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Staff Education to Improve Knowledge about Suicide Screening

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This is to certify that the doctoral study by

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has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
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Abstract

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MSN, Walden University, 2019

BSN, College of New Rochelle, 2001

Project Submitted in Partial Fulfillment

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Abstract

Healthcare workers play an essential role in healthcare facilities to help patients with mental health challenges and those at risk of committing suicide. The practice gap that the healthcare facility was experiencing was a knowledge deficit among healthcare staff on the importance of suicide screening. The importance of equipping staff with suicide screening knowledge is to help decrease suicide attempts, suicide thoughts, and completed suicide in patients. The practice-focused question for this staff education project asked if staff education for nursing staff and psychiatrists would increase their knowledge about suicide prevention methods and suicide screening techniques. The purpose of the DNP project was to educate the healthcare staff about screening tools and methods to improve their identification of people who are suicidal or in a crisis. The logic model, also known as the theory of change, was utilized as the conceptual framework. There was a total of six participants who attended the training: four nurses and two psychiatrists. A pre and posttest were administered, and data was analyzed using descriptive and inferential statistics. Results showed staff education on suicide screening methods improved their knowledge. Presurvey results showed an average score of 67 and post-education survey results showed an average score of 95. This supports the practice-focused question by showing there was an improvement in knowledge after attending the education session. The improvement in knowledge acquired after the staff education has the potential to reduce the suicide mortality rate and improve patient care and outcomes thus bringing positive social change.

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Dedication

This DNP project is dedicated to the mental health population. I have worked in mental health for the last 12 years. During the last 12 years, I have witnessed the struggle as well as the various challenges that individuals with mental health are encountering daily with the healthcare system in the United States. The various challenges I have witnessed have inspired me to develop a staff education project that will aid to bridge the gap in practice and improve patient outcomes in the mental health population.

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Section 1: Nature of the Project

Introduction

Suicide is among the significant public health problems that occur in many countries, including the United States. The United States is experiencing a surge in suicides that have reached the highest rate in the last 30 years (Nickitas, 2016). Suicide is associated with genetic, cultural, social, environmental, and psychological elements. Saini et al. (2020) emphasized that most suicides are preventable. The major obstacle to overcoming suicide is the stigma that affects people with former suicide attempts, which prevents them from seeking treatment. Suicide is a taboo that prevents people from talking about it. The practice gap to be addressed by this project is that patients at a clinic are currently being screened for mental health illnesses but there is a knowledge deficit among staff related to being able to elicit responses that will indicate a patient's need for psychiatric care due to suicidal ideation. This gap is caused by inadequate knowledge about suicide screening and intervention methods.

Problem Statement

Eight hundred thousand suicides occur annually globally, and it is estimated that at least six people are directly impacted by each suicide death (Saini et al., 2020). Nurses are uniquely positioned to shift thinking and participate in and lead teams of health care clinicians, policymakers, and the lay public committed to a strong focus on population health (Fawcett & Ellenbecker, 2015). Research highlights the importance of providing general education campaigns to primary care providers that should include suicide prevention programs, screening programs, and training (Saini et al., 2020). Prevention

interventions reduce suicidal ideation, suicide attempts, and completed suicide. Suicide prevention consists of reducing risk factors and increasing proper management of at-risk individuals. To identify at-risk individuals, an adequate screening must occur to solicit open and honest information about their mental state and any suicidal ideation. Suicide is a population health crisis all over the world. Research has indicated that more than one-third of individuals who die from suicide had a healthcare encounter in the week before their death and half within a month before their death; because of this, healthcare facilities are well-positioned to engage in suicide prevention strategies during individuals' visits (NIMH, 2007).

The population of individuals with mental health issues is considered vulnerable as the individuals may have debilitating, life-threatening symptoms requiring health promotion activities to improve patient outcomes. This Doctor of Nursing Practice (DNP) project aimed to enhance nursing and physician knowledge about suicide screening and the project goal was to educate staff about suicide screening that they can utilize in their encounters with patients. The impact on positive social change is enhanced strength of staff knowledge which will in turn empower them to screen and identify those at risk of suicide and ultimately reduce mortality rates in the psychiatric population served by this clinic. In my current clinical practice, data were shared that a high volume of patients are utilizing the emergency room due to not receiving the proper treatment necessary to prevent them from having a psychiatric crisis. Screening patients with mental illness can identify high-risk individuals that can allow follow-up care such as referrals and treatment, which can decrease death by suicide.

Purpose Statement

This DNP project occurred in an outpatient psychiatric facility in the southern part of the United States. The outpatient facility staff consists of four registered nurses and two psychiatrists. The patients' visits are completed through office, video, and telephone meetings. Physicians currently utilize screening in their daily patient encounters with mental disorders, but there is a gap in the practice of utilizing the proper suicide screening tools to identify individuals who are at high risk for suicide. Therefore, there was a need for staff education to improve knowledge on identifying patients who are at risk for suicide.

This staff education project equipped the nurses and psychiatrists with tools to help them with therapeutic communication on how to elicit honest responses from their patients. Psychiatric nursing highlights therapeutic dialogue in dealing with patients, enhancing the care provided (Martin & Chanda, 2016). The project educated the staff to utilize screening methods and suicide screening tools to improve their ability to identify individuals at high risk for suicide. The staff education informed them on how to provide the necessary interventions, such as hospitalization or referral to individual or group therapy. These interventions include brief contact interventions such as phone calls, postcards, and letters, care coordination, scheduling a mental health follow-up appointment, mobile crisis team evaluations, and collaboration with patients' families to decrease barriers to attending meetings. Brief therapeutic interventions use various therapeutic techniques to reduce a patient's chance of self-harm (Martin & Chanda, 2016). The Institute of Medicine along with other groups have urged educators to create

educational programs that can meet the demands of the growing complexity in scientific knowledge and practice expertise to enhance better patient outcomes (Zaccagnini & White, 2017).

Practice-Focused Question

The practice-focused question for this staff education project was: Does staff education for nursing staff and psychiatrists increase their knowledge about suicide prevention methods and suicide screening techniques? The clinic patients are currently being screened for mental health illnesses; however, there is a knowledge deficit related to being able to elicit responses that will indicate a patient's need for psychiatric care or that will predict if they are in crisis.

