

▪ **Basic Research**

Educational Nursing Interventions for Enhancing Nurses' Performance toward Suicidal Risk Screening among Patients Admitted to Emergency Department

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Abstract

Background: Suicidal ideation and behaviors present critical challenges in emergency healthcare settings, necessitating effective screening and intervention strategies. Nurses play a pivotal role in identifying and managing suicidal risk behavior among patients admitted to emergency departments. **Aim:** The current research aimed to evaluate effect of educational nursing interventions for enhancing nurses' performance toward suicidal risk screening among patients admitted to emergency department. **Research design:** This research used a quasi-experimental one-group pre/post design. **Setting:** El-Araby Hospital emergency department affiliated with Menoufia Governorate in Egypt. **Subject:** A convenience sample of all available nurses (40) working in the emergency department in the previously mentioned setting. **Tools:** The study utilized three data collection tools: **Tool I:** Nurses' Structured Self-administrated Questionnaire, **Tool II:** Nurses' Practice Observational Checklist, and **Tool III:** The Ask Suicide-Screening Questions tool. **Results:** illustrated that the majority of the studied nurses had a satisfactory total level of knowledge, positive attitudes, and competent level of practices toward suicidal risk screening post-educational nursing interventions. Additionally, there was a high statistically significant positive correlation between emergency nurses' knowledge attitudes, and practice toward suicidal risk screening post-educational nursing interventions. **Conclusion:** Educational nursing interventions represent a promising approach for augmenting nurses' performance in suicidal risk screening within the emergency department setting. By addressing knowledge gaps and fostering skills development, these interventions have the potential to enhance patient safety and contribute to more effective suicide prevention efforts in the emergency healthcare context. **Recommendation:** Integrating ongoing education programs into the standard professional development for emergency nurses in clinical work. These programs should be tailored to address evolving trends, updates in suicide risk assessment protocols, and emerging evidence-based practices in suicide prevention.

Key words: Emergency department, Nurses' performance, Suicidal Risk Screening

Introduction

Suicide is a serious public health problem, defined as self-injurious action to purposefully end one's own life, and suicide attempts are thought to be a significant risk associated with previous suicidal behaviors (**Shin et al., 2021**). Suicide causes are diverse and multifaceted, necessitating a multilevel preventative intervention. So, emergency departments (EDs) are critical sites for supporting and managing suicide ideation; hence, nursing personnel are frequently the initial point of contact for patients in suicidal crises. Despite this, some emergency department nurses receive inadequate training and/or information on how to appropriately care for such patients (**McCarthy et al., 2024**).

Patients referred to the emergency room with medical symptoms were uniformly assessed; many were also recognized as being at risk for suicide attempts or thoughts, which requires assistance from healthcare practitioners and policymakers in allocating resources efficiently (**Pfaff et al., 2021**). Understanding the trends and features of suicidal patients in the ER might help create early intervention methods. Early detection and management are critical for avoiding suicide and improving patient outcomes (**Quinlivan et al., 2021**).

Suicidal conduct includes thoughts, planning, attempts, and suicide. Suicide is a complex, diverse, and multivariate phenomenon influenced by biological, psychological, social, environmental, and/or cultural variables. Patient evaluation and early identification of risk are critical components of suicide screening and intervention planning. The ability to assess and approach patients is based on observation and communication to discover signals that allow health workers to gain a thorough understanding of the hospitalized person. Thus, knowing the suicide phenomenon is critical for healthcare practitioners at all levels (**Pypcak et al., 2022**).

Suicidal risk screening is a process that uses a standardized instrument or protocol to identify people who are at risk of suicide. Suicide screening can be performed alone or as part of a larger health or behavioral health examination. Screening can be done orally (by asking questions), on paper, or a computer (**Brent et al., 2023**). So, emergency nurses play an important role in identifying people who are at risk of suicide, regardless of their presenting issue. Inquiring about suicide often causes discomfort and embarrassment among nurses working outside of a mental health setting owing to the uncertainty of the patient's reaction and the risk that it could increase suicidal thoughts (**Andrews, 2020**).

Suicide prevention initiatives emphasize the need for educational interventions for emergency nurses in recognizing and responding to suicide, as the majority of persons who commit suicide will have contacted the healthcare system in the week, month, or year before their death (**Ferguson et al., 2020**). Emergency nurses are frequently the dominant professional group in hospital settings. As a result, they are more likely to come into touch with people who are at risk of suicide. As a result, nurses are well-positioned to adopt suicide risk screening and early prevention strategies (**Spindler et al., 2022**).

To ensure a patient's safety, nursing interventions have often been designed with ongoing monitoring and emotional support in mind. Furthermore, emergency nurses are primarily concerned with the human experience of distress and seek to promote healing, understanding, support, and acceptance by assisting patients in finding meaning in their experiences (**Lai & Lung, 2022**). Furthermore, nurses who provide 24-hour care are better suited to communicate with patients in a regular and meaningful manner, as well as to assist

divert suicidal behavior. Suicidal patients benefit from nurses' availability and regular visibility. Furthermore, official and informal care plans must address a wide range of patient demands (**Jeong et al., 2021**).

