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Research Article / Araştırma

Determining stigmatization of suicide among nursing students

Hemşirelik öğrencilerinin intihara yönelik damgalama düzeylerinin belirlenmesi

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ABSTRACT

Aim:The aim of this study was to determine the extent of nursing students' stigmatization of suicide. **Materials and Methods:** The study was descriptive. A total of 300 nursing students from different African countries studying at the nursing faculty of a university in Northern Cyprus were enrolled in the study. The data were collected using a questionnaire form and the stigma of suicide scale (SOSS). **Results**: For the SOSS stigmatization sub-dimension the score was 3.79±0.62, for the isolation/depression subdimension it was 2.87±0.63, and for the glorification/normalization subscale it was 2.45±0.66. This study demonstrated that the students' stigmatization of suicide was high, and that as their age and year of study increased, they associated suicide more with isolation and depression. **Conclusions**: In order to reduce stigma towards suicide, it is important to ensure that students are introduced to this concept earlier during their education, to plan training to eliminate negative beliefs and attitudes towards suicide attempts, and to make this training sustainable.

ÖZ

Amaç: Bu çalışmanın amacı hemşirelik öğrencilerinin intihara yönelik damgalama düzeylerinin belirlenmesidir. **Gereç ve Yöntem:** Çalışma tanımlayıcı tiptedir. Çalışmaya Kuzey Kıbrıs'ta bir üniversitenin hemşirelik fakültesinde öğrenim gören farklı Afrika ülkelerinden toplam 300 hemşirelik öğrencisi alındı. Veriler anket formu ve intihara yönelik damgalama ölçeği kullanılarak toplandı. **Bulgular**: Öğrencilerin, İYDÖ damgalama alt boyutu 3.79±0.62 izolasyon/ depresyon alt boyutu 2.87±0.63; yüceleştirme/ normalleştirme alt boyutu 2.45±0.66 olarak belirlenmiştir. Bu çalışma, öğrencilerin intihara yönelik damgalamalarının yüksek olduğunu, yaş ve öğrenim yılı arttıkça intiharı izolasyon ve depresyonla daha fazla ilişkilendirdiklerini göstermiştir. **Sonuç**: İntihara yönelik damgalanmayı azaltmak için öğrencilerin eğitimleri sırasında bu kavramla daha erken tanıştırılmalarını sağlamak, intihar girişimlerine yönelik olumsuz inanç ve tutumları ortadan kaldıracak eğitimler planlamak ve bu eğitimi sürdürülebilir kılmak önemlidir.

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INTRODUCTION

Suicide is a serious social phenomenon, one that all nations should address as a matter of priority. The World Health Organization (WHO) reported in 2022 that approximately 703,000 people die each year due to suicide and that the number of people who attempt suicide is much higher than this (1). In its 2022 report, the WHO noted that Africa is the continent with the highest suicide rate in the world and that there is one psychiatrist for every 500,000 people in Africa, which is 100 times less than the WHO recommendation (2).

Each suicide attempt affects not only that individual, but also their family and the society in which they live. However, suicide can be prevented with timely and appropriate interventions and not every suicide attempt results in death. Therefore, the psychosocial difficulties that individuals are likely to experience after a suicide attempt should also be addressed. In particular, the judgmental and stigmatizing attitude of society towards people who attempt suicide may cause these individuals to feel worthless and further isolate themselves (3,4). This stigmatization is often directed at the person who attempts suicide when they are seen to be weak,

helpless, or pathetic, or when they are thought to be sinful, miserable, sick or lonely. In any case, the person who is subjected to stigmatization is affected negatively and this may prevent them from seeking help when faced with subsequent problems (5). The WHO state that stigmatization is one of the biggest obstacles to suicide prevention (1,6).

For health professionals, it is very important that a person who is planning a suicide attempt shares this thought with those in their immediate environment or with a health professional. This increases the likelihood that a suicide can be prevented and the person can also then be seen as someone seeking help. However, an individual who thinks that they will be stigmatized for thinking about suicide often chooses not to share this experience. In thinking that they may be judged, they may also give up help-seeking behaviors, fearing that they will be thought to be hopeless, weak and psychologically sick. On the other hand, individuals who have attempted suicide and survived may be stigmatized by the idea that they will attempt suicide again and may thus be dangerous to themselves or others (7). For this reason, families or social circles may distance themselves from the individual who have attempted suicide and these individuals may become even more isolated (8). Stigmatization is not only verbal: distancing and avoidance behaviors are also signs of stigma (9). Arslantaş et al. found that university students who attempted suicide found suicide more acceptable, while those who did not attempt suicide saw suicide as a mental illness (10). Boğahan et al. in they study with students, stated that the stigma rates of students towards individuals who committed suicide were higher in men, and showed that students associated suicide with depression. (11).

Nurses have important roles to play in the protection and maintenance of community mental health and they need to have adequate skills to fulfill these roles. For this reason, determining the extent to which pre-service nurses stigmatize individuals with suicide attempts is important in terms of identifying the educational needs of these students. In this way, the content of the education that students receive can be tailored to the needs identified and the stigmatization of individuals with suicide attempts can be reduced. The aim of this study was to determine the extent of nursing students' stigmatization of suicide.