Nature of Doctoral Project

The focus of this DNP project was to complete staff education for nurses and psychiatrists on suicide screening methods to help them identify patients at risk of suicide to reduce suicide deaths. This staff education taught healthcare workers about suicide prevention methods and suicide screening methods. Suicide prevention refers to combined efforts to reduce suicide risks. Education enables clinicians to identify people with suicidal risk factors and help them get the services they require. Patient screening refers to assessing all patients with or without symptoms of suicide. The project provided staff education that incorporated best practices from the literature to translate evidence into clinical practice to increase the insight of stakeholders in providing care to the mental health population. Staff education on the significance of suicide screening can help clinicians identify patients who are in crisis and detect individuals who are high-risk

for suicide, which can lead to better patient outcomes. Prevention methods can decrease when patients have suicidal thoughts or attempts, whether completed or not, and intervention methods help patients with mental health problems that may result in suicide to recover. Staff education can help nurses as well as physicians assess and identify individuals with suicide ideation and refer them for services. For this project, the staff was educated on the use of suicide prevention methods and their role in reducing mortality rates and improving better patient outcomes.

The education program had six participants, four registered nurses and two psychiatrists, from an outpatient hospital. Both a pretest and posttest were completed to determine if there was an improvement in knowledge after attending the class. Data analysis was completed using inferential and descriptive statistics. Descriptive statistics were used to describe the participants. The staff education was conducted virtually with a PowerPoint presentation using Microsoft Teams. The clinicians were emailed a pre and post-survey which they completed before and after the PowerPoint presentation was completed. Once the surveys were completed, they were emailed back to me. This project adhered to ethical guidelines and aligned with Walden's vision and mission. IRB Approval was granted by Walden University before the staff education was started. The approval number is 10-24-22-0752815.

Significance

This staff education project aimed to not only educate staff but to improve patient screening to prevent suicide attempts, decrease mortality rates, and improve patient outcomes. The DNP project can positively impact social change by enhancing patients'

safety which protects the community. The staff education equipped the nurses and psychiatrists with suicide screening knowledge and increased their knowledge and confidence in identifying at-risk patients. The main stakeholders were the healthcare providers, and staff education improved their knowledge which can assist them in their practice to minimize the suicide rates.

Summary

Suicide is a significant global public health challenge and can decrease by using various prevention methods. Staff education on suicide screening is essential since the staff were educated on the screening, prevention, and intervention programs (Rimkevičienė et al., 2020). It also has several benefits, such as helping the nurses identify the population at risk and reducing suicide deaths. Second, it helps the clinicians to recommend the necessary intervention for the patients, which may include referral or hospitalization. There are other interventions that the physicians can use, such as contact intervention, therapeutic intervention, collaborating with family members of the patients, and coordinating care. Section 2 contains the theories, concepts, and models, relevance to nursing practice, context and local background, DNP student role, and project team role.

Section 2: Background and Context

Introduction

Suicide negatively affects society by increasing death rates among individuals and decreasing the population in nations globally. Suicide rates have gradually increased due to economic disasters in different countries, which is a known cause of mental health problems (Martin & Chanda, 2016). Despite the effects of suicide on society, little progress has been made in scientific treatment and understanding suicidal actions. However, studies have indicated that appropriate prevention and cure of mental disorders can minimize suicide rates (Abraham & Sher, 2019). Clinicians often do not have adequate knowledge about suicide screening; thus, they focus on identifying patients with personality and mood disorders symptoms. They also need to be aware of cues to identify patients with suicidal behaviors like suicide thoughts, suicide attempts, and completed suicide (Fu et al., 2021).

Studies in major psychiatric journals published in the previous 5 years have recorded schizophrenia incidence, which is suicidal behavior among patients at suicide risk, hence raising the need for this project to educate clinic staff on the significance of suicide screening. The staff education provided participants with knowledge which can help them to identify individuals with suicidal behaviors. Still, there are few surveys on suicide screening strategies or prevention or intervention methods for patients with such behaviors. This gap indicates the need for staff education on suicide screening methods. Suicide studies are few because of factors like individuals' unwillingness to talk about the

suicide of their close people, supported suicide is illegal in many nations, and the act of suicide is considered unlawful in various countries.

Clinicians for the psychiatric population have been known to have limited resources. Mental health resources have led to a scarcity of prevention methods such as screening for suicide and limited access to care. The lack of psychiatric assessment by primary care clinicians in patients with psychiatric illnesses can be life-threatening and lead to a mental health crisis. Therefore, developing staff education on suicide prevention methods, such as suicide screening, can be an evidence-based change that can improve patient outcomes. The United States is currently experiencing a sustained increase in suicidal behavior, with an occurrence now reaching a 30-year high, 24 % greater than the level that prevailed at the beginning of the 21st century (Sengupta & Jantzen, 2019). The lack of access to care in the community has led individuals to deteriorate mentally and have life-threatening symptoms such as suicide. The ongoing reliance on the emergency room by individuals who are having a mental health crisis has increased healthcare expenditures and caused a burden to the healthcare system. Several measures can be used to prevent suicide attempts and completed suicide, including early identification, assessment, and follow-ups of patients with suicidal behaviors.

The World Health Organization (WHO) has acknowledged suicide as a significant problem in public health and it aims to support and motivate countries to establish suicide prevention measures. Few countries have established suicide as a priority when addressing health issues or have created a national prevention strategy since suicide has not been recognized as a primary public health challenge (WHO, 2021). Due to the

shortage of knowledge about suicide screening and suicide prevention and intervention strategies among clinicians, this project aimed to narrow this gap by providing staff education on suicide screening.

Concepts, Models, and Theories

Concepts

Many clinicians do not have adequate knowledge about suicide screening, suicide intervention and prevention methods, and ways of identifying patients at suicide risk. This raises the need for staff education for nurses and psychiatrists to assist them during patient interactions. This project educated nurses and two psychiatrists on suicide prevention methods and patient screening methods, which can help them in suicide screening to improve patients' health and reduce mortality rates in society.

Staff education enlightened the clinicians on identifying patients at risk, how to reduce patients from having suicidal thoughts, and provided evidence-based suicide screening strategies to help patients reduce suicidal ideations. This project provided staff education to the physicians and nurses about the importance of suicide screening. Knowledge before and after the teaching was measured to determine if there was an improvement in knowledge.

Models

Suicide prevention programs can have a direct impact on cost effectiveness and cost benefits. Change is highlighted as both planned and an emergent process that demands leadership at all levels (Nelson-Brantley & Ford, 2017). The model that was appropriate to evaluate a suicide prevention program is a logic model or a theory of

change. A logic model is a planning tool and visual representation of the resources available for a project and the activities that should be implemented to complete the expected outcomes or results of a project (McCoy & Castner, 2020). The logic model is highlighted as a diagram that shows the flow of the project along with the results to be measured and the expected program impact (McCoy & Castner, 2020). Logic models are often used in program evaluation, which systematically assesses a total program (McCoy & Castner, 2020). When a program evaluation is conducted, broad areas are evaluated that include process and impact (McCoy & Castner, 2020). Process evaluation looks at how the program is implemented and how it will function (McCoy & Castner, 2020).