Significance of the study

Suicide is considered a critical public health concern across the world and is the leading cause of mortality and morbidity. Every year, around 703,000 people die by suicide, and emergency department visits linked to suicide continue to rise (**Zarska et al., 2023**). Suicide is a significant public health concern in the United States; between 2001 and 2020, suicide incidence across all ages ascended by 30% (**CDC, 2023**). Approximately 45% of patients who die by suicide contact a healthcare professional within a month of their death, and up to 90% within a year (**Jennifer, 2023**).

According to WHO statistics, 7881 persons committed suicide in Egypt alone in 2022, compared with 3022 in 2019. The yearly suicide rate in Egypt was determined to be 10 per 100,000 people, with a significant percentage among those aged 15 to 44 (**Farahat et al., 2022**). Suicide is the fourth highest cause of mortality for those aged 15 to 29 years. Each suicide has a significant impact on the victim's family, community, and country (**Mohamed et al., 2019**).

From the researchers' point of view, patients with suicidal risk require sensitive and evidence-based care. So, suicide risk assessment is included as a care of patients (COP.3.5) standard in Joint Commission International (JCI) Accreditation Standards for Hospitals, 7th Edition because emergency nurses play a critical role in the initial assessment and management of patients at risk of suicide. Therefore, equipping emergency nurses with the necessary skills and understanding to identify and respond to suicidal risk behavior effectively, and enhancing their performance in this area is essential for improving patient outcomes, building trust in the healthcare system, and maintaining satisfaction with care.

Aim of the study

This study aimed to evaluate effect of educational nursing interventions for enhancing nurses' performance toward suicidal risk screening among patients admitted to emergency department through the following:

- 1) Assess nurses' knowledge, attitudes, and practices toward suicidal risk screening pre/post-educational nursing interventions implementation.
- 2) Design educational nursing interventions for enhancing nurses' knowledge, attitudes, and practices toward suicidal risk screening.
- 3) Implement educational nursing interventions for enhancing emergency nurses' knowledge, attitudes, and practices toward suicidal risk screening.
- 4) Evaluate effect of educational nursing interventions for enhancing emergency nurses' knowledge, attitudes, and practices toward suicidal risk screening post-implementation.

Research hypothesis:

Implementing educational nursing interventions will enhance nurses' performance toward suicidal risk screening among patients admitted to emergency department.

Operational definition

Nurses' performance: It refers to emergency nurses' satisfactory level of knowledge, positive attitude, and competent level of practice toward suicide risk screening among patients admitted to emergency department.

Subject and Methods

Research design:

A quasi-experimental one-group pre/post design was used for this study.

Research Setting:

This study was conducted at the El-Araby Hospital Emergency Department affiliated with Menoufia Governorate in Egypt. The emergency department is positioned on the ground floor, and it contains 4 rooms; one room for triage and contains 1 bed, one room for resuscitation and contains one bed, one room for male observation and contains 3 beds and the last room for female observation and contains 6 beds.

Research Subjects:

A convenience sample included all available nurses (no.40) of both genders who were present at the beginning of the study and worked in the emergency department at El-Araby Hospital. The staff nurses have a variety of certificates (diploma nursing, technical institution, and bachelor degree), as well as varying ages and levels of experience.

Tools for data collection:

Data were collected using the following tools:

Tool I- Nurses' Structured Self-administrated Questionnaire:

This questionnaire was developed by the researchers after reviewing the related literature and included three parts.

Part I: Nurses' personal and professional data: It was concerned with data about the studied nurses as (age, gender, qualification, job title, working shifts, nursing experience at the Emergency Department (years), and professional data related to receiving any formal training or education on suicide risk assessment and intervention.

Part II: Nurses' Level of Knowledge Assessment Questionnaire: It was developed by the researchers after reviewing related literature to assess the nurses' level of knowledge regarding early identification of suicidal risk among patients admitted to emergency department pre & post educational nursing interventions. This questionnaire involved 15 Yes or No questions.

Scoring system: Each correct answer was given one grade, and the incorrect answer was given zero. Based on the statistical analysis, the scores were summed up and converted into percentages considered < 80% is unsatisfactory level of knowledge and $\geq 80\%$ is satisfactory level of knowledge.

Part III: Nurses' Attitude Assessment Questionnaire:

It was adapted from **Aljedaani et al., (2021)**. This questionnaire is used to assess nurses' attitudes toward suicide risk among patients admitted to the emergency department. This questionnaire comprised 20 items rated on a 5-point Likert scale from strongly agree to strongly disagree. The 5-point Likert scale response options were scored as (1) score for

strongly disagree, (2) for disagree, (3) for neutral, (4) for agree and (5) for strongly agree. Scoring system: The total number of attitude scores is considered positive attitude if the score is $\geq 70\%$ and negative attitude if the score is $< 70\%$.

