

A Study To Assess The Knowledge And Perceived Skill Regarding Suicide Risk Management Among Nursing Students At Selected University Of Mangalore

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Abstract

Suicide is a type of deliberate self-harm (DSH), and is defined as a human act of self-intentioned and self-inflicted cessation (death). It ends with a fatal outcome; DSH is an act of intentionally injuring oneself, irrespective of the actual outcome.² Suicide is deliberate self-harm, which has been third leading cause of death among the adolescent, as mentioned by World Health Organization. It is very necessary to prevent suicide and create awareness among the adolescent as they are pillars of the forthcoming future. Everyone experiences stress and difficult circumstances during their life. Most people can handle these, though times and may even be able to make something good from a difficult situation.¹

Aim of the study: The study to assess the knowledge and perceived skill regarding suicide risk management among nursing students.

Material and method: Quantitative non-experimental descriptive research design and quantitative non experimental research approach was carried out on 100 nursing students selected by stratified sampling technique to assess knowledge and perceived skill regarding suicide risk management. The data was collected by using structured knowledge questionnaire and Gatekeeper behaviour scale.

Result: Study evaluated and found that Majority of the nursing students 57(57.0%) had good, 35 (35.0%) had very good, 8(8.0%) had average and 0 (0.0%) had poor knowledge regarding in suicide risk management. This indicate nursing students have good knowledge regarding suicide risk management. Majority 96 (96%) of nursing students have good perceived skill and only 4 (4%) of them have poor perceived skill regarding suicide risk management. This indicates nursing students have good perceived skill regarding suicide risk management. Positive correlation between knowledge and perceived skill scores of nursing college students about suicide risk management ($r =$, $n = 100$, $p > 0.05$). Hence H_3 is accepted. There was significant association between level of knowledge and demographic variables such as gender, year of study except age and family history of suicide. Hence H_1 is rejected and H_{01} is accepted. There is significant association between perceived skill and demographic variables such as age, gender, year of study except age and family history of suicide. Hence H_2 is rejected and H_{02} is accepted.

Interpretation and conclusion: This study proved that most of the nursing students have good knowledge and perceived skill regarding suicide risk management in selected universities in Mangaluru.

Key words: Knowledge, perceived skill, suicide risk management, nursing students

1. INTRODUCTION

Suicide is deliberate self-harm, which has been third leading cause of death among the adolescent, as mentioned by World Health Organization. It is very necessary to prevent suicide and create awareness among the adolescent as they are pillars of the forthcoming future. Everyone experiences stress and difficult circumstances during their life. Most people can handle these, though times and may even be able to make something good from a difficult situation.¹

Suicide is a type of deliberate self-harm (DSH), and is defined as a human act of self-intentioned and self-inflicted cessation (death). It ends with a fatal outcome; DSH is an act of intentionally injuring oneself, irrespective of the actual outcome.²

Factors that affect the risk of suicide include mental disorders, drug misuse, psychological states, cultural, family and social situations and genetics, experiences of trauma or loss, and nihilism. Mental disorders and substance misuse frequently co-exist. Other risk factors include having previously attempted suicide the ready availability of a means to take one's life, a family history of suicide, or the presence of traumatic brain injury. Socio-economic problems such as unemployment, poverty, homelessness, and discrimination may trigger suicidal thoughts. Suicide might be rarer in societies with high social cohesion and moral objections against suicide, about 15–40% of people leave a suicide note. War veterans have a higher risk of suicide due in part to higher rates of mental illness, such as post-traumatic stress disorder, and physical health problems related to war. Genetics appears to account for between 38% and 55% of suicidal behaviours.³

2. MATERIALS AND METHODS

The study to assess the knowledge and perceived skill regarding suicide risk management among nursing students. Quantitative non-experimental descriptive research design and quantitative non experimental research approach was carried out on 100 nursing students selected by stratified sampling technique to assess knowledge and perceived skill regarding suicide risk management. The data was collected by using structured knowledge questionnaire and Gatekeeper behaviour scale.

3. FINDINGS

Section I: Description of demographic characteristics of nursing students

This section deals with characteristics of 100 nursing students in terms of frequency and percentage. The sample characteristics are described under the headings of age, gender, year of study and family history of suicide.