MATERIALS AND METHODS

The study was descriptive study. This was conducted in the fall semester of the academic year 2018-2019 at the nursing faculty of a university in Northern Cyprus. The population of the study consisted of 320 international students from different African countries studying at the nursing faculty. The entire universe was included in the study with the total population method without selecting a sample. A total of 300 students who agreed to participate in the study were reached and the participation rate of the study was 94%.

Data Collection Tools and Research Process

The data of the study were collected with a Questionnaire Form to determine the sociodemographic characteristics of the participant and the Stigma of Suicide Scale (SOSS). After the researchers explained the purpose of the study and how to fill out the form, the data were collected by face-to-face interviews in the classroom environment after obtaining the verbal consent of the students. It took 10-15 minutes for the students to fill out the forms.

Questionnaire Form

The questionnaire form consisted of 15 questions about the students' descriptive characteristics. It included questions about the students' age, gender, grade, parental education level, whether their parents were alive or not, nationality, place of residence, with whom they lived, family history of psychiatric treatment, whether they had applied for psychiatric support, whether they thought about suicide, and whether they had a relative who had attempted or committed suicide.

Stigma of Suicide Scale (SOSS)

This scale was developed by Batterham et al. in 2013 to assess the stigmatization of individuals with a history of suicide and suicide attempts (12). The scale has a long form with 58 items and a short form with 16 items. The short form was used in this study. The scale comprises 3 subdimensions: "stigmatization", "isolation/depression" and "glorification/normalization". The scale has no total score, but the lowest score that can be obtained from each item of the scale is 1 and the highest score is 5. The mean score of each of the three sub-dimensions is taken separately and their weights are evaluated. In the original study, the internal consistency coefficient of the scale was 0.93. In this study, the Cronbach's alpha value calculated for the reliability of the scale was 0.66.

Evaluation of the Data

The data were analyzed using the SPSS 25 package program. Percentage, arithmetic mean, standard deviation, the Pearson Chi-Square test were used. The significance level was set as $p<0.01$ in the statistical analyses.

Ethical Aspects of the Study

Ethics committee approval was obtained from the Ethics Committee of the relevant university (2019/69-829) and the necessary institutional permissions were obtained from the Faculty of Nursing of the same university. The Personal Information Form indicated the purpose of the study, that the information to be obtained from the study would be kept confidential, and that the study was based on voluntary participation.

RESULTS

Of the students, 45.3% were 18-23 years old, 79.7% were female and 36% were in the third year of study. The education level of 72% of the mothers and 75.4% of the fathers was undergraduate level and above. 58% of the students were Nigerian, 30.6% were Zimbabwean and 85% lived in the city (Table 1).

Of the students 89.7% had no family members receiving psychiatric treatment, 95.7% had not previously received psychiatric support, and 85.3% had never thought about suicide. While 42.7% of the students had an acquaintance who had committed suicide, 53.2% of these acquaintances were not in the immediate family or circle of friends (Table 2).

For the SOSS stigmatization sub-dimension the score was 3.79±0.62, for the isolation/depression subdimension it was 2.87±0.63, and for the glorification/normalization subscale it was 2.45±0.66 (Table 3).

The mean scores for the SOSS isolation/depression sub-dimension were higher in the female students than in male students. However, no statistically significant difference was found between gender and the three sub-dimensions ($p>0.05$).

Analyzing the relationship between the students' age and stigmatization of suicide, a statistically significant difference was found between age and the isolation/depression sub-dimension mean scores, and between the year-of-study and sublimation/normalization sub-dimension mean scores ($p<0.05$).

A statistically significant difference was found between the students' family history of psychiatric treatment and

Table 1. Socio-demographics variables nursing students (n:300)

Variable	Number (n)	Percentage (%)
Gender		
Male	61	20.30
Female	239	79.70
Age(Yrs.)		
17 &Below	15	5
18-23	136	45.30
24-29	117	39
30&above	32	10.70
Academic Year		
1st Year	63	21.00
2nd Year	57	19.00
3rd Year	108	36.00
4th Year	72	24.00
Mother's Educational Level		
Illiterate	9	3.00
Primary School	12	4.00
Secondary School	63	21.00
Graduate/Postgraduate	216	72.00
Father's Educational Level		
Illiterate	12	4.00
Primary School	7	2.30
Secondary School	55	18.30
Graduate/Postgraduate	226	75.40

Table 2. Descriptive characteristics of the nursing students (n:300)

Variable	Number (n)	Percentage (%)
Family Treatment History		
Yes	31	10.30
No	269	89.70
Appointment with Psychiatrist		
Yes	13	4.30
No	287	95.70
Suicide Ideation		
Yes	44	14.70
No	256	85.30
Any Known Suicide Victim		
Yes	128	42.70
No	172	57.30
Victim Identity		
Family	16	12.50
Friend	28	12.87
Neighbour	16	12.50
Stranger	68	53.12