Tool II: Nurses' Practice Observational Checklist

The practice Observational Checklist questions were developed by the researchers based on literature and **American Psychiatric Nurses Association (2015)**. This checklist is used to observe nurses' practices regarding suicide among patients admitted to the emergency department. This checklist contained 9 items rated on 3 point Likert scale. Concerning nurses' level of practice, The 3-point Likert scale had 3 response options always, sometimes, and never, each item was scored "0" for never done, "1" mark for sometimes done, and " 2" mark for always done. Scoring system: The total number of practice scores is considered incompetent if the score is $< 80\%$ and competent level of practice if the score is $\geq 80\%$.

Tool III: The Ask Suicide-Screening Questions (ASQ) tool

This tool was adopted from the **National Institute of Mental Health (2020)** and is a set of four brief suicide screening questions that take 20 seconds to administer, if the patient answers "yes" ask the fifth question. This tool is used for early identification of suicide risk among patients admitted to the emergency department. "Yes" to 5 questions = acute positive screen (imminent risk identified) "No" to 5 questions = non-acute positive screen (potential risk identified). **Scoring system:** Each asked question scored one and the unasked question scored zero. The total number of nurses' practice scores toward using suicidal risk screening tool is considered incompetent if the score is $< 80\%$ and competent practice if the score is $\geq 80\%$.

Content Validity and Reliability:

A panel of three experts in the fields of adult health nursing and psychiatric mental health nursing reviewed the tools for relevance, comprehensiveness, understanding clarity, and applicability to assess their content validity, and the necessary modifications were made. The Cronbach's alpha coefficient test was used to assess internal consistency and dependability. The reliability of the research instruments was ensured statistically using the Alpha-Cronbach test. The nurses' knowledge, attitude, and practice reliability scores were (0.71, 0.83, and 0.86), respectively.

Pilot Study

The pilot study was carried out on 10% (6) of the study participants to evaluate the instruments' applicability, and the study's viability, and to estimate the time needed to fill in the study tools. There were no modifications needed regarding the study tools post the pilot study. Data collection tools were not changed in response to the pilot study's findings. So, nurses who participated in the pilot study were included in the study.

Ethical considerations

The research ethics committee of the Faculty of Nursing at Helwan University granted ethical approval with code number 37 on 10/12/2023 for conducting the study. Participation in the study is entirely optional, and the examined nurses were given comprehensive details about the study and their participation before giving informed approval. The ethical concerns included clarifying the goal and nature of the study, highlighting the possibility of withdrawal

at any time, and ensuring the confidentiality of the information, which would not be accessible by any other party without the participant's consent. Ethics, values, culture, and beliefs will each be considered.

Field work

The actual field work started in the middle of December 2023 and was completed and ended in the middle of June 2024. The study time took about 6 months divided into (1) month for the assessment phase and program preparation, (2) months for the educational program implementation phase, and (3) months for post-implementation phase. The sample was divided into 8 groups; each group included 5 nurses and each group took 3 sessions (2 sessions for the theoretical part & 1 session for the practical part) each session lasted 90 minutes for theory and 120 minutes for practice).

Educational Nursing Interventions Phases

I. Preparatory and assessment phase:

It includes a review of related literature, and theoretical knowledge of various aspects of the study using books, articles, and internet periodicals to develop tools for data collection and the training program for nurses. The nurses' practice observational checklist was utilized before the delivery of the knowledge questionnaire to guarantee the most realistic observation of nurses' practice while minimizing the likelihood of bias. The researcher performed direct observation to evaluate nurses' practice about suicide risk screening among patients admitted to the emergency department.

The program was applied at the day shift. it was carried out on a scheduled and specific day. The researchers filled out the observational checklist and documented nurses' practices related to suicidal risk behavior and using screening tools among patients admitted to the emergency department, the questionnaire sheet was conducted in the training room and the purpose of the study was explained before answering the questionnaire. Then the knowledge assessment questionnaire was filled out by nurses' staff in the presence of the researchers to ensure maximum homogeneity response and allow the researchers to read and offer clarification. Each one completed her/ his copy and handed it back to the researchers at the same session.

II: The planning phase:

The educational nursing interventions' content was prepared by the first evaluation. The researchers created the training program, which was written in easy Arabic and line with the relevant literature. Furthermore, it fulfilled the demands and knowledge levels of nurses. This program booklet included the knowledge and practice of suicide risk screening, and it was designed to be a guide and reference for emergency nurses.

III: Implementation phase:

The educational nursing interventions were presented in theoretical and practical sessions. The theoretical part was conducted through lectures and group discussions, using PowerPoint shows, real objects, and proshor as media. At the beginning of the first session, an orientation about the purpose of the educational program was done and the nurses were informed about the time and place of the sessions. It started by clarifying the purpose of the program, the number of sessions, learning methods, tools, evaluation methods, and orienting

nurses regarding the content, and related benefits of their conditions. It was taken in 2 sessions (each session for 90 minutes).

The first session was given to the study sample and included the theoretical part through PowerPoint that included the definition of suicide, its prevalence, common risks, and contributing factors, and outlined the warning signs of suicidal ideation and behavior. The second session included the steps involved in assessing a patient for suicide risk, guidelines for immediate intervention and safety planning, common suicidal risk screening tools, and tips for effective communication with patients who are at risk of suicide.