The content of this staff education was developed by the DNP student utilizing the logic model to highlight the gaps noted in practice to equip the nurses and psychiatrists with knowledge about suicide screening. After creating the content, the DNP student submitted it to the expert panel which consisted of two psychiatrists and a nurse manager, and it was edited based on feedback to ensure the education content is appropriate for the psychiatrists and registered nurses. The first psychiatrist is the chief of behavioral health whose role is the leader of the behavioral health department in the Georgia region. The second psychiatrist is the manager of the outpatient clinic where the DNP project was conducted. The nurse manager is the leader of the nurses who work in the outpatient clinic. Leadership is significant during change and has been associated with quality improvement, optimal organizational performance, and outcomes as well as population health outcomes (Nelson-Brantley & Ford, 2017). The content was developed in a PowerPoint slide and presented to the staff via virtual attendance through Microsoft

Team. There was an initial email describing the objectives and the request for participants. There was a follow-up reminder email sent to staff to encourage participation. Classes took 30 to 35 minutes, and pre and post-tests were distributed before and after class attendance to measure the effectiveness of the staff education. The staff received an email about the pre and post-survey to complete. The participants included two psychiatrists and four registered nurses who work in an outpatient facility.

Theories

The interrelationship between theory, knowledge, research, and evidence-based practice is significant to the development of a suicide prevention program for high-risk individuals. Many research studies have identified that a desire to die is a vital predictor of future suicide (Picard, & Rosenfeld, 2021). Interpersonal psychological theory integrated motivational volition theory, and strain theory of suicide were used in developing educational content and was presented to the caregivers in the staff education program.

Interpersonal psychology theory (IPT) analyzes suicide behaviors that contribute to suicide among individuals. IPT states that suicidal desires come from individuals' perceived feelings caused by the burdens and frustrations they have experienced. These feelings contribute to suicide behaviors leading to completed suicide because of suicide desires and potential among individuals. Frustrations are caused by the inability to meet the basic needs of what people want (Wolford et al., 2020). Perceived burdens result from mental instability, which causes negative perceptions towards individuals like self-hate. Hopelessness has been highlighted to differentiate depressed individuals who later die by

suicide compared with those who do not and is a significant predictor of suicide in longitudinal studies (Picard, & Rosenfeld, 2021). However more recent research has emphasized that hopelessness may be a better predictor of suicide ideation (SI) than a predictor of actual suicide attempts (Picard, & Rosenfeld, 2021). Research studies highlighted that a combination of hopelessness and anhedonia significantly differentiated those who died by suicide from those who did not (Picard, & Rosenfeld, 2021). The relationship between those two variables and SI is complex (Picard, & Rosenfeld, 2021). The interpersonal-psychological theory of suicide posits that burdensomeness leads to passive SI, but when hopelessness and thwarted belongingness are also present, the combination of these two emotions can lead to active SI (Picard, & Rosenfeld, 2021).

The second theory is integrated motivation volitional (IVM), which explains the causes of suicidal behaviors among individuals. This theory states that suicidal ideation is caused by entrapment and feelings of defeat among people. After suicidal ideation, volitional moderators transform it into suicidal behaviors. Examples of voluntary moderators are former suicidal behaviors, accessing suicidal means, planning, mental images, and suicide capability (O'Connor & Kirtley,2018).

The third is the strain theory which states that specific strains are likely to cause suicide. This theory explains four origins of stress that causes suicide: strain from various values, aspiration strain caused by the differences between expectations and reality, deprivation strain caused by poverty, and coping pressure caused by lack of coping skills during crises. Strains cause people to have suicide ideation, and exposure to crime and violence creates traumatic experiences which cause people to have suicidal thoughts,

attempts, or commit suicide (Zhang, 2019). Strains result in anger and frustration, which in turn causes people to commit crimes or suicide (Zhang, 2019).

Relevance to Nursing Practice

Clinicians play a vital role in preventing suicide among patients and educating them about the importance of suicide screening will help them to identify patients at risk. The danger of not utilizing evidence-based research to locate best practices can have devastating results. The strength of the conceptual model of nursing and population health is its views on the attainment of the highest possible quality of life for populations, by utilizing nursing activities directed to promote or restore and maintain wellness across the life course and to prevent disease (Fawcett & Ellenbecker, 2015). Suicide is a health crisis in populations all over the world. Nurses and psychiatrists are frontline and can help in suicide prevention since they frequently interact with patients with suicidal symptoms and behaviors. They can also help in policy formulation on the best suicide prevention measures due to their experiences with the patients during caregiving. Some ways that nurses can prevent suicide are assessing patients with mental health problems, following them up in their recovery process, and ensuring they have received the proper treatment. Nurses will use screening tools to identify at-risk populations and support them as needed. The suicide screening content that was utilized for the staff education included patient health questionnaires (PHQ-9) and SAFE-T. The PHQ contains nine questions on depression screening, while SAFE-T is a test that concentrates on five parts of suicide risk and gives treatment options. Early intervention and treatment can help reduce suicidal attempts and increase better patient outcomes. Research has identified

that there are risk factors that can lead to suicide. The tools will help the nurses identify the patients at suicide risk and take the necessary interventions and referrals to the patients at risk.

Staff education on prevention strategies helps clinicians in daily patients care to identify the best method to screen individuals and improve better patient outcomes. Some of the intervention methods include referral or hospitalization. For patients who may require special care, nurses can coordinate care with their families to ensure they obtain the appropriate care they need to recover. Clinicians will be able to utilize evidenced-base practices that can be used to identify patients who are prone to suicide rather than observing symptoms associated with mentally ill individuals. Generally, the application of staff education to nurses contributes to positive effects like reducing suicide risks to patients and decreasing mortality rates (Zhang, 2022). It also improves patient care and safety, improving patients' overall health.

