a cross-sectional survey study (Grimholt et al., 2014).

Grimholt et al. (2014) pointed out that psychiatrists with more specialized training, who cared for suicidal patients, as well as general practitioners (GP), had moderately more positive attitudes toward patients who attempted suicide than did internists. In addition, female physicians held more sympathetic attitudes than did male physicians. Grimholt et al. examined various doctors inclined to care for people with suicidal behaviors and included them in the measurements of attitudes toward patients who desired to commit suicide because of a terminal disease. The researchers also asked about the physicians' education, training, or experiences with suicidal patients. The

physicians indicated competence in their specializations, with the psychiatrists revealing increased competence with suicidal patients compared to non-psychiatrists (Grimholt et al., 2014). With attention to competence, Grimholt et al. (2014) pointed out that suicide prevention education could increase physicians' positive attitudes toward people with suicidal behaviors, as well as increase their competence and skills. Many people who had committed suicide were recently seen by their GPs beforehand. GPs believed that they would benefit from more training, which could prevent suicides (Grimholt et al., 2014).

Mental Health Stigma

Mental health stigma is a problematic issue deserving attention. Happell and Gaskin (2013) analyzed the practiced disposition and feelings of undergraduate nursing students and the compelling force of undergraduate nursing instruction on their dispositions and perceptions of mental health nursing. The researchers conducted a systematic review, using secondary sources from various electronic databases. Happell and Gaskin found that mental health specialties were the lowest in consideration for a career choice for the past 50 years. Research studies have shown that a barely adequate amount of undergraduate mental health classes exist with mental health theory instruction. Additionally, there is a paucity of clinical instruction that has a negative impact on undergraduate nursing students' attitudes. These conclusions indicated that having an increased focus on theory and clinical educational experiences could improve undergraduate nursing students' attitudes toward mental health in the curriculum as a career choice.

Positive attitudes are essential for competence in the workforce and for adequate care for the mental health patient (Happell & Gaskin, 2013). Researchers should consider attitudes of individuals majoring in nursing toward the mental health in the nursing curriculum and the relationship of undergraduate nursing instruction. A look into the association of individuals majoring in nursing and their attitudes regarding people with mental illness could show insight into the specialized psychiatric training provided to students in various nursing curriculums.

Furthermore, Batterham et al. (2013) argued that the attitudes of people who had limited knowledge, education, and awareness of mental health disorders, such as suicide, were associated with higher stigmatizing attitudes about suicide. Education to increase mental health literacy in communities may decrease mental health stigmas, which will strengthen and dispel fears for people seeking help and make it possible to prevent suicide. In addition, Wynaden et al. (2014) pointed out that mental health issues disproportionately affected college students. The researchers examined the attitudes of nursing students and staff about mental health issues in a college setting. The researchers defined the silence about mental illness as translating into stigmatization. Stigmatization then leads to decreased self-seeking behaviors required to seek treatment for mental disorders. Mental stigmas can result in unfair treatment and unfavorable opinions or feelings formed beforehand without knowledge, thought, or reason. Mental health literacy is one way to decrease stigma and negative attitudes (Wynaden et al., 2014). Similar to Wynaden et al. (2014), Bartik et al. (2015) argued that suicide was a major problem for adolescents and young adults; when this population experienced the loss of

friend, a barrier exists because although support is essential, it is influenced by the silence on the subject of suicide and stigma associated with suicide.

Another key point, according to Schomerus et al. (2014), is that higher rates of suicide on a national level present a major problem influenced by the amount of stigma in a particular society. The disapproval, disgrace, and bad feelings associated with mental illness stigma represent barriers for people seeking professional treatment, therefore influencing the chances for successful outcomes. Mental health stigma is an important factor when people suffering from extreme mental health disorders experience the effects of stigma at a crucial time in their lives, which may increase the dangers of suicide (Schomerus et al., 2014).

Finally, Shrivastava et al. (2014) argued that a stigma was attached to mental illness. This stigma is a significant obstacle for treatment for disorders, such as schizophrenia. As a result, clinical interventions developed for reducing this stigma should ensure positive clinical outcomes for individuals with mental health disorders (Shrivastava et al., 2014). Sercu et al. (2015) defined this stigma associated with mental health as disadvantageous to professional nurses because it would show a lack of professionalism. Nurses undertaking efforts to end stigma in the mental health profession can only enhance the profession (Sercu et al., 2015).

Suicide, Negative Policy, and Education

There are cultural experiences regarding suicide in Africa, which may differ from suicide in countries, such as the United States. In some African countries, suicide is a crime. According to Hjelmeland et al. (2014), it is a crime in Ghana for people to attempt

to end their lives. Hjelmeland et al. scrutinized the mentality of health workers and police officers about the law against attempted suicide. In a qualitative study, the researchers conducted interviews with eight emergency nurses, eight clinical psychologists, and eight police officers in Accra, Ghana. The results showed that over half of the nurses agreed with the law, and most police officers agreed with the law (Hjelmeland et al., 2014).

Conclusively, Hjelmeland et al. (2014) argued that education was important to understand suicidal behavior, as well as why suicidal people would reach the point of attempted suicide. Education into suicidal behaviors, as well as why suicidal people lose hope and attempt suicide, could assist with changing this law. A large percentage of the nurses held negative attitudes toward suicide and believed that the law effectively acted as a preventive measure against suicide. Those in favor of the law were less concerned with the reasons behind suicidal behavior, showing a need for education that would help understand suicide and decrease stigmatization. Providing education could be beneficial and support changing this law to prevent suicide (Hjelmeland et al., 2014).

Nurses, Nursing Faculty Attitudes, and Stigmatization

Although like the section on mental health stigma in some ways, this section on nurses and nursing faculty attitudes is distinct. Mental health stigma and attitudes are prevalent in the general population; similar mental health stigma may exist in nurses and nursing faculty. Nurses and nursing faculty may have mental health stigma that could allow for less-than-standard nursing education and poor patient care. Woodtli and Breslin (2002) examined nursing faculty's attitudes on matters that include content on violence in the nursing curriculum and found the findings revealing. Woodtli and Breslin

documented the earliest literature on this topic of nursing faculty attitudes and nursing content in the curriculum on violence. Woodtli and Breslin noted that nurse educators should ponder their personal attitudes toward intimate partner violence. The implications from this study showed that the nursing curriculum regulated by nursing faculty should include policy about violence, including suicide or violence to self, as well as violence to others. Leaders should provide nursing curriculum content relevant to the changing trends of society; therefore, content on violence is necessary to prepare nurses to meet the population needs of those associated with violence, such as suicide and intimate partner violence (Woodtli & Breslin, 2002).

Nebhinani et al. (2013) conducted a cross-sectional study of nursing students' attitudes toward people who took their lives. The study occurred in a rural part of Northern India, using a sample population of three hundred and eight nursing students. Nebhinani et al. collected compelling evidence that suicide was a problem, showing that nurses had a role to play with this population of patients. The researchers found it significant and crucial to examine nurses' attitudes about suicide. The findings indicated that nursing student attitudes were sympathetic toward patients who tried to harm themselves. The students' ambiguous feedback showed the need for more educational attention to increase favorable attitudes toward patients who attempted suicide. Nurses had an increased chance of encountering a patient presenting with self-harm compared to occupations without direct patient contact; therefore, their attitudes must show an inclination to positively affect the outcomes (Nebhinani et al., 2013).

In contrast, Happell and McAllister (2014) argued that earlier researchers had concentrated on nursing students' perceptions, thoughts, and feelings toward mental health nursing. Happell and McAllister focused on increasing the attraction of graduates to mental health nursing. When the focus is on increasing the mental health content to influence the mental health profession successfully, positive outcomes should follow (Happell & McAllister, 2014). Likewise, McAllister et al. (2014) referenced the severe deficiency in the number of competent nurses with the necessary experience, ability, and positive viewpoints to be of service to people with mental health disorders.

As a subject, mental health is inadequately represented in the nursing curriculum and, therefore, is the principal cause for inadequate education of undergraduate nursing students on topics included in mental health, such as suicide (McAllister et al., 2014). Likewise, Byrne et al. (2013) discussed different opinions among policymakers about the complex mental health content necessary for undergraduate nursing students. Many health professional stakeholders, scholars, and academic investigators have expressed worries about the inadequate educational foundation for nursing graduates working with individuals with mental health disorders. Undergraduate nursing students working with people with lived experiences of mental health can close the gap between theory and practice to decrease the stigma of mental health (Byrne et al., 2013). The lived experiences of participants influence the knowledge of and familiarity with the practicality and clinical aspect of mental health processes, which can decrease stigmas toward people with mental health disorders. According to Byrne et al. (2013), the lived experiences and recoveries of consumers of mental health services can provide nursing

students with positive connections to mental health content applicable to a professional career in mental health.