The handout was distributed to all nurses included in the program on the first day of starting the program distribution. The third session was the Practical part which was conducted through demonstration and videos. It was taken (120 minutes), and this session involved the important skills the emergency nurses should apply with every patient admitted to the emergency department to identify suicidal risk behavior and apply suicidal screening tools for early identification.

IV. Evaluation phase:

The last phase of the educational nursing interventions is the evaluation phase, which involves monitoring the post-test for nurses' performance using the same pre-test questionnaire. After a month from the end of the training the nurse's knowledge, attitudes, and practices were assessed using the same pre-assessment tools, and compared the results between the pre and post-test of implementation.

Results

Table (1): reveals that 65.7% of the studied nurses were between 20-30 years old with a mean age of 28.51 ± 7.74 years. As well as 75% were males. Regarding marital status, 70% of the studied nurses were married. 60% had a Bachelor's degree in nursing and 20% had a Technical institute of nursing. Concerning years of experience as an emergency nurse, 40% of the studied nurses had less than 5 years with a mean of 4.95 ± 3.86 . Adding to that 77.5% of the studied nurses were positioned as a staff nurse working rotating day/night shifts.

Table (2): clarifies that 95% of the studied nurses had not received any formal training or education on suicide assessment and intervention in the past two years, and 70% of the studied nurses didn't ever work with patients with suicide risk behavior. Furthermore, 90% of the studied nurses reported that there is no policy and procedure in the hospital about how to handle patients with suicide-risk behavior. Adding to that 97.5% of the studied nurses need to improve their knowledge, attitudes, and practices about suicide screening and caring.

Figure (1): shows that 90% of the studied nurses had unsatisfactory level of knowledge toward suicidal risk screening among patients admitted to the emergency department compared to 10% of nurses had a satisfactory level of knowledge pre educational nursing interventions. Whereas, 83% of the nurses had a satisfactory level of knowledge toward suicidal risk screening, compared to 17% of nurses had unsatisfactory level of knowledge post educational nursing interventions.

Figure (2): illustrates that only 13.7% of the studied nurses had a positive attitude toward suicidal risk screening among patients admitted to the emergency department, compared to 86.3% of nurses had a negative attitude pre educational nursing interventions. Whereas, 89% of the studied nurses had a positive attitude toward suicidal risk screening,

compared to only 11% of the nurses had a negative attitude post educational nursing interventions.

Figure (3): shows that only 3% of the studied nurses had a competent practice toward suicidal risk screening among patients admitted to the emergency department, compared to 97% of the nurses had incompetent practice pre educational nursing interventions. Whereas, 85% of the studied nurses had a competent practice toward suicidal risk screening, compared to only 15% of the nurses had incompetent practice post educational nursing interventions.

Table (3): indicates that there was a highly statistically significant differences between pre and post educational nursing interventions regarding emergency nurses' practice of the ASQ suicidal risk screening tool at $p\text{-value}=0.000^{**}$ which increased in all questions concerning “yes” answer and decreased in all questions concerning “no” answer post educational nursing interventions.

Table (4): presents that there was a highly statistically significant positive correlation between emergency nurses' total knowledge, attitudes, and practices toward suicidal risk screening post -educational nursing interventions at $P = .000^{**}$.

Table (1): Frequency and percentage distribution of the studied nurses according to their personal characteristics (n=40)

Items	No	%
Age		
20-30	26	65.7
31-40	14	34.3
Mean \pm SD	28.51 \pm 7.74	
Sex		
Male	30	75
Female	10	25
Marital status		
Single	12	30
Married	28	70
Level of education		
Diploma	7	17.5
Technical institute	8	20
Bachelor of nursing	24	60
Master degree	1	2.5
Years of experience as an emergency nurse		
Less than 5	16	40
6-10	10	25
More than 10	14	35
Mean \pm SD	4.95 \pm 3.86	
Working shifts		
Day shifts	6	15
Night shifts	3	7.5
Rotating day/night shifts	31	77.5
Job title (position)		
Staff nurse	31	77.5
Charge nurse	8	20
Head nurse	1	2.5

Table (2): Frequency and percentage distribution of the studied nurses according to their professional characteristics (n=40)

Nurse's characteristics	No	%
Receiving any formal training or education on suicide assessment and intervention in the past two year		
No	38	95
Yes	2	5
Benefit from attending the training		
No	1	40
Yes	1	60
working with patients with suicide risk behavior		
No	28	70
Yes	12	30
Presence of a strategic planning in workplace about patients with suicide risk behavior		
No	32	80
Yes	8	20
Presence of a policy and procedure about how to handle patients with suicide risk behavior		
No	36	90
Yes	4	10
Nurses' need to improve your knowledge, attitudes, and practices about suicide screening and caring		
No	1	2.5
Yes	39	97.5