Table 3. Distribution of scale and subscale score means of nursing students

Scale and Sub-Scales	**Min.-Max.**	**X±SS**
Stigmatization	1-5	3.79± 0.62
İsolation/Depression	1-5	2.87±0.63
Normalization/Glorification	1-5	2.45±0.66

Table 4. Comparison of the socio-demographic characteristics of the students and the means points of the subscales (n:300)

Characteristics	**n**	**Stigmatization** $\bar{X}$**±SS**	**Isolation/Depression** $\bar{X}$**±SS**	**Normalization/Glorification** $\bar{X}$**±SS**
Age				
17 &Below	15	3,62±0,27	2,81±0,62	2,21±0,64
18-23	136	3,22±0,65	2,67±0,48	2,42±0,47
24-29	117	3,19±0,62	2,41±0,47	2,38±0,41
30&above	32	3,22±0,61	2,53±0,73	2,74±0,28
p		0.286	**0.003**	0.260
Academic Year				
1st Year	63	3,16±0,38	2,38±0,68	2,81±0,44
2nd Year	57	3,31±0,41	2,42±0,60	2,12±0,18
3rd Year	108	3,28±0,52	2,49±0,22	2,29±0,35
4th Year	72	3,22±0,61	2,86±0,63	2,16±0,61
p		0.510	0.865	**0.003**
Family Treatment History				
Yes	31	3,40±0,18	2,11±0,74	2,67±0,58
No	269	3,16±0,28	2,42±0,66	2,41±0,73
p		0.086	**0.016**	0.972
Suicide Ideation				
Yes	44	3,70±0,78	2,68±0,48	2,11±0,48
No	256	3,26±0,61	2,32±0,47	2,82±0,29
p		0.447	**0.0001**	0.130

whether they thought about suicide and the mean score for the isolation/ depression sub-dimension ($p<0.05$).

DISCUSSION

This study revealed that the students' mean stigmatization sub-dimension score of was higher than the score for the other sub-dimensions. As a result of their systematic review, Clement et al. stated that stigma can be classified as "anticipated stigma" and "experienced stigma" (13). Even if people who attempt suicide do not experience stigma, the expectation that they will be stigmatized may prevent them from seeking help (14). Therefore, the high level of stigma felt by students towards suicide is an important issue that needs to be addressed as a matter of priority. The stigmatizing attitudes of nursing students may cause them to avoid attempting to understand the individual in front of them when they work in a helping position in the future.

The female students were found to have higher mean scores in the isolation/depression sub-dimension than male students, but no statistically significant difference was found between gender and the three sub-dimensions. Eskin (2017), in his study with university students, stated that female students with close friends who had suicidal thoughts showed a more accepting and helpful approach to their friends than male students (15). This is consistent with the finding that the women in the present study associated suicidal individuals with individuals experiencing depression rather than being judgmental towards them. In their study on attitudes towards suicide among medical faculty students, Wallin and Runeson (2003) found that female students thought that suicidal individuals had mental problems and should receive treatment (16).

A statistically significant difference was found between the age of the students and the mean scores for the isolation/depression sub-dimension, and it was observed that as the age of the students increased, they associated suicide more with isolation and depression. Although no significant difference was determined, the students under the age of 17 in the present study showed a greater tendency to engage in stigmatization. This may be explained by the fact that as the age of the students increases, their level of knowledge increases in parallel, and that they make more of an effort to understand people instead of stigmatizing them. The literature draws attention to the relationship between the age variable and the sub-dimension of stigmatization in general (17,18).

There was a statistically significant difference between the mean scores for the sublimation/normalization sub-dimension and the students' years of study, and it was determined that the difference was caused by those in the first year and those in the fourth year. In the first year, we can say that students perceive suicide as normal and may even glorify people who commit suicide, but as the level of education, knowledge and awareness increases, the students perceive suicidality as a situation in which help should be sought. This shows that nursing students can change their attitudes and beliefs through the courses they take and their clinical internships. Given the intensity of nurses' contact with their patients, it is inevitable that the insights they gain from suicidal patients they encounter will contribute to patient care (19).

A statistically significant difference was found between the students' family history of psychiatric treatment and whether they thought about suicide, and the mean score for the isolation/depression subscale. Students experience of their relatives' psychiatric illnesses may provide them with information and first-hand knowledge and they may thus be more accepting of suicide attempts. Similarly, the literature has also shown that stigmatization rates are low among individuals with a psychiatric history and the experience of suicidal ideation both in themselves and in their family and friends, and their attitudes towards people who engage in suicidal behavior are more accepting (18,20). Reportedly, people who have experienced suicidal ideation have a high level of recognition of the crisis suicidal people are going through, and generally take an active role in directing people to seek help (21). A study by Öztürk also found that those with a family history of psychiatric illness had higher levels of knowledge about suicide (22).

CONCLUSION

This study demonstrated that the students' stigmatization of suicide was high, and that as their age and year of study increased, they associated suicide more with isolation and depression. In order to reduce stigma towards suicide, it is important to ensure that students are introduced to this concept earlier during their education, to plan training to eliminate negative beliefs and attitudes towards suicide attempts, and to make this training sustainable.

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