Table 1: Frequency and percentage distribution of sample characteristics
n=100

Sl. No	Variables	Frequency	Percentage
1.	Age (in years)		
	a) 17-19	49	49
	b) 20-23	51	51
2.	Gender		
	a) Male	20	20
	b) Female	80	80
3.	Year of study		25
	a) First year	25	25
	b) Second year	25	25
	c) Third year	25	25
	d) Fourth year	25	
4.	Family history of suicide		
	a) NO	99	99
	b) YES	1	1

Section II: Analysis of level of knowledge among nursing students regarding suicide risk management

Table 2: Distribution of level of knowledge among nursing students regarding suicide risk management
n=100

Level of knowledge	Score	Frequency	Percentage
Very good	23-28	35	35
Good	17-22	57	57
Average	11-16	8	8
Poor	Less or equal to 10	0	0

Data presented in Table 2 shows that majority of the students that is 57 (57%) of them had good knowledge whereas 35 (35%) of them had very good knowledge 8 (8%) of them had average knowledge regarding suicide risk management. This indicates nursing students have good knowledge regarding suicide risk management.

Table 3: Level of knowledge of nursing students regarding suicide risk management

Mean	Median	SD	Mean%
20.84	21.00	3.071	77.1%

Section III: Analysis of perceived skill of nursing students regarding suicide risk management

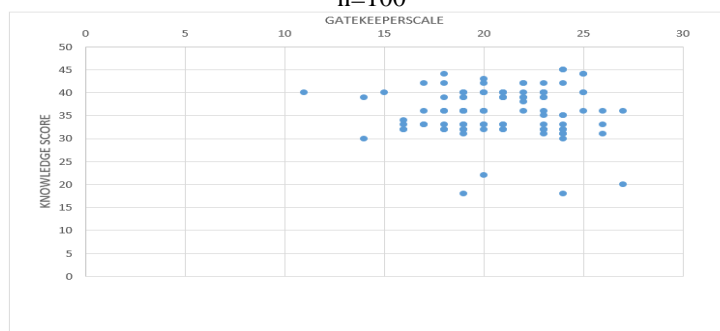
Table 4: Distribution of level of perceived skill among nursing students regarding suicide risk management
n=100

Level of Perceived skill	Score	Frequency	Percentage
Good perceived skill	>25	96	96.0
Poor perceived skill	<=25	4	4.0

Data presented in Table 4 shows that 96 (96%) of nursing students have good perceived skill and only 4 (4%) of them have poor perceived skill regarding suicide risk management. This indicates nursing students have good perceived skill regarding suicide risk management.

Section IV: Correlation between the knowledge and perceived skill of suicide risk management among nursing students

Table 5: Correlation between the knowledge and perceived skill of suicide risk management
n=100



Data presented in Table 5 shows positive correlation between knowledge and perceived skill scores of nursing college students about suicide risk management ($r =$, $n = 100$, $p > 0.05$). Hence H_3 is accepted.

Section V: Association between level of knowledge and selected demographic variables of nursing students

Table 6: Association between level of knowledge and selected demographic variables
n=100

Sl No	Demographic variables	χ^2 value	p value	Inference
1.	Age (in years)	0.656	0.720	NS
2.	Gender	9.473	0.002	S
3.	Year of study	7.699	0.001	S
4.	Family history of suicide	0.762	0.683	NS

$p \leq 0.05$, (NS) not significant, (S) significant

Data presented in Table 6 shows that there was significant association between level of knowledge and demographic variables such as gender, year of study except age and family history of suicide. Hence H_1 is rejected and H_{01} is accepted.

Section VI: Association between perceived skill and selected demographic variables of nursing students

Table 7: Association between perceived skill score and selected demographic variables
n=100

Sl No	Demographic variables	χ^2 value	p value	Inference
1.	Age (in years)	1.127	0.288	NS
2.	Gender	6.042	0.004	S
3.	Year of study	9.083	0.003	S
4.	Family history of suicide	0.042	0.837	NS

$p \leq 0.05$, (NS) not significant, (S) significant

Data presented in Table 7 shows that there is significant association between perceived skill and demographic variables such as age, gender, year of study except age and family history of suicide. Hence H_2 is rejected and H_{02} is accepted.

CONCLUSION

The findings revealed that there was significant association between level of knowledge and demographic variables such as gender and year of study except age and family history of suicide. There is significant association between perceived skill and demographic variables such as age, gender, year of study except age and family history of suicide

1. ETHICAL CLEARANCE

Yenepoya Ethics Committee-2 (YEC) approved my study protocol number YEC2/901 titled “**A STUDY TO ASSESS THE KNOWLEDG AND PERCEIVED SKILL REGARDING SUICIDE RISK MANAGEMENT AMONG NURSING STUDENTS AT SELECTED UNIVERSITY OF MANGALORE** “ on 07/03/2022 under the chairmanship of Dr. Vijaya Hegde.

2. SOURCE OF FUNDING: Self

3. CONFLICT OF INTEREST: Nil

4. REFERENCE

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