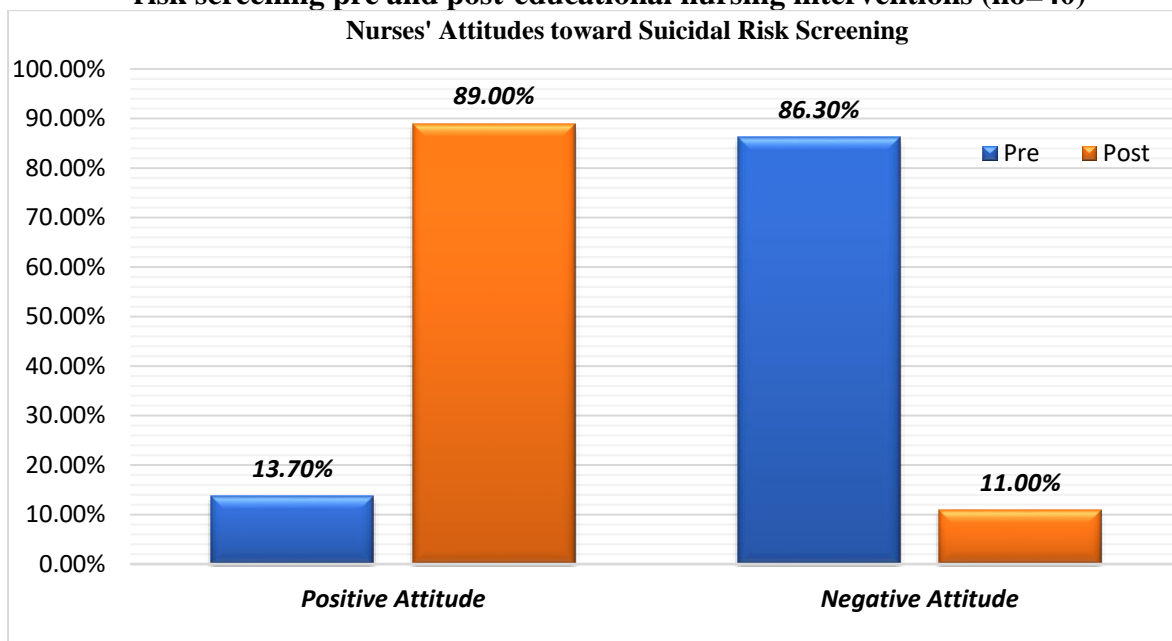
Figure (1): Comparison of emergency nurses' total levels of knowledge toward suicidal risk screening pre and post-educational nursing interventions (no=40)

Figure (2): Comparison of emergency nurses' total levels of attitudes toward suicidal risk screening pre and post-educational nursing interventions (no=40)

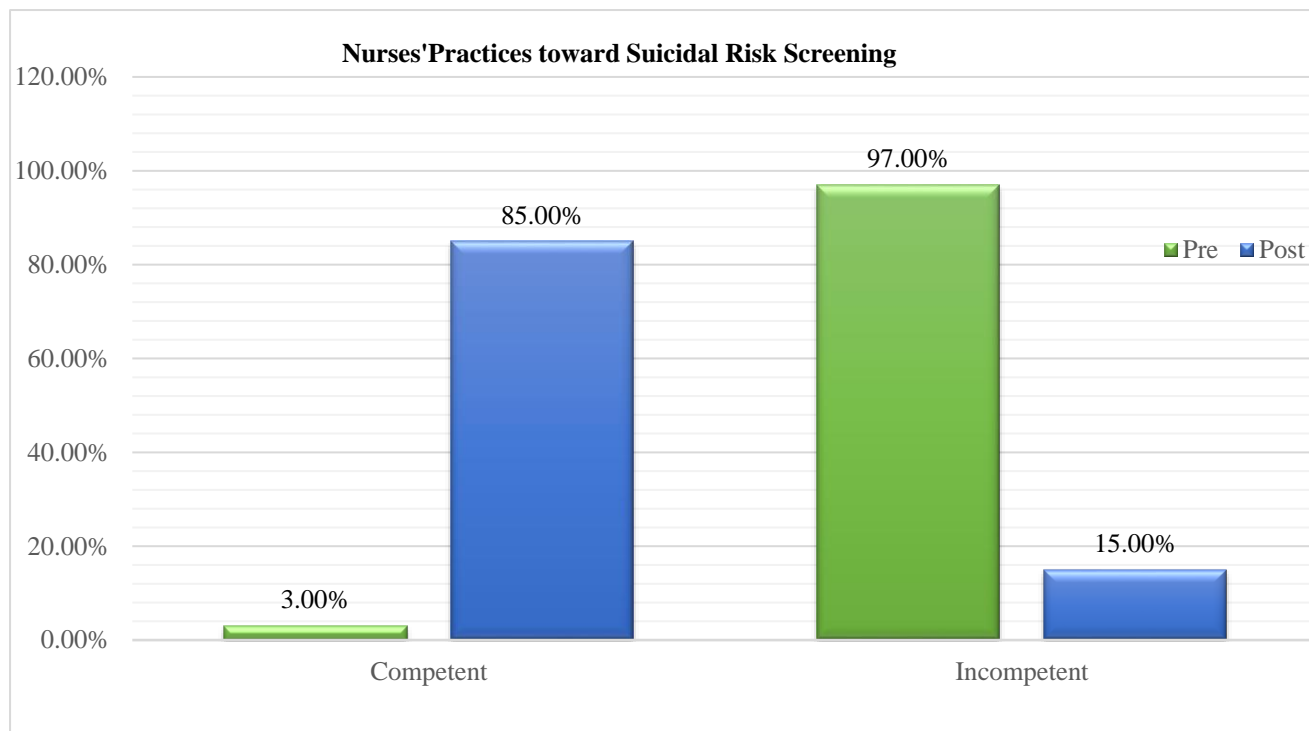


Figure (3): Comparison of emergency nurses' total levels of practices toward suicidal risk screening pre and post-educational nursing interventions (no=40).