Local Background and Context

The U.S has been ranked as a country with high suicide rates among rich countries and has declared suicide a public health problem in its health sector. Suicide rates in the United States have remained high over the past years, and recently, they have decreased (Arensman et al., 2020). The COVID-19 pandemic increased depression prevalence rates and other mental illnesses, raising the need for suicide prevention strategies (Mills et al., 2020). Personal crises cause self-harm actions like suicide and can be reduced through limited access to lethal methods. Therefore, nurse scholars can engage in research to produce evidence to reduce the occurrence by implementing suicide

prevention methods. The risk factors of suicide have a significant impact on the outcome of individuals acting out their suicidal ideations. The nurse scholar can utilize the research to identify the variables in research such as hopelessness and implement suicide prevention methods to screen for suicide. The identification of suicide risk factors is significant to reduce the occurrence of suicide.

Clinical methods of suicide prevention, such as suicide screening and psychiatric disorders treatment, are essential since they help to reduce suicide rates. The United States' national strategy for suicide prevention desires to minimize suicide cases by twenty percent by 2025. To achieve their objective, they have planned to move suicide prevention from clinically aligned disease control to public health disease control (Mills et al., 2020). They have intended to replace suicide prevention with self-harm control because the intention of harm or injury causes suicide (Mills et al., 2020). This transformation aims to prevent the stigma related to suicide and mental health challenges.

Healthcare providers play an essential role in decreasing suicide rates. For example, nurses with negative attitudes towards suicidal patients do not provide the necessary care and interventions, contributing to suicidal thoughts and complete suicide. These attitudes can be caused by inadequate knowledge about suicide screening and intervention methods. Some nurses' beliefs can contribute to suicide, mainly in the emergency department, because they do not perceive suicide patients as seriously sick, making them neglect these individuals. Upon discharge, some commit suicide after leaving the hospital (Saini et al., 2020). Staff education on the significance of suicide screening can equip the healthcare providers with the knowledge that will help them

identify patients at suicide risk and take the necessary treatment and intervention to help them. Suicide is a public concern in the United States because it contributes to many deaths, mostly among adults (Dueweke & Bridges, 2018). As such, it is necessary to educate clinicians to improve their knowledge in suicide screening since it will help them identify those at suicide risk and help them appropriately.

Role of DNP Student

I completed a literature review that supported the creation of educational content for psychiatrists and registered nurses about suicide screening, suicide prevention, and training in a PowerPoint presentation form. I then submitted the education content to the expert panel of healthcare providers listed above to review and provide feedback and edited the content according to the feedback. The education PowerPoint is to be used as a reference tool by healthcare workers after the class to screen suicide patients. I also measured the psychiatrists' and nurses' knowledge levels before and after the suicide screening education to determine if there was an improvement in knowledge. Finally, the staff were informed that their information and records would be kept confidential and ensured the project aligned with Walden's vision and mission.

Role of Project Team

The project team played a significant role in overseeing the completion of the final project, which is described below. They assisted with project planning, which includes determining the required resources and activities. Some resources for this project were a computer or laptop and the healthcare workers. A laptop was required for PowerPoint presentations and to keep records of the educational content. The project

team, which consisted of myself, and an expert panel guided and critiqued the staff education content and surveys. The content was revised by the student based on feedback. They mentored me during the entire process. I was one of the project team members and played a significant role in ensuring the project was completed successfully. The DNP student functions included controlling, directing, and monitoring the project, and making decisions on the required changes (see LeCloux, 2018).

Summary

This section addressed suicide as one of the leading causes of death in the United States and globally, caused by economic problems which cause mental disorders among people putting them at suicide risk. Suicide is not only caused by mental health but by other factors that include substance use, physical health, job, money, legal or housing treats, and relationship problems (CDC, 2018). Staff education equipped the clinicians with the knowledge of identifying patients at suicide risk and suicide intervention and treatment methods for those patients. I played a role in developing educational content that was provided to the caregivers and measured their knowledge before and after the education program. The project team reviewed the education content and surveys developed by me, assisted with planning the project and mentoring me throughout the project. The project is relevant to nursing practice as it allows the health care workers to acquire essential knowledge which helps them in suicide screening, training, and suicide prevention among individuals. Section 3 will discuss the practice-focused question, sources of evidence, and synthesis and analysis.

Section 3: Collection and Analysis of Evidence

Introduction

Collection and analysis of evidence are vital in a change project. It is significant to indicate the type of data to be collected and the methods used in data collection. Data collection is a procedure of obtaining and measuring data. It helps answer the practice-focused question. Good data provides accurate results that equip individuals with the knowledge they can use in making decisions that will bring positive changes. This project provided staff education and collected survey data before and after the education to measure for improvement in knowledge via a questionnaire. A questionnaire is a written self-report form that is developed to extract information from a participant's written response (Gray et al., 2017). The education program had six participants and was carried out in an outpatient hospital. Data collection took place in a classroom setting. The healthcare providers attended the class virtually through Microsoft Teams and the educational content was presented using a PowerPoint slide. Surveys were distributed via email before and after the education session. Surveys have a larger scope and are used to form opinions about a particular group of individuals (Western University and Health Sciences, 2020). Data collected was stored on a computer for future use during data analysis.

After data collection, analysis was completed to measure whether an improvement in staff knowledge occurred. I compared the healthcare providers' knowledge prior to and after the staff education. The results were used to answer the practice-focused question and come up with a conclusion (see Singer et al., 2019).

Results were analyzed using descriptive and inferential statistics. The descriptive method described the participants, while the inferential one measured knowledge improvement after class attendance.

Practice-Focused Question(s)

The practice-focused question for this staff education project was: Does staff education for nursing staff and psychiatrists increase their knowledge about suicide prevention methods, suicide screening techniques, and training approaches? The clinic patients are currently being screened for mental health illnesses; however, there is a knowledge deficit related to being able to elicit responses that will indicate a patient's need for psychiatric care or that will predict if they are in crisis.

Sources of Evidence

Scholarly articles were searched through CINAHL, Wiley, Cochrane Database Review, scholarly articles, periodicals, Walden University search engines, DNP project guides, scholarly student dissertations and term papers, and the EBSCO HOST database. The keywords included *suicide prevention methods, insight, screening, therapeutic communication,* and *mental health population*.

Martin and Chanda (2016) highlight that therapeutic communication helps in a health-focused and stress-decreasing collaborative relationship between the nurse and the patient. The patient can communicate their experience and share necessary data, thoughts, and feelings with the nurse, who observes and listens attentively to the patient's expression of holistic needs. The collaboration can help the caregivers to identify the

patients at suicide risk since they can recognize patients with suicidal behavior and refer them to the appropriate services they require.