Comparatively, Ouzouni and Nakakis (2012) used a cross-sectional survey design to examine nurses' attitudes toward their patients who attempted suicide. The sample population included an accessible sample of 255 nurses employed in medical, surgical, orthopedic, emergency, and intensive care in various hospitals in Greece. The methodology included an Attitudes Towards Attempted Suicide-Questionnaire, and the resultant data were analyzed using SPSS to describe descriptive and inferential statistics. Furthermore, Ouzouni and Nakakis concluded that some nurses showed disagreeable attitudes about patients who attempted suicide. Nurses who responded positively to attempted suicide patients did not treat patients differently or single them out for inferior treatment. Ouzouni and Nakakis also determined that nurses with advanced education, such as those with a master's degree in nursing, also held favorable attitudes toward patients who attempted suicide. Nurses working in various areas of specialization will meet with individuals who are suicidal, those who have attempted suicide, or those at risk for suicide. The researchers showed that suicidal individuals constituted a growing population, and a competent nurse's favorable attitude would greatly enhance suicidal patients' outcomes, ultimately preventing suicide (Ouzouni & Nakakis, 2012).

In like manner, Neville and Roan (2013) pointed out that a deficiency of educational instruction and negative attitudes regarding suicide was present among nurses; those negative attitudes had an unfavorable effect on healthcare provider services. The increase in the rates of suicide is proportionally reflected in the levels of incompetent

skilled nursing care and inadequate assessment and evaluation of the suicidal patient. The examination of attitudes toward suicide is important to provide care for the suicidal patient and to achieve suicide prevention (Neville & Roan, 2013). According to Happell and McAllister (2014), nursing faculty's perspectives on mental health nursing in the curriculum for undergraduate nursing programs are important. Happell and McAllister conducted a qualitative exploratory study with the heads of nursing schools in Queensland. The researchers studied the perspectives of top administrators of schools of nursing to show the degree to which leaders of mental health nursing content in the baccalaureate curriculum provided adequate training for students to later be considered competent practitioners' of mental health nursing (Happell & McAllister, 2014).

Happell and McAllister (2014) examined nine universities' baccalaureate nursing programs. The method included e-mails and telephone interviews. The interviews were then analyzed through transcription, coded and grouped into themes, and interpreted related to mental health was critically analyzed. The literature review showed that mental health nursing was generally viewed with the least amount of favor for a career choice when compared with other nursing fields of concentration. The researchers found that attitudes about mental health nursing were determined, shaped, and motivated by education. However, leaders of nursing education often minimize the importance of meeting skill, proficiency, and competency in all specialized areas of nursing to include mental health (Happell & McAllister, 2014). Happell and Cutcliffe (2011) argued that the large scope of undergraduate nursing education lacked coverage in essential areas, such as decreasing stigmas related to people with mental health disorders.

Mental health disorders are increasingly widespread in all areas of healthcare and nurses are likely to encounter people with mental health issues, such as suicide, outside the mental healthcare setting. Leaders of specialized theoretical and clinical education in mental health could reduce the stigma in treating this population, which would cause improved outcomes and care of individuals with mental health disorders (Happell & Cutcliffe, 2011). On the other hand, Wu et al. (2014) pointed out that competent nurses would need to consider the risk for suicide, suicidal behavior, or suicide ideation based on skillful knowledge; therefore, undergraduate nurses must be sufficiently prepared by the nursing curriculum. Suicide endures as a difficult to understand public health concern, but limitations in suicide prevention in the mental health nursing content for undergraduate nurses persist. Suicide prevention is lacking in the nursing curriculum, but nurses' actively working in healthcare requires suicide prevention training. Nurses recognize that they would greatly benefit from suicide prevention training in the care of the suicidal patient. Furthermore, suicide prevention training should address suicide myths and stigma (Wu et al., 2014).

Puntill et al. (2013) discussed the suicide problem and argued that without proof, suicide is preventable. In their view, properly qualified mental health nurses can prevent suicide by recognizing and assessing people in danger of committing suicide. Psychiatric mental health nurses give care to people at risk for suicide in the hospital setting. In their qualitative study, Puntill et al. uncovered a dominant idea about mental health nurses, showing inadequate educational preparation that resulted in feelings of less than competent care provided to suicidal patients. Mental health nurses spend a huge part of

time working with the suicide population. However, psychiatric mental health nurses often lack suicide prevention skills, specifically suicide risk evaluation, prevention, and clinical involvement. No educational policies and requirements are in place for mental health nurse about suicide prevention (Puntil et al., 2013).

According to Kotowski and Roye (2017), nurses may give direction and guidance on suicide prevention improvement, yet the baccalaureate curriculum lacks proficiency in identifying and intervening in critical suicide circumstances. Educational training is imperative for new nurses on suicide prevention because they come across people with suicidal thoughts. Nurses have a moral, ethical, and legal obligation to care for people at risk for suicide. However, there is no mention of suicide prevention in written references for curriculum expansion and growth for baccalaureate studies (Kotowski & Roye, 2017).

The exposure to injury or loss by suicide increases in people with cancer to nearly twice that of the public. Yet, oncology nurses identified feeling inadequate caring for the suicidal patient. Suicide prevention and development of competence for intervening and controlling suicide risks must originate in baccalaureate nursing instruction, which will then flow into workplace practices. The official credentials ascribed to hospitals could be limited and contingent on nurses' abilities to care for the suicidal patient (Kotowski & Roye, 2017).

Summary and Conclusion

This literature review began by showing how research on the problem of suicide applies to individuals majoring in nursing and their attitudes toward suicide content in the curriculum. The literature review showed the problem of suicide and the negative effects

mental health stigma had on the relationship of nursing faculty's attitudes and nursing students' attitudes toward suicide in the baccalaureate curriculum. The section on suicide, society, and culture included literature on suicide and self-harm, suicide and family, suicide and the impact on education, and the suicide problem with veterans. The second theme showed the prominence of suicide in mental and physical health. The literature review included mental health, suicide and postpartum depression, chronic illness, and suicide factors. The final theme included the influence of negative attitudes in healthcare based on doctors, mental health stigmas, nurses, nursing students, and nursing faculty.

In the first theme of suicide, society, and culture, the literature showed evidence that self-harm and adolescent suicide was a major source of concern due to risk of fatality for this population. An increased risk for suicide is present in various populations. Suicide and family have specific problems, such as postvention, bereavement, and increased risks for males in families. Suicide experiences vary in different societies, such as in Africa. If nurses are properly educated about populations with a higher risk of suicide, such as veterans, and the reasons behind this risk, then they can identify and offer interventions where most needed; moreover, having a positive attitude toward helping those patients in a clinical setting and elsewhere in society can help the issue.

The second theme showed the significant problem of suicide in mental health and physical health in society. The literature showed evidence that risk of suicide played an important part in mental health. Suicide continues to pose problems for various populations, such as women with postpartum depression and veterans in the United States. Effects of attempted suicide also persist in physical health in the form of chronic

health problems. Suicidal patients with end-stage renal disease undergoing hemodialysis will often opt to stop dialysis, resulting in death.

The final theme showed how negative attitudes influenced significant issues in mental healthcare that included suicide and self-harm. Physicians, nurses, student nurses, and nursing faculty have specific attitudes toward patients with suicidal behaviors. Negative attitudes are often reflected because of the lack of educational instruction, specifically to promote mental health. A stigma surrounds mental health about suicidal behaviors.

The literature indicated that suicide was a problem in society, including specific populations and segments of society. The upward trend for suicide continues as a detrimental aspect in society. Training and educational instruction are inadequately reflected in the care of the suicidal patient. Suicide prevention and other issues surrounding suicide, such as postvention, must be included in the nursing curriculum. The literature showed that stigmatization in mental health created a barrier for the prevention of suicide. The research showed that nurses and doctors had specific attitudes that could be influenced by the stigma of mental health.

As a result, at the end of a nursing program of study, confidence levels in the mental health training could be compromised based on the amount of suicide prevention content or lack of suicide prevention content. Considering the relationship of individuals majoring in nursing's attitudes toward suicide and suicide prevention in nursing programs could show the need for policy changes to increase instruction on suicide prevention and

how the theoretical promotion of the mental health issue of suicide in the nursing curriculum could prevent suicide.

Although more research is necessary to understand why public policies for suicide prevention have not applied to the mental health portion of the curriculum, measuring individuals majoring in nursing's attitudes on suicide can test the mental health content in the curriculum and may influence nursing leadership to modify curriculum policies. This literature review showed the problem of suicide, negative influence of attitudes, mental health stigma, and the possible relationship of individuals majoring in nursing attitudes toward suicide. I extended the knowledge in the nursing discipline regarding the implication of the exclusion in the nursing curriculum of this important topic of mental health.

A close look at the relationship between individuals majoring in nursing attitudes on suicide content in the nursing curriculum showed pertinent information to increase knowledge, competence, and assessment skills for nurses with suicidal patients to prevent suicide. The identification and recognition of possible stigmatization toward mental health during nursing educators' personal reflection can positively influence the content in nursing programs, thus resulting in an effective suicide prevention tool to address the public health problem of suicide in the United States. The implications for social change are likely and will occur incidentally.