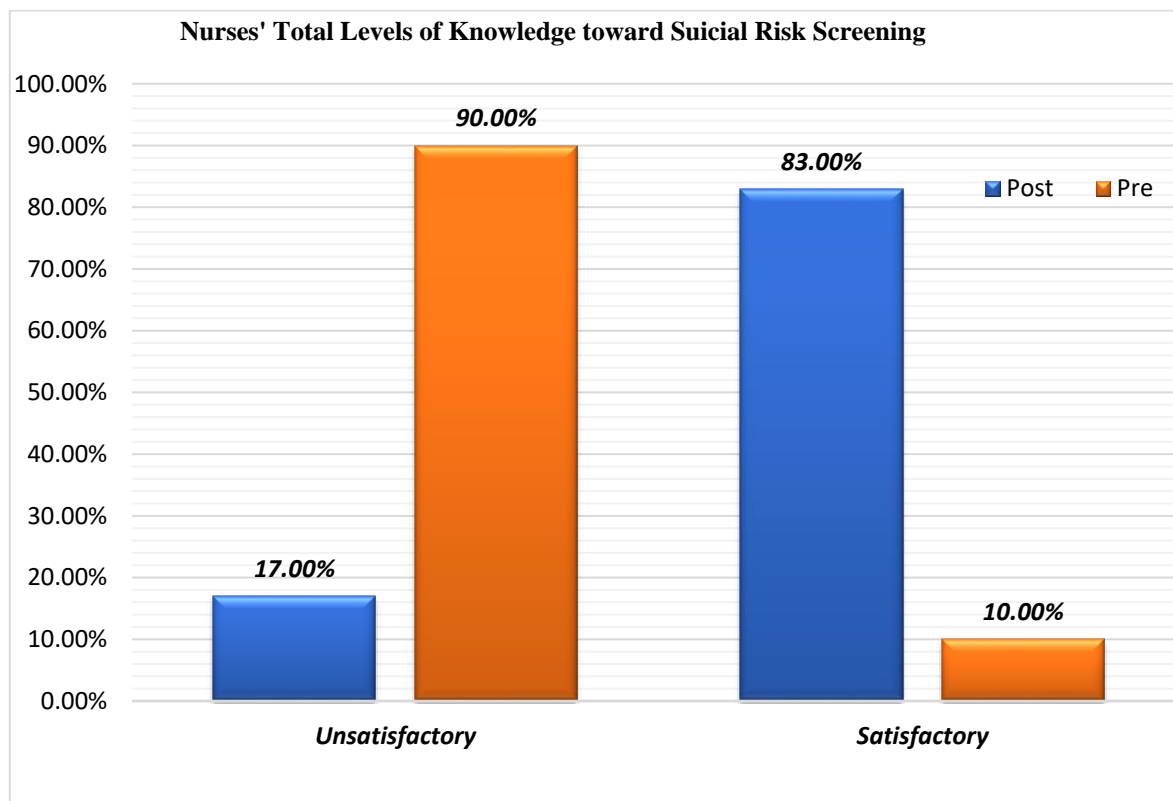


Table (3): Comparison of emergency nurses' practice regarding ASQ suicidal risk screening tool pre and post-educational nursing interventions (n =40)

Questions asked	Pre				Post				Pre & Post
	No		Yes		No		Yes		
	No	%	No	%	No	%	No	%	
In the past few weeks, have you wished you were dead?	38	95	2	5	7	17.5	33	82.5	X ² =15.22 P = .000** HS
In the past few weeks, have you felt that you or your family would be better off if you were dead?	38	95	2	5	7	17.5	33	82.5	X ² =15.22 P = .000** HS
In the past week, have you been having thoughts about killing yourself?	38	95	2	5	7	17.5	33	82.5	X ² =15.22 P = .000** HS
Have you ever tried to kill yourself?	38	95	2	5	7	17.5	33	82.5	X ² =15.22 P = .000** HS
Are you having thoughts of killing yourself right now?	38	95	2	5	5	12.5	35	87.5	X ² = 12.31 P = .000** HS

**P <0.01 High Significant, *P < 0.05 Significant & P > 0.05 No Significant

Table (4): Correlation between nurses' levels of knowledge, attitudes, and practices post-educational nursing interventions (no=40)

Items	Pearson correlation coefficient	
	R	P
Nurses' total levels of knowledge	0.872	0.000** HS
Nurses' total levels of attitudes	0.852	0.000** HS
Nurses' total levels of practices	0.855	0.000** HS

**P <0.01 High Significant, *P < 0.05 Significant & P > 0.05 No Significant

Discussion

As suicide and suicide attempts among adolescent continue to increase, national organizations highlight the importance of frequent and comprehensive suicide risk screening. Effective screening is the first step toward reducing the risk of suicide. Because emergency departments are frequently the sole or primary healthcare provider for this high-risk population, screening adolescents during ED visits may provide improved identification and intervention (American Psychiatric Association, 2023; Bryan et al., 2023; Goldstein Grumet & Boudreaux, 2023).