The symptoms of mental illness can have severe life-threatening and debilitating impact on the mental health population that causes them to either decline care or have increased emergency room visits. The mental health population usually experiences self-stigma, internalizing stereotypic or stigmatizing perceptions others may hold (Mills et el., 2020). The lack of care is often associated with how individuals view themselves and how they are perceived by society. Therefore, nursing scholars can implement health promotion activities such as suicide screening methods, suicide interventions, and training techniques to help identify those in need and bridge the gaps and inconsistencies often associated with mental health challenges. Suicide prevention consists of reducing risk factors and proper management of at-risk individuals (Saini et al., 2020). Staff education provides the clinicians with the knowledge that helps them to conduct the above health promotion activities.

Clinicians' lack of insight and knowledge in treating psychiatric patients can lead to devastating patient outcomes. Garcia-Cabeza et al. (2018) emphasized that poor understanding has led to more significant psychosocial dysfunction, inferior quality of life, increased need for involuntary treatments, and increased aggressiveness. The article highlights that insight, symptoms, and compliance might be related to impairment in patients with mental illness. Hurley et al. (2017) highlighted the extent to which systemic factors in the psychiatric health system affect the resilience of both the client and the

clinician. Suicide prevention and intervention methods that clinic staff learned from this project may help them in assisting these patients.

Wazni and Gifford (2017) allow nurses to incorporate a critical perspective for critiquing the influence of societal barriers on an individual's health and advocate for initiatives. These initiatives address the complex sociopolitical, economic, and contextual factors that impact the physical well-being of individuals with mental illness (Wazni & Gifford, 2017). Nurses can locate practice problems that are impacting patient care as well as outcomes and initiate proposed change projects that can improve care.

The use of screening is vital in the treatment of mental health patients. Recent surges in death by suicide in the United States have led to national calls for improvements in how suicide risk screening and assessments are done (Sommers-Flanagan & Shaw, 2017). Client suicide risk is often identified during an initial clinical interview (Sommers-Flanagan & Shaw, 2017). Screening tools such as SAFE-T and PHQ can identify patients at suicide risk by having suicidal behaviors and thoughts and treating them properly.

Participants

The staff education program had six participants; four RNs and two psychiatrists and was carried out in an outpatient hospital. Participation was voluntary. The aim was to provide the participants with relevant knowledge to help them in suicide screening, suicide prevention, and training.

Procedures

Data collected was stored in a password-protected computer for data analysis. After data collection, results were interpreted to measure the knowledge levels of the staff. Before the nurses started learning, I measured their knowledge levels on suicide screening by using a pre-education survey. Demographic information was also collected on the presurvey. I measured the caregiver's knowledge levels after the education program on suicide screening. The obtained results were used to answer the practice-focused question. Results were analyzed using descriptive and inferential statistics. The descriptive method described the participants, while the inferential one measured knowledge improvement after class attendance.

Protections

The expert panel and healthcare providers were involved in reviewing and critiquing the developed content to ensure that psychiatrists and nurses receive evidence-based content. The staff was allowed to attend and leave the virtual classes if they choose to, preventing them from being coerced to learn the educational content. The project adhered to all ethical considerations by requesting permission from the setting and context of the education program, that is, the outpatient facility. All data were deidentified to protect the participants.

Analysis and Synthesis

The project proposal synthesis was completed. Synthesis of the literature was done to create the educational content. This project used descriptive and inferential statistics in data analysis. The analysis that was carried out in this project by me was to

compare the knowledge level before and after the psychiatrists' and nurses' attendance at the class. I measured the caregivers' knowledge before they attended the staff education as well as after the attendance. Results were analyzed using inferential statistics to determine if there was an improvement in knowledge.

Summary

This section reviewed data collection and analysis which are essential in this project. This project entails gathering information from various sources such as Wiley, periodicals, and search engines of Walden University, term papers, nursing practice guides, and scholarly articles (Platt et al., 2019). Some of the key search terms used include suicide ideation, suicide prevention methods, and therapeutic communication. I analyzed the knowledge level of the clinicians before and after the staff education program to determine if their knowledge level increased after the program. In section four, implications, findings, recommendations, project team contribution, and the project's limitations and strengths will be discussed.

Section 4: Findings and Recommendations

Introduction

The local problem addressed by this doctoral project is suicide which is a major public health problem in the United States with a high mortality rate. Suicide is a preventable death, and healthcare providers need to be knowledgeable about suicide prevention. The gap in practice addressed was healthcare providers' knowledge deficit about suicide screening and prevention methods. The practice-focused question was: Does staff education for nursing staff and psychiatrists increase their knowledge about suicide prevention methods, suicide screening techniques, and training approaches?

The sources of evidence used in this doctoral project were primarily published studies. The research methodology involved searching databases through CINAHL, Wiley, Cochrane Database Review, scholarly articles, periodicals, Walden University search engines, DNP project guides, scholarly student dissertations, term papers, and the EBSCO HOST database. The keywords included *suicide prevention methods, insight, screening, therapeutic communication,* and *mental health population*. The analytical strategies that were used included the use of meta-analysis and systematic reviews.

Findings and Implications

Six staff members completed the class and the surveys that measured their knowledge before and after the education. Demographics of the participants included one male and five females. Ages ranged from 35 to 66 years old. The primary language of the participants was English. The education level of the participants included four Bachelor of Science in Nursing and two physicians. The most important finding from the analysis

of the pretest demonstrated that there was a knowledge gap about suicide screening and

prevention methods. The data collected from the pretest of the six staff members showed

that they scored between 60% and 70% with an average score of 67%. This showed that

the staff members had a deficiency in their knowledge prior to the class. The staff

members missed some of the critical warning signs of a patient in crisis and failed to refer

individuals to the appropriate level of care. Therefore, the staff members required training

on how to deal with someone who is suicidal as well as awareness of suicide prevention

methods to improve patient outcomes. After the staff education, the posttest showed

scores between 90% and 100% with an average score of 95%. The average pretest score

was 67% and the average post-test score was 95%. This showed an improvement in the

staff's knowledge.

One unanticipated outcome is that the healthcare staff may not implement what

they have learned. Their knowledge improved but it still does not ensure that they will

utilize the information. This could be due to several reasons, such as feeling that they are

being blamed for the increase suicide rates, feeling that they are not equipped to handle

the situation, or feeling that the information is not relevant to their work (LeCloux, 2018).

It is also worth noting that the findings may not be generalizable to all hospitals. This is

because each hospital will have different policies and procedures surrounding suicide

prevention, which may impact the implementation of the intervention. However, the

content designed for this education can be revised for use in outer organizations.