People perish from a lack of knowledge. In this case, people and patients with suicide ideation or self-harm may perish because of a nurse's lack of knowledge on suicide assessment and suicide prevention. A nurse's lack of knowledge results from gaps

in curriculum content. The literature review showed that negative attitudes and stigmas existed in the field of mental health. I added quantitative observations to existing nursing research and public policy by providing a description of individuals majoring in nursing's attitudes toward suicide in the nursing curriculum.

In Chapter 3, I outline the essential features for the research design and method to be followed. This chapter includes the study sample, survey instrument, research procedures, data collection, and statistical analysis. Chapter 3 contains information that adds an account of previously stated evidence.

Chapter 3: Research Method

Introduction

The purpose of this quantitative descriptive correlational study was to explore what impact, if any, attitudes toward suicide had on the levels of confidence and mental health training for individuals with a major in nursing. Examining the opinions of individuals majoring in nursing on the mental health content in the nursing curriculum could influence nursing leadership and lead to policy changes in the curriculum, resulting in greater suicide prevention. When individuals majoring in nursing skills are enhanced on suicide prevention in theory and clinical practice, this prepares the way for confidence in mental health training and suicide prevention efforts.

In this chapter, I will describe the independent and dependent variables, provide fundamental reasons for the selected research design, and show how the research design connects with the RQs. The methodology will include the target population, sampling procedures, and data collection procedures, as well as the instrument, related reliability and validity issues, and a description of the data analysis plan. The chapter includes discussion of threats to external validity and construct validity. Ethical procedures and concerns are discussed. Finally, a summary of the chosen design and methodology is provided.

Research Design and Rationale

I explored the following RQs and hypotheses:

RQ1: Among individuals majoring in nursing, what is the relationship between the level of confidence in helping someone with a mental health problem and attitudes to suicide?

H₀1: Among individuals majoring in nursing, there is no significant relationship between the level of confidence in helping someone with a mental health problem and attitudes to suicide.

H_a1: Among individuals majoring in nursing, there is a significant relationship between the level of confidence in helping someone with a mental health problem and attitudes to suicide.

RQ2: Among individuals majoring in nursing, what is the relationship between the level of confidence in helping someone with the issue of deliberate self-harm and attitudes to suicide?

H₀2: Among individuals majoring in nursing, there is no significant relationship between the level of confidence in helping someone with the issue of deliberate self-harm and attitudes to suicide.

H_a2: Among individuals majoring in nursing, there is a significant relationship between the level of confidence in helping someone with the issue of deliberate self-harm and attitudes to suicide.

RQ3: Among individuals majoring in nursing, what is the relationship between the level of perceived skill in helping someone with a mental health problem and attitudes to suicide?

H₀₃: Among individuals majoring in nursing, there is no significant relationship between the level of perceived skill in helping someone with a mental health problem and attitudes to suicide.

H_{a3}: Among individuals majoring in nursing, there is a significant relationship between the level of perceived skill in helping someone with a mental health problem and attitudes to suicide.

RQ4: Among individuals majoring in nursing, what is the relationship between the level of perceived skill in helping someone with the issue of deliberate self-harm and attitudes to suicide?

H₀₄: Among individuals majoring in nursing, there is no significant relationship between the level of perceived skill in helping someone with a mental health problem and attitudes to suicide.

H_{a4}: Among individuals majoring in nursing, there is a significant relationship between the level of perceived skill in helping someone with a mental health problem and attitudes to suicide.

I used a descriptive, cross-sectional, survey research design to quantitatively describe individuals majoring in nursing attitudes toward suicide. In this chapter, I describe the independent and dependent variables to provide the fundamental reasons for the selected research design. I show how the research design connects with RQs 1-4.

I examined the relationship between individuals majoring in nursing's attitudes toward suicide (independent variable) and suicide prevention content in mental health training. One of the measurement devices for this survey consisted of the ATTS

instrument, briefly identified and described in Chapter 1. I secured approval to use the instrument from Ellinor Salander Renberg, one of the authors of the ATTS instrument (see Appendix A for a copy of the approval; Renberg & Jacobsson, 2003). I used the ATTS instrument to provide a quantitative descriptive of perceptions, attitudes, or opinions of a group of people or a portion of a population (see Thongpriwan et al., 2015). The covariate dependent variable of mental health content was measured using the MHTCQ to evaluate the mental health training of universities and colleges and two baccalaureate nursing programs in Iowa.

Using the survey design, I obtained numeric data to describe the attitudes of individuals majoring in nursing toward suicide content in the nursing curriculum. Using quantitative methods in a systematic investigation of individuals majoring in nursing's attitudes toward suicide content in the curriculum can establish numerical evidence on beliefs and attitudes in the form of outcome and results (see Ingham-Broomfield, 2014). Such research is necessary for the advancement of knowledge in the nursing discipline. The National Advisory Council on Nurse Education and Practice (2010) stated that nursing faculty should frequently assess and amend or alter the nursing curriculum as necessary to instruct student nurses. Nursing students could benefit from this guidance regarding the curriculum's end results where faculty makes certain that the curriculum remains consistent with adequate, sufficient, and proficient nursing processes. In addition, the nursing curriculum must reflect the nursing profession's purpose and established, accepted regulations (National Advisory Council on Nurse Education and Practice, 2010).

Methodology

Population

The target population consisted of individuals majoring in nursing at universities and colleges and two designated baccalaureate nursing programs in Iowa. Undergraduate nursing students included the following undergraduate nursing students: traditional students; undergraduate nursing students who were unregistered nurses; and undergraduate nursing students who had completed an associate degree program, allowing them to become licensed as a RN currently completing the undergraduate baccalaureate nursing program. The time frame to conduct this study was during the 2019–20 academic year at the two baccalaureate nursing programs in Iowa.

Preliminary calculations showed that there needed to be an approximate sample size of 44 senior undergraduate nursing students in the first nursing program. In the second nursing program, the sample size was projected at 112 senior undergraduate nursing students. Preliminary estimates showed that there should be approximately 282 total undergraduate nursing students in the first program and approximately 296 total undergraduate nursing students in the second program for a total undergraduate nursing population of 578. SurveyMonkey sent out the ATTS and MHTCQ to individuals with a medical major. The population was broadened to include medical majors from colleges and universities. The population sample was further reduced to individuals majoring in nursing.

Sampling and Sampling Procedures

The sampling strategy consisted of nonprobability sampling, including purposive sampling. The goal for using nonprobability sampling involved specifically targeting participants enrolled in a baccalaureate nursing program in Iowa. In addition, SurveyMonkey targeted individuals with a medical major from universities/colleges. Purposive sampling was used to select individuals majoring in nursing from the medical majors' sample. Purposive sampling was selected to target senior undergraduate participants from a baccalaureate nursing program, as well as individuals majoring in nursing, to respond to the RQs subjectively. The purposive selection of individuals majoring in nursing was significant because of their anticipated advancement in the workforce or present workforce experience, where competency was expected.

The sampling frame of traditional and nontraditional senior undergraduate nursing students' emails was provided by the dean from the school of nursing. The sampling frame was then used to encourage senior nursing students to volunteer to participate in this research. Male and female senior undergraduate traditional and nontraditional students majoring in nursing were targeted as meeting the inclusion criteria. Freshman and junior nursing majors were excluded. SurveyMonkey sent out approximately 300 surveys to individuals with medical majors.

A G*Power priori analysis calculation, using a one-tailed alpha value of 0.05, a beta value of 0.95, and a medium effect size of .5 produced justification for a sample size of 156 was used (*G*Power 3.1 Manual*, 2020). According to Thalheimer and Cook (2012), effect sizes are used to show the size or extend of the study and allow for

comparison. In a review of statistical analysis, Ingham-Broomfield (2014) stated that the alpha level of 0.05 determined a 5% possible change for that significant change, or effects were a result of an absence of predictions or chance. The confidence interval of 95% means that a researcher can be confident that 95% of the population is depicted, and the larger the sample numbers, the more exact the prediction (Ingham-Broomfield, 2014).

Procedures for Recruitment and Participation, and Data Collection

Before the data collection, the research was presented to Walden University's Institutional Review Board (IRB) for acceptance; thereafter, the data collection process began. The dean of nursing provided a list of undergraduate senior nursing students and their email addresses from each of the participating nursing programs, so they could be recruited for the study.

According to CITI Program (n.d.), senior nursing students could complete the survey and opt to have their survey feedback deleted from the study. Students could refuse to consent or state at the start of the survey that the research might not include their survey feedback.

The first email was sent to the respective dean of nursing for the two schools of nursing programs. The emails included an introduction for the research, the purpose of the study, the title class and location for the study and survey data collection, and a statement of request for the sampling frame of senior undergraduate traditional and nontraditional students. The email containing the survey included a brief description of the study, the approximate time to finish the survey, and a statement concerning voluntary participation, as well as the protection of identity. In addition, the email

contained a method of default where the responses were directed back to the researcher. The initial email introduced the survey. The survey link followed the agreement to participate declaration and began with the consent statement. A second follow-up email was sent as a reminder to complete the survey, allowing for those students who missed the opportunity to complete the survey in class (see copies of all emails in Appendix).