The present study clarified that; slightly less than two-thirds of the studied nurses were between 20-30 years old. As well as actually three quarters were males. Regarding marital status, two-thirds of the studied nurses were married. More than half had a Bachelor's degree in nursing and less than one-third had a Technical institute of nursing. Concerning years of experience more than one-third had experienced less than 5 years. Adding to that more than three-quarters are positioned as a staff nurse working a rotating day/night shift.

From the researchers' point of view, these findings might be because males have recently turned to the nursing profession due to the availability of work opportunities after graduation. This is why we find that most of them are married at a young age, in addition to the fact that most students enrolled in nursing colleges are high school graduates. To work, they must obtain a bachelor's degree, and even most institute students seek this to improve

their job level. This result disagreed with a study carried out by **Briggs (2024)** who studied "Nurses' Attitudes to Supporting People Who are Suicidal in Emergency Departments" in England and found that the majority of the studied nurses were female and between 36-50 years old.

The present study indicated that; the majority of the studied nurses had not received any formal training or education on suicide assessment and intervention in the past two years, and two-thirds of the studied nurses didn't ever work with patients with suicide risk behavior. Furthermore, the majority of the studied nurses reported that there is no policy and procedure in the hospital about how to handle patients with suicide-risk behavior. Adding to that the majority of nurses need to improve their knowledge, attitudes, and practices about suicide screening and caring. This finding might be due to suicide being treated as a mental problem in the past, but currently, suicide is treated as a symptom that may be due to many reasons, including psychological, organic, and others. Therefore, the new trend is to train emergency nurses, not just psychiatric nurses, on how to deal with such cases.

From the researchers' point of view, This result is consistent with a study carried out by **Pirani et al., (2023)** who studied "Assessing Knowledge, Attitudes, and Practices of Emergency Department Staff towards Patients with Suicidal Behavior in Pakistan" and found that the majority of the studied sample had not received any specific training in the management of suicidal patients and institutional policy on management and pathway to care for suicidal patients should be disseminated and monitored for its implications in clinical practice.

The current study found that the majority of the nurses evaluated had an inadequate understanding of suicide risk screening among patients admitted to the emergency department prior to educational nursing interventions. However, the majority of nurses had a sufficient level of knowledge regarding suicide risk screening following educational nursing interventions. According to the researchers, this conclusion might be attributed to a severe lack of understanding among emergency nurses about suicide risk behavior and prevention. As a result, the diverse information offered in the booklet and program sessions is extremely important for improving emergency nurses' awareness of suicide risk behavior and prevention. This conclusion is consistent with a research by **Alice et al., (2024)** who conducted "A Study to Assess the Knowledge Regarding Suicide Prevention among The Students Nurses at Kampala International University Western campus Ishaka Uganda" and found that slightly more than one-third of the studied subjects had poor knowledge regarding suicide prevention.

The current study result illustrated that; the majority of the studied nurses had a negative attitude toward suicidal risk screening pre-educational nursing interventions. Whereas, the majority of the nurses had a positive attitude toward suicidal risk screening post-educational nursing interventions. From the researchers' point of view, this finding might be due to the nurses who received suicide-related education and training exhibited better attitudes toward suicide prevention than those who did not. This finding is reinforced by **Holt and Oates (2022)**, who investigated "Do Educational Interventions Improve the Attitudes of Emergency Nurses toward Patients Who Self-harm?" A Systematic Review" concluded that teaching programs for emergency nurses changed their attitudes toward patients who self-harm.

The current study result showed that; the majority of the studied nurses had incompetent practice toward suicidal risk screening pre-educational nursing interventions. Whereas, the majority of the nurses had a competent practice toward suicidal risk screening post-educational nursing interventions. According to the researchers, this conclusion might be attributable to the fact that most nurses were not adequately educated and supported by a comprehensive educational program to build their abilities in increasing cohesiveness, self-confidence, and

well-being when dealing with suicide risk behaviors. This conclusion contradicts research conducted by **Aljedaani et al., (2021)** who investigated "Nursing Knowledge, Attitudes, and Practices toward Suicidal Risk Behavior in Jeddah City" and said that practically all nurses verified that they always had good practices regarding suicide risk behavior.