The improved staff knowledge has several implications for individuals,

communities, institutions, and systems. By having improved knowledge about the topics,

staff can provide better education to their patients. They can identify at-risk patients and intervene earlier. This can save lives which positively impacts social change. For systems, the findings suggest that it is important to develop strategies for monitoring and assessing suicide prevention programs. The strategies should be designed to identify any gaps or areas of improvement in the programs. The most important implication is awareness by all that it is important to identify signs and symptoms of potential suicide and to encourage patients to seek professional help if immediately.

Recommendations

The results of the project have been presented to the hospital leadership. The presentation will also include recommendations for change. The DNP project content can be used in staff meetings, to raise awareness of the risk of suicide and provide guidance on how to identify and treat patients at risk. In addition, it has the potential to improve the way that suicide screening is implemented. A database of resources should be created that all staff members can access. The database will include information on suicide ideation, therapeutic communication, suicide screening, and prevention methods. The database will be available to any staff member who needs it, and it will help improve the quality of care provided to patients at risk for suicide and increase better patient outcomes.

Contribution of the Doctoral Project Team

I worked with a team from an outpatient care facility. The team was responsible for conducting a needs assessment of the hospital staff and developing and implementing a suicide prevention program. I was responsible for leading the team, conducting the

needs assessment, and developing the suicide staff education program. I was also responsible for overseeing the project throughout its duration.

In addition, the team members played a vital role in developing the final recommendations and product. The team members were responsible for participating in the staff education project, critiquing, and developing the recommendations. The team members will also play a key role in disseminating the findings to others in the future. The team members and I created a database of resources that will be available to all staff members. The database of resources includes information on suicide ideation, therapeutic communication suicide screening prevention and methods. This project was a collaborative effort, and the team members worked together to develop the final recommendations.

I plan to extend the project beyond the DNP project by continuing to collect and analyze data to determine if the staff education program had the desired effect of increasing knowledge among caregivers and changing practice. I will continue to evaluate the program to see if it has any other desired effects, such as reducing the incidence of suicide among patients. I will continue to develop new and innovative ways to educate the healthcare staff on the importance of therapeutic communication, suicide screening and prevention. I will also work on developing new curricula to train new healthcare staff in therapeutic communication, suicide screening and prevention. My goal is to include it in orientation for new employees so that they have the most up to date information to provide the best screening and care for their patients.

Strengths and Limitations of the Project

This DNP project had several strengths, including supportive staff at the facility and data that answered the practice-focused questions. In addition, the project utilized evidence from various sources of information, such as Wiley, periodicals, and search engines of Walden University, term papers, nursing practice guides, and scholarly articles. This allowed for a comprehensive understanding of the topic. Furthermore, the project team contributed their knowledge and expertise to the project, which added to the overall strength of the project.

There were also several limitations of the project. The healthcare staff may not accept the idea of learning new information and may perceive it as an added stressor to their already busy workload. The study was limited to healthcare staff working in a behavioral health facility setting and did not include other types of caregivers or patients. Future projects should explore different populations and settings to ensure that the findings are applicable across all healthcare settings (O'Connor & Kirtley, 2018). Overall, the strengths of this project outweighed the limitations by increasing knowledge and providing a comprehensive understanding of suicide screening as well as prevention methods for healthcare staff working with patients who are high-risk for suicide.

Section 5: Dissemination Plan

I developed a PowerPoint presentation to disseminate the findings to the institution. The presentation was given to the healthcare staff. The presentation included the findings of the research and the recommendations for change. Future presentations can be given at a staff meeting, and the nurses can be allowed to ask questions. In addition, I developed a handout for the nurses that includes the information in the presentation and additional resources for suicide prevention. Moreover, I also created an online course staff education module on suicide screening and prevention that staff can readily access. I will disseminate the findings of the project to nurse practitioners and administrators through professional organizations and conferences. The professional journal that would be ideal for publishing the project results is the *Journal of Crisis Intervention and Prevention.* The journal is utilized by clinicians in psychology and psychiatry to publish their findings to various audiences. The journal is utilized by clinicians for health promotion and to publish evidence-based research for clinicians to apply to clinical practice to increase better patient outcomes.

Analysis of Self

The DNP student and project manager role allowed me to be responsible for leading the research team and developing the staff education presentation and handout. I also created an online course module on suicide screening and prevention. The experience in the development of the DNP project was very rewarding because I was able to help the healthcare staff improve their knowledge on suicide screening, prevention, and how to better communicate with patients who may be at high risk for suicide. As a

practitioner, I will use evidence-based information in my practice and as I educate others.

I have learned a lot about the importance of suicide screening and prevention and the

evidence-based practices that can be applied to clinical practice to improve patient

outcomes. The practitioner role has also allowed me to learn the importance of

developing a rapport with the healthcare staff and providing them with the support and

resources needed to improve patient care as well as patient outcomes. I have learned how

to identify warning signs and symptoms of suicide and how to provide support and

resources to healthcare staff who encounter patients who may be experiencing them. As a

scholar, I have gained a greater understanding of the anatomy and physiology of suicide

and the various methods that can be used to commit suicide. I have also reviewed the

literature to locate evidence-based research to inform healthcare staff on the importance

of therapeutic communication and how it can elicit responses from patients and identify

high-risk individuals in crisis. The role of a project manager has taught me the

importance of setting realistic goals and meeting them. I have also learned the importance

of communication and how it can be used to prevent project failure. This project has been

a great learning experience for me, and I have gained much insight into the role of a

practitioner, scholar, and project manager.

There were some challenges along the way, but I was able to overcome them with

my team's help. For example, we encountered technical difficulties with the presentation

software but were able to fix it and ultimately delivered a quality presentation that was

well-received by the audience. The other challenge I encountered was managing my

team's time. In order to meet the deadline for submitting our final project product, I had

to be very organized and efficient in my planning. This was not easy, but I managed to do it. Overall, I am delighted with the outcome of the DNP project. I believe that it has helped the healthcare staff improve their knowledge about suicide screening and prevention and to have better communication skills when dealing with patients who are high risk for suicide. The staff education online course module I created is now available to the healthcare staff.

Summary

Healthcare staff plays a vital role in suicide prevention. Healthcare staff is in a unique position to screen patients for suicide risk and to provide support and resources to those at risk. This DNP staff education project highlighted that healthcare staff needs more education and training on suicide screening and prevention to improve their knowledge deficit. The findings from this study suggest that healthcare staff need to be better educated on the signs and symptoms of suicide, as well as how to best communicate with patients who may be at risk for suicide. In addition, the study found that healthcare staff needs to be more proactive in their approach to suicide prevention by utilizing best practices on screening methods. The recommendations from this study include the need for more education and training on suicide prevention for healthcare staff, the need for a more proactive approach to suicide prevention, and the need for health facilities to develop policies and procedures on suicide screening and prevention. I am very satisfied with the outcome of the staff education project. I believe that it has helped the healthcare staff improve their knowledge about the importance of suicide

screening, prevention and engaging in therapeutic communication skills when providing

care to patients who may be at risk for suicide.