SurveyMonkey collected the participants' responses. The participants received the link to the survey from either representatives of the schools or from SurveyMonkey. After receiving the link with participants' agreement to take part in the survey, they were directed to the first section of a page on SurveyMonkey's website. The participants could view the informed consent statement. The consent showed the purpose of the study, the study's process, advantages and disadvantages of the study, ethical procedures, and my contact information. The participants could then click on the "agree to participate" button and proceed to the survey. If they decided not to participate, the instructions guided them to terminate the webpage by closing the open window (see Appendix C).

The questionnaire was designed so that the responses were based on a Likert scale, and the participants could click on the desired response. The participants' demographic information was collected in a multiple-choice format. At the end of the survey, the participants could choose if they wanted further information concerning the outcome of the study. A statement of gratitude was included at the conclusion of the survey. If the participants opted for more information, they had to provide an email address to receive the study report. After the final email had been sent and the collection of the data completed, the results were downloaded from SurveyMonkey.

With the completion of the study, a debriefing email was sent to the participants. The debriefing included details about how they could access the study once it was published, which included the findings, results, and summary with recommendations. The email contained my contact information in the event of additional questions or concerns, as well as a statement of gratitude. A copy of the final email containing the findings, results, and summary with recommendations is in Appendix D.

Instrumentation

Renberg and Jacobsson (2003) developed a questionnaire called the ATTS. Kodaka et al. (2011) stated the ATTS was constructed as a suitable scale to ascertain the extent or quantity of attitudes regarding suicide among a broad base of the general population. The ATTS was deemed appropriate for this study to assess the significance of attitudes regarding suicide, with suicide prevention as the goal (see Kodaka et al., 2011). In addition, a MHTCQ was designed to measure mental health training, confidence, knowledge, and attitudes toward self-harm and suicide prevention. This instrument was expected to show the levels of confidence that senior nursing students would have after completing mental health training in a baccalaureate nursing program. The questionnaire targeted training on self-harm and consideration of those who committed self bodily harm. The questionnaire measured the ability stemming from the participants' knowledge and competency of self-harm and feelings toward suicide prevention (see Robinson et al., 2008).

The operationalization of the dependent variable of adequate mental health training and suicide prevention content in the curriculum was accomplished by measuring

the independent variable of attitudes toward suicide for individuals majoring in nursing. The measurement of individuals majoring in nursing's attitudes toward suicide reflected negatively or positively on the topic of suicide. Mental health content covered clinical suicide training, which began and ended with basic assessment. Positive or negative attitudes toward suicide could reflect the adequacy or inadequacy of the mental health content in the curriculum. The dependent variable of adequate mental health training measurement included the MHTCQ to evaluate the mental health training of two baccalaureate nursing programs in Iowa, as well as individuals majoring in nursing. Mental health training occurred for undergraduate nursing students during the junior or third year of study.

Permission was granted on September 30, 2014, from the author of the ATTS instrument, as noted in Appendix A. According to Kodaka et al. (2011), the reliability alpha coefficients values related to internal consistency for a few of the ATTS subscales numbers were small-scale. During the development of the questionnaire, a second study was conducted, with similar results indicating a significant elevated reliability value. Kodaka et al. further pointed out that reliability indicated a connection regarding the construct of the questionnaire. Specific concentration was paid to validity issues for the ATTS scale because the evolving questionnaire required definitive comprehension of suicidology, with inclusive items related to the Suicide Opinion Questionnaire and the Suicide Attitudes Questionnaire. The first ATTS was constructed with reference to the Suicide Opinion Questionnaire scale. The second adaptation of the scale was constructed with reference to pertinent attitudes about suicide and content developed by the authors

of the Suicide Attitudes Questionnaire scale. This second study showed links between survey participants' attitudes and thoughts on suicide, which affirmed criterion validity (Kodaka et al., 2011). The MHTCQ includes four questions, and permissions are granted to researchers using the instrument for reasons pertaining to education (see Appendix E).

Renberg and Jacobsson (2003) used the ATTS instrument in Vasterbotten, an area north of Sweden, with a population of approximately 260,000. This area was selected because of the differing and often deviating suicide rates between rural and urban areas. Renberg and Jacobsson first used the questionnaire to conduct research in 1986, with a 20-item model and Cronbach's alpha for internal consistency, ranging from .38 to .66, with a scale of eight items. Renberg and Jacobsson's second study was conducted in 1996 to increase the reliability and validity values, using 34 questions. The internal consistency increased on two factors: the factor entitled *suicide as a right* and the factor entitled *incomprehensibility*, which included the normal accepted factor. The internal consistency was expanded for the questionnaire on ATTS. However, the internal consistency scored low statistically (Renberg & Jacobsson, 2003).

The ATTS instrument was developed to measure specific attitudes regarding suicide (Kodaka et al., 2011). Kodaka et al.'s (2011) second version of the ATTS instrument showed test-retest reliability results like the first version, indicating a high reliability for the ATTS instrument. Validity reflected the measurement of attitudes according to the theoretical concepts of the term attitude. Attitude was defined as the value of something manifested in an individual's manner, observable activity, or

perception. The instrument showed connections between attitudes toward suicide and suicide behaviors, which reflected criterion validity (Kodaka et al., 2011).

Data Analysis Plan

After all the data were collected from SurveyMonkey's website, the results were downloaded into the current SPSS Version 22.0.0.0 for the data analysis. Multiple sets of analysis were completed. The analysis included the descriptive use of frequencies and percentages about participant demographics and individuals majoring in nursing's attitudes on suicide in the nursing curriculum. Mean and standard deviations were used on various items from the ATTS instrument, representing a Likert scale. According to Giacchero Vedana et al. (2017), correlation statistics numerically show the degree of relationship between two variables. Correlation analysis were used to examine the relationship between the variables of senior nursing students' attitudes toward suicide and adequate mental health training. Spearman's correlation tests using nonparametric data analysis were used to consider the variables of attitudes toward suicide behavior, mental health training, and other connected elements (see Giacchero Vedana et al., 2017).

Linear regression was used to examine independent and dependent variables in predictive analysis. According to Sun et al. (2017), a correlational research linear regression can be used to examine elements that researchers could use to surmise suicidal recovery with suicidal efforts. Moreover, statistical packages, such as SPSS, have been effectively used in previous studies. For example, Martensson et al. (2014) also used a statistical package in an analysis of attitudes of mental health nursing employees regarding mental disorders. The mental health nursing employees came from two distinct

institutions; thus, the researchers used an independent *t*-test and chi-square test (Martensson et al., 2014).

Threats to Validity

According to McCambridge et al. (2014) the Hawthorne effect occurs when participants in a study are conscious of being under scrutiny for the purposes of research. The outcome of this awareness might have influenced the results of the study as participants might have altered their behaviors. It was difficult to discern exactly what the participants' true thoughts were in the research; those thoughts could be positive or negative. The research for this study was conducted to examine the results of participants' behaviors, with a definite understanding of being studied (see McCambridge et al., 2014).

Ethical Procedures

Walden University IRB's guidelines provided ethical direction for participants. I also completed the CITI Program's training on working with human subjects (see the certificate of completion in Appendix F). The participants received an informed consent that included a cover letter containing details on the survey, voluntary participation, anonymity, and confidentiality. The participants' anonymity was maintained in the event of any contact with me. I collected data using SurveyMonkey for professional and confidential management of research files. The files downloaded from SurveyMonkey will be retained for 5 years on a password-protected flash drive; after that time, the files will be permanently destroyed. At the completion of the study, participants could view communication offering thanks for participation in the study. The participants received

my contact information in the unanticipated event of detriment or anguish due to this study.

Summary

In summary, this quantitative study was used to examine individuals majoring in nursing's attitudes toward suicide to educate nursing faculty with direct influence on nursing policy about suicide prevention in the curriculum. The dependent variable, adequate suicide prevention content, was used to describe individuals majoring in nursing's attitudes toward suicide content in the curriculum. A survey design was used based on the ATTS instrument to provide a quantitative description of the attitudes of a targeted population consisting of two groups of senior undergraduate nursing students at two designated baccalaureate institutes in Iowa. In addition, individuals majoring in nursing from universities/colleges provided a sample population.

The MHTCQ was expected to measure to the adequacy of mental health training as perceived by individuals majoring in nursing at baccalaureate nursing programs and universities/colleges. The representative school official sent the link in an email to participating senior undergraduate nursing students, as provided from a list furnished by the dean of nursing. The data from participating senior undergraduate nursing students were collected through the SurveyMonkey website.

The ATTS instrument showed validity according to the theoretical concept of the term "attitude." The current SPSS was used to analyze the results collected from the SurveyMonkey's website. The descriptive use of frequencies and percentages was to examine the participant demographics. Mean and standard deviations were used on

various items from the ATTS instrument, representing the Likert scale. The Hawthorne effect where participants in a study were conscious of being studied for research and might alter their behaviors either positively or negatively could have affected the outcome of this study and posed a threat to validity. Walden University's IRB guidelines provided ethical direction for participant procedures. The participants received an informed consent, assurance of anonymity, and assurance of confidentiality.