The current study result indicated that; there was a highly statistically significant differences between pre and post educational nursing interventions regarding emergency nurses' practice of the ASQ suicidal risk screening tool. From the researchers' point of view, This finding might be due to hospitals need to use evidence-based tools to assess patients for suicidal risk based on established criteria in all departments not only Emergency Departments according to the 7th edition of Joint Commission International (JCI). This finding is supported by the findings of **Titang (2023)**, who studied the "Nursing Staff Education Program on Using the Ask Suicide Screening Questions Tool Kit" and concluded that the staff education material significantly improves nursing competencies related to using the ASQ suicide screening tool kit. Along the same line, **Ward (2024)** conducted research on "Evaluating Adolescent Suicide Screening in A Community Emergency Department Using The CIPP Model" and stated that the examined nurses obtained very high ASQ screening compliance.

The present study stated that there was a highly statistically significant positive correlation between emergency nurses' total knowledge, attitudes, and practices toward suicidal risk screening post post-educational nursing interventions. From the researchers' point of view, this finding might be due to the knowledge and attitudes of nursing staff can affect their nursing practices, staff with poor knowledge and negative attitudes toward suicidal risk behavior and prevention may cause potential harm to patients. Therefore, enhancing either knowledge or attitudes in suicide prevention can contribute to improving nursing practices. This result is congruent with a study carried out by **Huang et al., (2023)** who examined the "Survey of Knowledge, Self-efficacy, and Attitudes toward Suicide Prevention among Nursing Staff" in Southern Taiwan and discovered that knowledge and self-efficacy in suicide prevention were both significantly and positively correlated with attitudes.

Conclusion

The current study concluded that educational nursing interventions represent a promising approach for augmenting nurses' performance in suicidal risk screening within the emergency department setting. By addressing knowledge gaps and fostering skills development, these interventions have the potential to enhance patient safety and contribute to more effective suicide prevention efforts in the emergency healthcare context.

Recommendations

In light of the current study findings; the following recommendations are suggested:

- Integrating Ongoing Education Programs into the standard professional development for emergency nurses in clinical work. These programs should be tailored to address evolving trends, updates in suicide risk assessment protocols, and emerging evidence-based practices in suicide prevention.
- Encouraging stakeholder participation in educational nursing programs to promote suicide prevention and build caring skills for a safe hospital environment.
- Further research is required involving a larger study sample of emergency nurses from various healthcare settings.

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الملخص العربي

التدخلات التمريضية التعليمية لتعزيز أداء الممرضين تجاه فحص مخاطر الانتحار بين المرضى المقبلين على قسم الطوارئ

المقدمة: تمثل الأفكار والسلوكيات الانتحارية تحديات حرجية في إعدادات الرعاية الصحية الطارئة، مما يستلزم استراتيجيات فحص وتدخل فعالة ويلعب التمريض دورًا محوريًا في تحديد وإدارة مخاطر الانتحار بين المرضى المقبلين على أقسام الطوارئ.

الهدف: يهدف البحث الحالي إلى تقييم تأثير التدخلات التمريضية التعليمية لتعزيز أداء الممرضين تجاه فحص مخاطر الانتحار بين المرضى المقبلين على قسم الطوارئ.

تصميم البحث: استخدم هذا البحث تصميم المجموعة الواحدة شبه التجريبي القبلي والبعدي.

مكان الدراسة: أجريت هذه الدراسة في قسم الطوارئ بمستشفى العربي التابع لمحافظة المنوفية في مصر.

العينة: عينة ملائمة من جميع الممرضين المتاحين (40) العاملين في قسم الطوارئ في المكان المذكور سابقا.

أدوات جمع البيانات: استخدمت الدراسة ثلاث أدوات لجمع البيانات: (1): الاستبيان الذاتي المنظم للتمريض، (2): استبيان ممارسات التمريض، (3): أداة أسئلة لفحص مخاطر الانتحار.

النتائج: أوضحت نتائج البحث أن غالبية التمريض المدروسين لديهم مستوى مرضي من المعرفة، والاتجاهات الإيجابية، ومستوى من الممارسات تجاه فحص مخاطر الانتحار بعد اجراء التدخلات التمريضية التعليمية بالإضافة إلى ذلك، كان هناك علاقة إيجابية ذات دلالة إحصائية عالية بين المستوى المعرفي والمستوى المهاري لمرضى الطوارئ، في مرحلة ما بعد اجراء البرنامج التعليمي.

الخلاصة: تمثل التدخلات التمريضية التعليمية نهجا واعدا لزيادة أداء التمريض في فحص مخاطر الانتحار داخل قسم الطوارئ. ومن خلال معالجة الفجوات المعرفية وتعزيز تنمية المهارات، فإن هذه التدخلات لديها القدرة على تعزيز سلامة المرضى والمساهمة في جهود أكثر فعالية لمنع الانتحار في سياق الرعاية الصحية الطارئة.

التوصيات: دمج برامج التعليم المستمر لفحص مخاطر الانتحار لمرضى الطوارئ في بيئة العمل. وينبغي تصميم هذه البرامج لمعالجة الاتجاهات المتطورة، والتحديثات في بروتوكولات تقييم مخاطر الانتحار، والممارسات الناشئة القائمة على الأدلة في مجال الوقاية من الانتحار.