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Appendix A: Pre-Education Survey

Please write your gender

Please write your age

What language (s) do you speak

What is your highest education level

1. Suicide is a public health crisis affecting the world's population

   a. True
   b. False

2. Please choose the correct answer below of the percentage of suicide that occurs globally

   a. 1 million
   b. Ten Thousand
   c. Eight Hundred Thousand

3. The United States is experiencing an increase of suicide in the last 30 years

   a. True
   b. False

4. Studies have indicated that appropriate prevention and cure of mental disorders can minimize suicide rates

   a. True
   b. False

5. Please choose an evidence- based theory below that can be used for Suicide Prevention

   a. Interpersonal psychology theory (IPT)
   b. Theory of Caring

c. Cognitive behavioral Theory

6. Please choose a screening tool(s) that can be used for suicide assessment

    a. PHQ-9 and SAFE-T
    b. Pain Scale
    c. Braden Scale

7. Therapeutic communication helps in a health-focused and stress-decreasing collaborative relationship between the nurse and the patient.

    a. True
    b. False

8. Individuals who are experiencing suicidal Ideations always tell a healthcare staff member without being assessed.

    a. True
    b. False

9. Recent research has emphasized that the following may be a better predictor of Suicide Ideation

    a. Sadness
    b. Tiredness
    c. Hopelessness

10. Healthcare staff plays a vital role in decreasing suicide rates

    a. True
    b. False

Appendix B: Post-Education Survey

1. Suicide is a public health crisis affecting the world's population

    c. True
    d. False

2. Please choose the correct answer below of the percentage of suicide that occurs globally

    d. 1 million
    e. Ten Thousand
    f. Eight Hundred Thousand

3. The United States is experiencing an increase of suicide in the last 30 years

    c. True
    d. False

4. Studies have indicated that appropriate prevention and cure of mental disorders can minimize suicide rates

    c. True
    d. False

5. Please choose an evidence- based theory below that can be used for Suicide Prevention

    d. Interpersonal psychology theory (IPT)
    e. Theory of Caring
    f. Cognitive behavioral Theory

6. Please choose a screening tool(s) that can be used for suicide assessment

    d. PHQ-9 and SAFE-T
    e. Pain Scale
    f. Braden Scale

7. Therapeutic communication helps in a health-focused and stress-decreasing collaborative relationship between the nurse and the patient.

c. True
d. False

8. Individuals who are experiencing suicidal Ideations always tell a healthcare staff member without being assessed.

c. True
d. False

9. Recent research has emphasized that the following may be a better predictor of Suicide Ideation

d. Sadness
e. Tiredness
f. Hopelessness

10. Healthcare staff plays a vital role in decreasing suicide rates

c. True
d. False

Appendix C: Staff Education Content

Slide 1
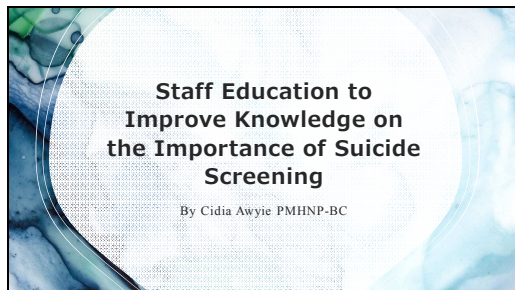
Slide 2
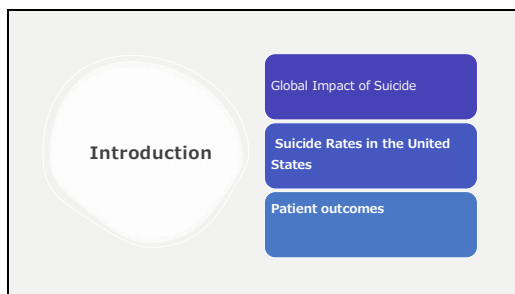
There are 800,000 suicides that occur per year globally and is estimated that at least six people are directly impacted by each suicide death (Saini et al., 2020).

The United States is experiencing a surge in suicides that have reached the highest in the last 30 years (Nickitas, 2016). The use of the emergency room has led to poor health outcomes as well as a significant increase in healthcare expenditures.

Slide 3
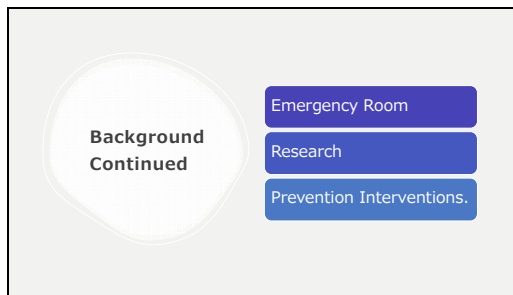
Background
Continued

Emergency Room

Research

Prevention Interventions.

Patients with mental illness have been visiting the emergency rooms inappropriately for medication refills, follow-ups, and other healthcare concerns that are nonemergency and should be addressed by their behavioral health provider at an office visit. Research highlights the importance of providing general education campaigns to primary care providers that should include suicide prevention programs, screening programs, and training (Saini et al., 2020).

Prevention interventions reduce suicidal ideation, suicide attempts, and completed suicide. Suicide prevention consists of reducing risk factors and proper management of at-risk individuals.

Slide 4
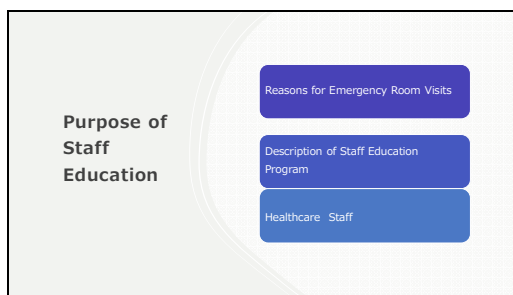
Purpose of
Staff
Education

Reasons for Emergency Room Visits

Description of Staff Education Program

Healthcare Staff

Patients with mental illness have been visiting the emergency rooms inappropriately for medication refills, follow-ups, and other healthcare concerns that are nonemergency and should be addressed by their behavioral health provider at an office visit.