The results of this research study should close the gap in the literature regarding individuals majoring in nursing's attitudes toward suicide in various nursing programs of study and adequate mental health content in the curriculum. By examining individuals majoring in nursing's attitudes toward suicide in the curriculum, policy implications could include influencing nursing leadership to address those attitudes, adding relevant content to prevent suicide, and raising the standard of competency for nurses. In Chapter 4, I give information on the data collected and show details on the results of the data collected from the survey questionnaire.

Chapter 4: Results

Introduction

The purpose of this quantitative descriptive correlational study was to explore what impact, if any, attitudes toward suicide had on the levels of confidence and mental health training for individuals with a major in nursing. Examining the attitudes of nursing majors toward suicide and mental health content in the nursing curriculum could influence nursing leadership to evaluate mental health content and lead to policy changes in the curriculum, resulting in greater suicide prevention. The findings showed the relationship among individuals majoring in nursing and their level of confidence and skill in helping someone with a mental health problem or deliberate self-harm and attitudes to suicide. Chapter 4 includes a discussion of data collection, sample demographics, reliability analysis, results, and a summary. I analyzed data with SPSS 25 for Windows.

Data Collection

After obtaining the required approvals, I recruited participants from two baccalaureate nursing programs in Iowa. The dean of nursing or the coordinator, institutional research and effectiveness administrator, and chair of the college's IRB emailed the survey link to a list of undergraduate senior nursing students in each of the participating nursing programs for recruitment purposes. Data were collected through SurveyMonkey, an online data collection tool, from July 16, 2020 to July 23, 2020.

Instruments transferred to SurveyMonkey for data collection included the ATTS and MHTCQ. Renberg and Jacobsson (2003) developed the ATTS; according to Kodaka et al. (2011), the tool was constructed as a suitable scale to ascertain the extent or

quantity of attitudes regarding suicide among a broad base of the general population.

Robinson et al. (2008) designed the MHTCQ to measure mental health training, confidence, knowledge, and attitudes toward self-harm and suicide prevention.

I exported data from SurveyMonkey to Microsoft Excel in three Excel spreadsheets. The first data set, which targeted the two baccalaureate nursing programs in Iowa, had data for seven participants. The second data set was a soft launch to targeted nursing majors and had 15 participants. The third data set had 363 participants from medical majors at universities/colleges; participants were asked their majors at the beginning of the survey. At the end of the ATTS questionnaire, participants were asked if nursing was their major with the completion of mental health nursing. The remaining sample contained nursing major participants with the completion of training on mental health nursing.

I imported each data set into SPSS. The two SPSS data sets were merged into one data set. The participants with only nursing majors were extracted from the data set using the select cases feature, and a new data set was created consisting of only nursing majors ($n = 116$). Four participants did not complete the four questions on the MHTCQ; therefore, they were deleted from the survey, which left 112 participants.

Sample Demographics

The preliminary data set of 7 nursing students from Iowa did not contain demographic factors, such as age, race, and gender. The final data set contained data on 112 nursing students, the majority of whom were female (94.6%, $n = 106$); 5.4% ($n = 6$) were male. The largest group of students (25.0%, $n = 27$) was 18 to 24 years of age. The

second largest group of students was 25 to 34 years of age (21.3%, $n = 23$), and the third largest group of students was 65 years or older (19.4%, $n = 21$). Regarding race/ethnicity, 60.7% ($n = 68$) of nursing students were White, 27.7% ($n = 31$) were Black or African American, and 5.4% ($n = 6$) were Hispanics or Latinos. (see Table 1).

Table 1

Sample Demographics

| Variables | <i>n</i> | % |
|----------------------------------|----------|------|
| Age | | |
| 18–24 | 27 | 25.0 |
| 25–34 | 23 | 21.3 |
| 35–44 | 17 | 15.7 |
| 45–54 | 11 | 10.2 |
| 55–64 | 9 | 8.3 |
| 65+ | 21 | 19.4 |
| Gender | | |
| Male | 106 | 94.6 |
| Female | 6 | 5.4 |
| Ethnicity (race) | | |
| American Indian or Alaska Native | 2 | 1.8 |
| Another race | 1 | 0.9 |
| Asian or Asian American | 4 | 3.6 |
| Black or African American | 31 | 27.7 |
| Hispanic or Latino | 6 | 5.4 |
| White | 68 | 60.7 |

Note. $N = 112$.

Results

Instrument Reliability

The reliability of the ATTS and MHTCQ was tested with Cronbach's alpha. The internal consistency of the ATTS was acceptable ($\alpha = .71$). The internal consistency for the 4-item MHTCQ was excellent ($\alpha = .91$). Table 2 shows reliability coefficients.

Table 2

Reliability Coefficients

| Variable | <i>N</i> of items | Cronbach's alpha | Interpretation |
|----------|-------------------|------------------|----------------|
| ATTS | 35 | .711 | Acceptable |
| MHTCQ | 4 | .907 | Excellent |

Descriptive Statistics

The ATTS is a Likert-type instrument. Values can range from 1 (*strongly agree*) to 5 (*strongly disagree*). The mean value of 2.98 ($SD = 0.34$) for the sample showed that the sample was generally undecided in their attitudes pertaining to suicide. However, an overwhelming majority of respondents agreed or strongly agreed that “a suicide attempt is a cry for help” (exactly 75%) and “that suicide can be prevented” (nearly 69%).

Moreover, an overwhelming majority disagreed or strongly disagreed that “if someone wants to commit suicide it is their business, and we should not interfere” (nearly 83%) and that “suicide is a subject that one should rather not talk about” (nearly 69%). Table 3 shows descriptive statistics.

Table 3*Descriptive Statistics*

| Variable | <i>M</i> | <i>SD</i> |
|--|----------|-----------|
| Attitudes towards suicide | 2.98 | 0.34 |
| How confident do you feel helping someone with a mental health (MH) problem? | 3.37 | 1.19 |
| How confident do you feel helping someone with deliberate self-harm (SH)? | 3.29 | 1.21 |
| How skilled do you feel helping someone with mental health (MH)? | 3.37 | 1.14 |
| How skilled do you feel helping someone with deliberate self-harm (SH)? | 3.16 | 1.26 |

The items on the MHTCQ ranged from 1 (*not at all*) to 5 (*extremely*). The mean values ranged from 3.16 to 3.37, which showed that the sample had a moderate degree of confidence in helping someone with a mental health problem. On a closer look, about 45% of the sample felt extremely or quite a bit confident in helping someone with a mental health problem, and about 47% said that they felt extremely or quite a bit skilled in helping someone with mental health issues.

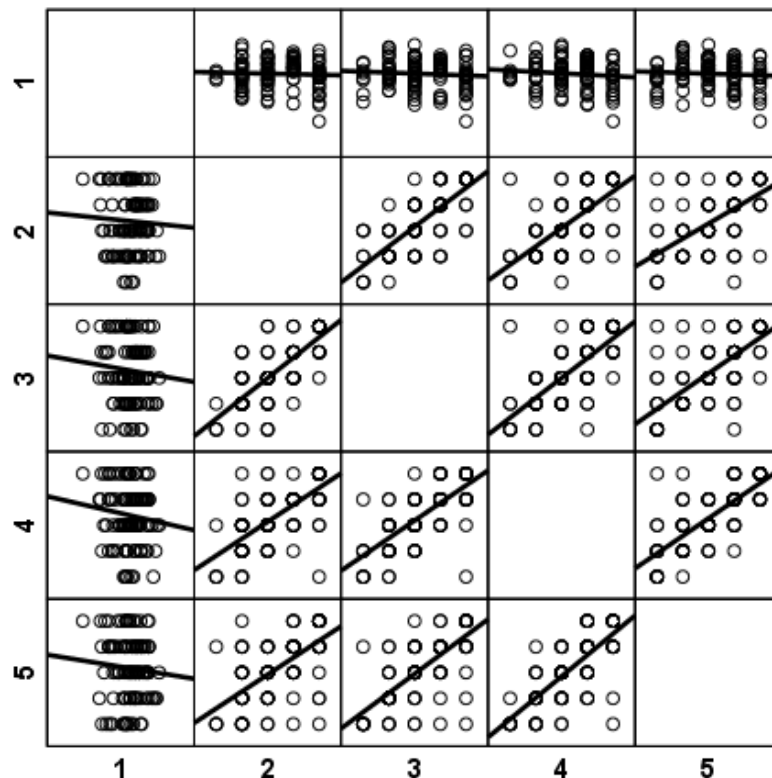
Testing Assumptions

I tested the RQs and hypotheses with Spearman's rho. There were two assumptions for Spearman's rho. The first assumption was related to the scale of measurement of the data. The data must be on an ordinal scale of measurement. However, data could also be on an interval or ratio scale of measurement but fail tests of normality. In the current study, testing for normality was irrelevant because at least one variable in the relationships tested was on an ordinal scale of measurement. Specifically,

each of the four items on the MHTCQ was on an ordinal scale of measurement, and each item was the dependent variable in each of the four RQs. The predictor variable, attitudes toward suicide, was a continuous variable on an interval scale of measurement after the scores for the variable were computed.

The second assumption of Spearman's rho was that the relationships must be monotonic. Monotonic relationships were observed when one variable increased as the other variable decreased, or one variable increased, while the other variable remained the same. Monotonic relationships were also observed when one variable increased as the other variable decreased. Examples of non-monotonic relationships are when one variable gets larger, the other variable gets larger and then gets smaller, or one variable gets smaller and then gets larger. This assumption was tested with a scatterplot matrix. The relationship between the predictor and dependent variables is monotonic, as indicated in Figure 1.

The featured scatterplot matrix shows the bivariate relationship between attitude towards suicide and the four MHTCQ items. The way the data points are stacked in episodic clusters indicating that the association between attitude toward suicide and each of the MHTCQ items was weak and insignificant. The matrix also shows a high degree of correlation between each MHTCQ item with another MHTCQ item. The four items that measured confidence and skill level (abbreviated as MH and SH) were highly correlated. The term *highly correlated* was interpreted as meaning the degree to which MHTCQ item measurements showed a tendency to vary together.

Figure 1*Scatterplot Matrix*

Note. 1 = attitudes toward suicide, 2 = How confident do you feel helping someone with a mental health (MH) problem?, 3 = How confident do you feel helping someone with deliberate self-harm (SH)?, 4 = How skilled do you feel helping someone with mental health (MH)?, 5 = How skilled do you feel helping someone with deliberate self-harm (SH)?

Table 4 shows the Spearman correlation coefficients for RQs 1 to 4. The analysis confirmed the patterns observed in the scatterplot matrix. The overall relationship between ATTS and the MHTCQ items was weak and insignificant. However, a closer examination of the bivariate relationship between individual items in the ATTS scale and the four MHTCQ items showed some compelling results. The results of the Pearson correlation indicated that there was a significant and positive association between “it is

always possible to help a person with suicidal thoughts” and each of the four MHTCQ items. On the other hand, the correlation analysis also revealed that “suicide is an acceptable means to terminate an incurable disease” had a negative and significant association with three of the four MHTCQ items. The item that did not have a significant correlation was “how confident do you feel helping someone with a mental health (MH) problem?”

Table 4

Spearman Correlation Coefficients for Research Questions

| Variable | <i>rho</i> | <i>p</i> |
|--|------------|----------|
| How confident do you feel helping someone with a mental health (MH) problem? | .01 | .909 |
| How confident do you feel helping someone with deliberate self-harm (SH)? | -.04 | .678 |
| How skilled do you feel helping someone with mental health (MH)? | -.05 | .589 |
| How skilled do you feel helping someone with deliberate self-harm (SH)? | -.06 | .549 |

Note. Predictor variable = Attitudes Toward Suicide.

Research Question 1

RQ1 was the following: Among individuals majoring in nursing, what is the relationship between the level of confidence in helping someone with a mental health problem and attitudes toward suicide? There was no significant relationship between the level of confidence in helping someone with a mental health problem and attitudes toward suicide, $r_s(109) = .01, p = .909$, two-tailed. Therefore, the null hypothesis was not rejected.

Research Question 2

RQ2 was the following: Among individuals majoring in nursing, what is the relationship between the level of confidence in helping someone with the issue of deliberate self-harm and attitudes toward suicide? There was no significant relationship between the level of confidence in helping someone with the issue of deliberate self-harm and attitudes toward suicide, $r_s(110) = -.04, p = .678$, two-tailed. Therefore, the null hypothesis was not rejected.

Research Question 3

RQ3 was the following: Among individuals majoring in nursing, what is the relationship between the level of perceived skill in helping someone with a mental health problem and attitudes toward suicide? There was no significant relationship between the level of perceived skill in helping someone with a mental health problem and attitudes toward suicide, $r_s(110) = -.05, p = .589$, two-tailed. Therefore, the null hypothesis was not rejected.

Research Question 4

RQ4 was the following: Among individuals majoring in nursing, what is the relationship between the level of perceived skill in helping someone with the issue of deliberate self-harm and attitudes toward suicide? There was no significant relationship between the level of perceived skill in helping someone with the issue of deliberate self-harm and attitudes toward suicide, $r_s(110) = -.06, p = .549$, two-tailed. Therefore, the null hypothesis was not rejected. Table 5 shows the hypotheses and outcomes.

Table 5*Hypothesis Summary and Outcomes*

| Hypothesis | Significance | Outcome |
|---|--------------|--------------------|
| <i>H1₀</i> : Among individuals majoring in nursing, there is no significant relationship between the level of confidence in helping someone with a mental health problem and attitudes to suicide. | $p = .909$ | Null not rejected. |
| <i>H2₀</i> : Among individuals majoring in nursing, there is no significant relationship between the level of confidence in helping someone with the issue of deliberate self-harm and attitudes to suicide. | $p = .678$ | Null not rejected. |
| <i>H3₀</i> : Among individuals majoring in nursing, there is no significant relationship between the level of perceived skill in helping someone with a mental health problem and attitudes to suicide. | $p = .589$ | Null not rejected. |
| <i>H4₀</i> : Among individuals majoring in nursing, there is no significant relationship between the level of perceived skill in helping someone with a mental health problem and attitudes to suicide. | $p = .549$ | Null not rejected. |

Evidence of Trustworthiness

The ATTS instrument was supported by a relatively high reliability, according to Kodaka et al. (2011). The first version of the ATTS was tested, and upon analysis, eight factors yielded 63% of the whole variance. In the second study, the eight factors yielded 60% of the whole variance, which provided criterion validity. The authors designed the ATTS instrument to emphasize feasibility. The ATTS was developed as a unit of measurement for ATTS for the general population (Kodaka et al., 2011). The MHTCQ presented an evaluation of the instrument in PsychTests, as cited by Robinson et al. (2008).

Summary

I determined that the instruments used in the current study were reliable. Four RQs and related hypotheses were tested. There was no significant relationship between the level of confidence in helping someone with a mental health problem and attitudes toward suicide. There was no significant relationship between the level of confidence in helping someone with the issue of deliberate self-harm and attitudes toward suicide. There was no significant relationship between the level of perceived skill in helping someone with a mental health problem and attitudes toward suicide. The results from this study showed compelling descriptive statistics of inadequate confidence in mental health training.

The second assumption of Spearman's rho was that the relationships must be monotonic. Monotonic relationships were observed when one variable increased as the other variable decreased. The relationship between the predictor and dependent variables was monotonic. The predictor variable ATTS increased as the dependent variables MHTCQ decreased. Implications and recommendations are discussed in Chapter 5.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this quantitative descriptive correlational study was to explore what impact, if any, attitudes toward suicide have on the levels of confidence and mental health training for individuals with a major in nursing. The impetus for this study is that suicide represents a global problem, and nurses have a prominent position to act on behalf of someone at risk for suicide (Bolster et al., 2015). According to Bolster et al. (2015), most baccalaureate-trained nurses have inadequate training on the suicide, suicide prevention, and self-harm.

The descriptive results of this study provide basic information about the variables of attitude toward suicide and mental health training. These include a summary of the entire sample population's attitudes toward suicide and mental health training. Descriptive statistics from this study showed the findings show an emphasis on the dependent variable of confidence levels in mental health training and less of an emphasis on the predictor variable of attitudes toward suicide.

Interpretation of the Findings

Based on the results of this study, I did not reject any of the four null hypotheses. The results were insignificant. However, descriptive statistics showed the variability of the sample population. Descriptive statistical findings from this study showed compelling descriptive percentages that confidence in mental health training was inadequate for individuals majoring in nursing. Standard deviations are measures of the dispersion of the data set relative to the mean (Giacchero Vedana et al., 2017). The mental health training

and confidence variables had a higher standard deviation when compared to attitudes toward suicide. The higher standard deviation from mental health training and confidence indicated that the data were dispersed from the mean. The results of this study showed that mental health training and confidence varied and was spread widely across age, culture, and race/ethnicity.

Statistical significance results were affected using one ATTS mean score in a multiple linear regression with MHTCQ. The results using single ATTS items correlated with MHTCQ items showed significant results. According to Renberg and Jacobsson (2003) concerning the ATTS, there is no universal stable model for presenting results for the ATTS instrument; therefore, mean scores cannot be calculated. A problem with the factor models and structures has been that they are rather unstable and dependent on which cultural setting the instrument has been used (Renberg & Jacobsson, 2003). E. Salander (personal communication, October 27, 2020) stated the following about measuring attitudes: "Attitudes" are rather tricky to measure, and I know that also results on single items have been presented. Attitudes are often deceptive, uncertain, and subject to change. The ATTS instrument has values that range from *strongly agree* to *strongly disagree*. The results showed that 75% agreed or strongly agreed that a suicide attempt was a cry for help. The results also showed that 69% agreed or strongly agreed that suicide could be prevented. Nearly 83% of respondents disagreed or strongly disagreed that if someone wanted to commit suicide, it was their business, and they should not interfere. Furthermore, nearly 69% of respondents disagreed or strongly disagreed that suicide was a subject that one should not talk about. The mean score results from items

on the MHTCQ showed that the sample population had a moderate degree of confidence in helping someone with a mental health problem.