The program will provide the staff with education to increase their insight and assessment skills by utilizing suicide screening tools to locate individuals who are at high risk for suicide and provide interventions which includes hospitalization, referral to individual or group therapy.
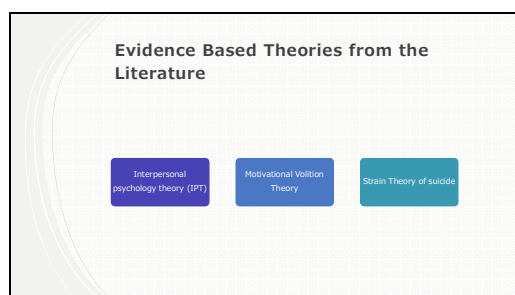
Nurses are uniquely positioned to shift thinking and participate in and lead teams of health care clinicians, policymakers, and the lay public committed to a strong focus on population health (Fawcett & Ellenbecker, 2015).

Slide 5
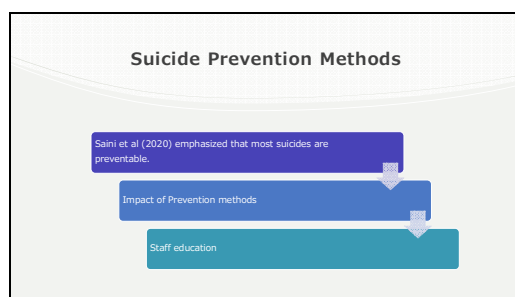
Saini et al. (2020) emphasized that most suicides are preventable.

Slide 6

Interpersonal psychology theory (IPT) analyzes suicide behaviors that contribute to suicide among individuals.

IPT states that suicidal desires come from individuals' perceived feelings caused by the burdens and frustrations they have experienced. These feelings contribute to suicide behaviors leading to completed suicide because of suicide desires and potential among individuals. Frustrations are caused by the inability to meet the basic needs people want (Wolford et al., 2020).

Slide 7
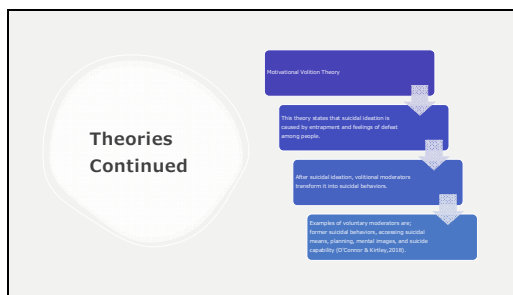
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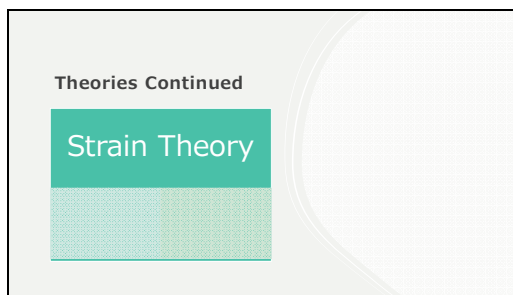
Strain theory states that specific strains are likely to cause suicide. This theory explains four origins of stress that causes suicide: strain from various values, aspiration strain caused by the differences between expectations and reality, deprivation strain caused by poverty, and coping pressure caused by lack of coping skills during crises. Strains cause people to have suicide ideation, and exposure to crime and violence creates traumatic experiences which cause people to have suicidal thoughts, attempts, or commit suicide (Zhang, 2019).

Slide 9

Recent research has emphasized that hopelessness may be a better predictor of Suicide Ideation (SI) than a predictor of actual suicide attempts (Picard, & Rosenfeld, 2019).

Research studies highlighted that a combination of hopelessness and anhedonia significantly differentiated those who died by suicide from those who did not (Picard, & Rosenfeld, 2019).

Feelings of burdensomeness leads to passive SI, but when hopelessness and thwarted belongingness is also present, the combination of these two emotions can lead to active SI (Picard, & Rosenfeld, 2019).
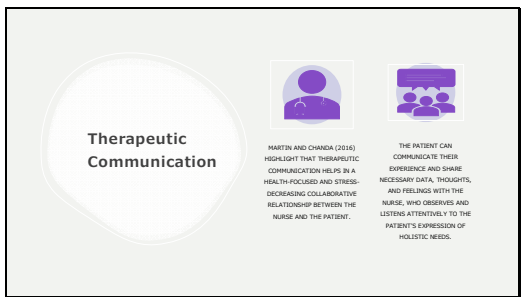
Slide 10
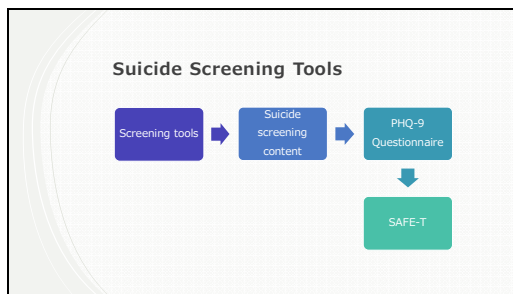
Nurses will use screening tools to identify at-risk populations and support them as needed.

The suicide screening content that will be utilized for the staff education will include patient health questionnaires (PHQ-9) and SAFE-T.
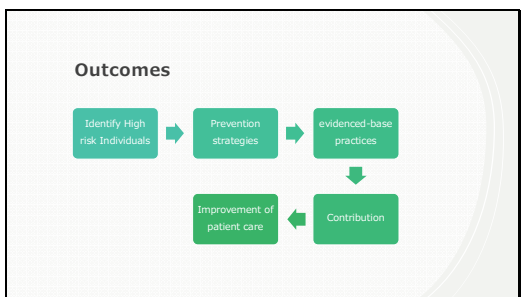
PHQ-9 contains nine questions about suicidal behaviors and thoughts.

SAFE-T is a test that concentrates on five parts of suicide risk and gives treatment options

Slide 11

Slide 12

Staff education will enlighten the clinicians on identifying patients at risk, how to reduce patients from having suicidal thoughts, and provide evidence-based suicide screening to help patients reduce suicidal ideations.

Education on suicide on the importance of screening improves patient care and safety, improving patients' overall health.

Generally, the application of staff education to nurses contributes to positive effects like reducing suicide risks to patients and decreasing mortality rates (Zhang, 2022)

Prevention strategies will help clinicians in daily patients' care to identify the best method to screen individuals and improve better patient outcomes.

Clinicians will be able to utilize evidenced-base practices that can be used to identify patients who are prone to suicide rather than observing symptoms associated with mentally ill individuals.

Slide 13

Questions???