To emphasize literature consistent with this study, I found a study that highlighted the need for adequate education for individuals majoring in nursing on suicide prevention. According to Bolster et al. (2015), nurses are positioned to assist in the problem of suicide prevention. Bolster et al. further noted that most baccalaureate-trained nurses have inadequate skills necessary to intervene in the problem of suicide prevention. Inadequate assessment skills can undermine the confidence level of nurses in suicide prevention.

The literature review also showed the need for education in communities to dispel stigmatizing attitudes. According to Batterham et al. (2013), familiar attitudes toward suicide held by the public can affect how individuals with mental health problems find assistance for behaviors that could lead to suicide. The results of Batterham et al.'s research showed that increased knowledge about suicide through education and procedures to decrease mental illness stigma would be advantageous to the public and society, making it possible to prevent suicide.

Furthermore, the literature, consistent with the results of this study, placed significance on attitudes. According to Moraes et al. (2016), caring for suicidal individuals can be swayed by multiple elements, including attitudes toward suicide and mental health training of specialized assessment skills related to suicide prevention and self-harm. According to the results from this study attitudes pertaining to suicide exhibited a wide variety as depicted by age, culture, gender, and education. Due to the

variety and spectrum of attitudes, the plans and methods of suicide prevention training should include references to culture, age, and gender.

Moreover, the literature in disagreement emphasized different cultural attitudes toward suicide. According to Hjelmeland et al. (2014), in Ghana, it is a crime for individuals to commit suicide. Those in favor of the law criminalizing suicide argued that individuals who self-harmed could easily harm others as well. Those in agreement held the belief that the law against suicide acted as a discouragement against suicidal individuals from becoming homicidal. A nurse passionately believed that suicide was a frightful and terrible crime. The majority who disagreed believed that suicidal behaviors were grounded in mental health elements. Those in agreement with the law probably held negative attitudes toward suicide.

Pender's (1984) theoretical framework on health promotion is inclusive of mental health promotion. The framework encompasses the topic of suicide content and establishes a link to mental health education. Pender's theory of health promotion aligned with the theoretical framework. I used the framework to promote mental health using education to instill confidence and positive attitudes toward mental health issues and suicide in the nursing curriculum. Pender's theory of health promotion is advantageous for increasing the confidence levels of nursing majors toward mental health issues, such as suicide and deliberate self-harm, thus meriting inclusion in the nursing curriculum.

Limitations of the Study

The limitations for this study included that I did not control sending the email to senior nursing students. The survey did not have the drop-down indicator to point out the

location of the participant taking the survey. I had no way of knowing the exact number of students receiving the email. I broadened the population to medical majors who were sent the SurveyMonkey survey to address this limitation.

The ATTS instrument provided a descriptive analysis of attitudes toward suicide. The items on the ATTS scale grouped together, when analyzed using inferential statistics, showed a false nonsignificant relationship between the predictor variable ATTS and the dependent variable of mental health training. I used descriptive statistics to itemize each ATTS item separately. The findings showed a significant negative relationship for one of the ATTS items. The significant negative relationship occurred with the predictor variable ATTS and the response variable concerning the skill level for helping someone with deliberate self-harm. The limitations for the ATTS included the difficulty in measurement of attitudes. As a result, I presented the relationships between single items. Attitudes were unstable; therefore, mean scores could not be calculated.

Recommendations

I found that there was no relationship between the level of confidence in mental health training and attitudes toward suicide for individuals majoring in nursing. Furthermore, I found that nursing majors held a range of confidence levels toward helping someone with a mental health problem and helping someone with the issue of deliberate self-harm. There was a range of confidence levels in perceived skill in helping someone with a mental health problem and perceived skill in helping someone with the issue of deliberate self-harm.

According to Robinson et al. (2008), the measurement of skills in mental health training is important in view of prevalent deliberate self-harm occurring in society globally. Furthermore, Bilge and Palabiyik (2017) pointed out that pertinent literature showed that people with mental health disorders did not feel comfortable interacting with nurses and had unfavorable, inadequate, and unacceptable involvement with mental health nursing professionals. The theory of mental health promotion provides the opportunity to develop best practice skills for professionals specializing in mental health issues such as suicide and deliberate self-harm emphasizing the potential of the nursing workforce. According to Puntill et al. (2013), additional best practices include evaluation of mental health training. Because nurses intervene in the problem of suicide, the need for mental health training evaluation is critical.

However, researchers lack knowledge in some areas, and future researchers should focus on nursing leadership and the nursing curriculum for individuals majoring in nursing. Future researchers should focus on policy changes at the level of the state board of nursing. Leaders of the state board of nursing can implement changes to the nursing curriculum. Further recommendations focus on evaluation of mental health training in the nursing program including the theory and clinical portion of the curriculum. Mandatory suicide prevention content specific to self-harm is recommended to enhance confidence and adequate skills on mental health training for nursing majors. Researchers lack knowledge in the area regarding attitudes about suicide. Recommendations for academic instruction for nursing majors must include considering attitudes, culture, age, and gender on suicide prevention and self-harm education.

Practical recommendations include promoting mental health at the practitioner level for psychiatric-mental health nurses. Leaders of healthcare policy for hospitals inpatient mental health and community mental health services should focus on ways to increase psychiatric-mental health nurses' skills for suicide and deliberate self-harm. Leaders promoting mental health should place the same emphasis on mental health as physical health. Mental illness is not a disorder to be shunned; it is not contagious. The promotion of mental health includes open discussions about mental health issues to replace the idea that suicide is a topic that one should rather not talk about to show a positive light on mental health.

Implications

The potential impact for positive social change at the individual level consists of adequate mental health training that adds to the confidence of nurses skilled in mental health and increases their suicide prevention objectives. The mental health training highlighting positive attitudes will allow skilled nurses to confidently assess those at risk for suicide devoid of negative beliefs and attitudes toward suicide. The nurse can confront suicide and promote mental health. Individuals specializing in mental health nursing need increased levels of confidence for dealing with mental health disorders and access to a standardized level of care.

At the family level, a confident nurse can reflect skills and competent care in mental health and suicide prevention. They can assist with postvention, chronic, incurable disease process, and deliberate self-harm. At the organizational level, nursing students' adequate mental health training in suicide should reflect extreme confidence and

competence in mental health training. At the societal and policy levels, the theory of mental health promotion and positive confidence levels in mental health training will benefit society. Theoretical implications of applied mental health promotion will highlight suicide and mental illness in mental health education increasing nursing majors' confidence and skills in mental health training.

Conclusion

Suicide is a global problem, and it is important to evaluate the confidence levels of individuals majoring in nursing and mental health training. The mental health training evaluators must focus on deliberate self-harm and suicide. Leaders can use the theory of mental health promotion to enhance suicide prevention efforts and address confidence levels in adequate mental health training to raise the standard of patient care.

The results from this study showed no statistical significance for the relationship between nursing majors' attitudes toward suicide and their levels of confidence in mental health training. The interpretation of findings indicated that attitudes were unstable and difficult to measure. The descriptive statistics for individuals majoring in nursing showed a moderate level of confidence in mental health training and deliberate self-harm. A moderate level of confidence in mental health training is inadequate. About 45% of the sample population felt extremely or quite a bit confident in helping someone with a mental health problem, and about 47% felt extremely or quite a bit skilled in helping someone with mental health issues. In most academic grading systems, below 60% is a failing grade.

A major limitation for this study included that attitudes toward suicide varied, and the measurement of attitudes resulted in what appeared to be no significant differences. The recommendations from this study included both practical recommendations and academic recommendations. Attitudes toward suicide vary by culture, age, and gender; thus, in the quest of suicide prevention, nursing educators should address these attitudes. The theory of mental health promotion can have practical applications for professional mental health nurses to enhance suicide prevention efforts and address confidence levels in the practice of suicide prevention and deliberate self-harm to raise the standard of patient care. The implications included having increased levels of confidence for individuals majoring in nursing. Adequate mental health training for nurses and suicide prevention had implications for reducing suicide rates, thereby impacting positive social change.

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Appendix A: Approval to Use the Attitude Toward Suicide Instrument

Dear Beverly,

Thank you for request and your interest in the ATTS. Please find attached a copy free to use!

Best regards,

Ellinor

Ellinor Salander Renberg

Professor

Division of Psychiatry

Department of Clinical Sciences

Umeå university

██████████

██████

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Appendix B: Initial Contact Message and Criteria

Dean of Undergraduate School of Nursing, Site 1:

I, Beverly A. Burton, am contacting you in regarding potential senior nursing student's research participants. I am a Walden University doctoral student living in Iowa.

The purpose of this study is to explore what impact, if any; attitudes toward suicide had on nursing majors; level of confidence in their mental health training. Examining the attitudes of individuals majoring in nursing on suicide and mental health content in the nursing curriculum can influence nursing leadership to evaluate mental health content and lead to policy changes in the curriculum, in turn result in greater suicide prevention.

The senior traditional and nontraditional nursing students' evaluation and survey data collection will occur with the Dean of Nursing sending out a link to the research survey.

The researcher request a sampling frame of traditional and nontraditional senior nursing student's emails. The survey research design will be anonymous and special characteristics will be deleted.

Thanks for your consideration, and I look forward to hearing from you.

Beverly A. Burton

Doctoral Student

Walden University

Dean of Undergraduate School of Nursing, Site 2:

I, Beverly A. Burton, am contacting you in regarding potential senior nursing student's research participants. I am a Walden University doctoral student living in Iowa.

The purpose of this study is to explore what impact, if any; attitudes toward suicide had on nursing majors' level of confidence in their mental health training at selected nursing programs in Iowa. Examining the attitudes of senior nursing students' on suicide and mental health content in the nursing curriculum can influence nursing leadership to evaluate mental health content and lead to policy changes in the curriculum, in turn result in greater suicide prevention.

The senior nursing students' evaluation and survey data collection will occur with the Dean of Nursing sending out a link to the research survey.

The researcher request a sampling frame of traditional and nontraditional senior nursing student's emails. The survey research design will be anonymous and special characteristics will be deleted.

Thanks for your consideration, and I look forward to hearing from you.

Beverly A. Burton

Doctoral Student

Walden University

Appendix C: Invitation to Survey

You are invited to take part in a study about nursing majors' attitudes towards suicide and mental health training. Participant's inclusion criteria for this research study include being majoring in nursing. The title of the study is: Nursing Majors Attitudes Toward Suicide and Mental Health Training. You are invited to complete a survey to evaluate your attitudes toward suicide and mental health training content in the nursing curriculum.

This study is being conducted by a researcher named Beverly A. Burton MSN, RN, who is a doctoral student at Walden University. The researcher is an alumnus of a baccalaureate nursing program in Iowa, but this study is separate from that role. The researcher declares no other conflict of interest.

I have attached the consent form to complete this survey.

Appendix D: Debriefing Document

I designed this document to provide you with resources that may assist you, if you need someone to communicate with, before, during and after the study. It is understandable and normal for you to experience levels of discomfort, which might cause undue stress. It is my goal to alleviate as much stress potentially caused by the study as possible.

Thank you for your participation and your contributions to the study and remind you that I will maintain your confidentiality.

Below is a list of resources and referrals for you to access, if you need assistance.

Resources

1. Suicide Hotlines at www.suicide.org/hotlines/international/-suicide-hotlines.html
2. Phone numbers for the 24-hour hotline (2) 715-8600, (2) 716-8600, (2) 717-8600 (2) 718-8600
3. A 24/7 information help line may prove useful for participants in need of medical, legal, mental, and other services that may result from this study.

Appendix E: Instruments

A. ATTS, Attitudes towards suicide

Attitudes

The following questions concern your opinion about suicide. Please mark with a cross the alternative that you find is in best accordance with your opinion. There are no 'right' or 'wrong' answers!

Strongly Agree Agree Undecided Disagree Strongly Disagree

1. It is always possible to help a person with suicidal thoughts.
2. Suicide can never be justified.
3. Committing suicide is among the worst things to do to one's relatives.
4. Most suicide attempts are impulsive actions.
5. Suicide is an acceptable means to terminate an incurable disease.
6. Once a person has made up his/her mind about committing suicide no one can stop him/her
7. Many suicide attempts are made because of revenge or to punish someone else.
8. People who commit suicide are usually mentally ill.
9. It is a human duty to try to stop someone from committing suicide.
10. When a person commits suicide it is something that he/she has considered for a long time.
11. There is a risk of evoking suicidal thoughts in a persons mind if you ask about it.
12. People who make suicidal threats seldom complete suicide.
13. Suicide is a subject that one should rather not talk about.
14. Loneliness could for me be a reason to take my life.
15. Almost everyone has at one time or another thought about suicide.
16. There may be situations where the only reasonable resolution is suicide.
17. I could say that I would take my life without actually meaning it.
18. Suicide can sometimes be a relief for those involved.
19. Suicides among young people are particularly puzzling since they have everything to live for.
20. I would consider the possibility of taking my life if I were to suffer from a severe, incurable, disease.
21. A person once they have suicidal thoughts will never let them go.
22. Suicide happens without warning.
23. Most people avoid talking about suicide.
24. If someone wants to commit suicide it is their business and we should not interfere.
25. It is mainly loneliness that drives people to suicide.
26. A suicide attempt is essentially a cry for help.

27. On the whole, I do not understand how people can take their lives.
28. Usually relatives have no idea about what is going on when a person is thinking of suicide.
29. A person suffering from a severe, incurable, disease expressing wishes to die should get help to do so.
30. I am prepared to help a person in a suicidal crisis by making contact.
31. Anybody can commit suicide.
32. I can understand that people suffering from a severe, incurable, disease commit suicide.
33. People who talk about suicide do not commit suicide.
34. People do have the right to take their own lives.
35. Most suicide attempts are caused by conflicts with a close person.
36. I would like to get help to commit suicide if I were to suffer from a severe, incurable, disease.
37. Suicide can be prevented.
38. To what extent do you think suicide should be prevented?
 - In all cases
 - In all cases, but with a few exceptions
 - In some cases yes, in some cases no
 - Not in any case; if a person wants to commit suicide no one, including medical services, has the right so stop him or her.

Mental Health Training and Confidence Questionnaire

Version Attached:

Full Test Note: Test name created by PsycTESTS Citation: Robinson, J., Gook, S., Yuen, H. P., McGorry, P. D., & Yung, A. R. (2008). *Mental Health Training and Confidence Questionnaire* [Database record]. Retrieved from PsycTESTS.

<https://doi.org/10.1037/t12271-000> Instrument Type: Inventory/Questionnaire

Test Format: Mental Health Training and Confidence Questionnaire questions are answered on a scale of 1 to 5 where a score of 1 indicates not at all, a score of 2 indicates a little bit, a score of 3 indicates moderately, a score of 4 indicates quite a bit and a score of 5 indicates extremely. A score of 1 or 2 is categorized as low

(L), a score of 3 is categorized as medium (M) and a score of 4 or 5 is categorized as high (H). Source: Robinson, Jo, Gook, Sara, Yuen, Hok Pan, McGorry, Patrick D., & Yung, Alison R. (2008). Managing deliberate self-harm in young people: An evaluation of a training program developed for school welfare staff using a longitudinal research design. *BMC Psychiatry*, Vol 8.

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Mental Health Training and Confidence Questionnaire

Items

1. How confident do you feel helping someone with a mental health (MH) problem?
2. How confident do you feel in helping someone with deliberate self-harm (SH)?
3. How skilled do you feel in helping someone with a mental health (MH)?
4. How skilled do you feel in helping someone with deliberate self-harm (SH)?

Note. Participants answer the above questions on a scale of 1 to 5 where a score of 1

indicates not at all, a score of 2 indicates a little bit, a score of 3 indicates moderately, a score of 4 indicates quite a bit and a score of 5 indicates extremely.

Appendix F: CITI Certificate of Completion

Certificate of Completion

Collaborative Institutional Training Initiative (CITI PROGRAM) certifies that **Beverly Burton** successfully completed the CITI PROGRAM Web-based training course, Collaborative Institutional Training Initiative.

Date of completion: 03/11/2019

Certification Number: 30895099

Appendix G: Final Email

Dean of Undergraduate School of Nursing, Site 1 and Site 2:

The findings showed the relationship among individuals majoring in nursing and their level of confidence and skill in helping someone with a mental health problem or deliberate self-harm and attitudes to suicide. There was no significant relationship between the level of confidence in helping someone with a mental health problem and attitudes toward suicide. There was no significant relationship between the level of confidence in helping someone with the issue of deliberate self-harm and attitudes toward suicide. There was no significant relationship between the level of perceived skill in helping someone with a mental health problem and attitudes toward suicide. There was no significant relationship between the level of perceived skill in helping someone with deliberate self-harm. The results from this study showed compelling descriptive statistics of inadequate confidence in mental health training. Suicide is a global problem, and it is important to evaluate the confidence levels of individuals majoring in nursing and mental health training. The interpretation of findings indicated that attitudes were unstable and difficult to measure. The predictor variable attitude toward suicide was less meaningful than the outcome variable descriptive findings of a lack of confidence in mental health training. Recommendations include a focus on evaluation of mental health training in nursing programs including the theory and clinical portion of the curriculum. Mandatory suicide prevention content specific to self-harm is recommended to enhance confidence and adequate skills on mental health training for nursing majors. Researchers lack knowledge in the area regarding attitudes about suicide. Recommendations for academic

instruction for nursing majors must include considering attitudes, culture, age, and gender on suicide prevention and self-harm education.

In summary, the lack of significance in the findings of the research questions did not compromise the value of the study. The descriptive statistics for individuals majoring in nursing showed a moderate level of confidence in mental health training and deliberate self-harm. A moderate level of confidence in mental health training is inadequate. About 45% of the sample population felt extremely or quite a bit confident in helping someone with a mental health problem, and about 47% felt extremely or quite a bit skilled in helping someone with mental health issues. In most academic grading systems, below 60% is a failing grade.

Beverly A. Burton

Doctoral Student

Walden University