

The psychological processes of nursing students when caring for suicidal patients in psychiatric clinical practicum

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PURPOSE

- The purpose of this study was to explore the psychological processes experienced by nursing students caring for suicidal patients during their first psychiatric clinical practicum.

METHODS

- A qualitative approach using Grounded Theory was used.
- The data was collected in 2016-2017 at three universities until data saturation occurred.
- A total of 22 nursing students were interviewed.
- The inclusion criteria included: age of the nursing students, which was at least 20 years old because a child becomes an adult at 20 years old in Taiwan and, therefore, can sign his or her own consent form; current completion of their psychiatric clinical practicum; and had cared for suicidal patients for at least a-third of their psychiatric clinical practicum, so that they would have enough caring experiences to share.
- The interview guide included the participants' thoughts and feelings about:
 - (1) their initial discovery that patients had attempted suicide from reading their medical chart;
 - (2) caring for suicidal patients;
 - (3) accomplishing the care of suicidal patients;
 - (4) difficulties encountered during the suicidal care process and resolutions.
- The data was examined using constant comparative analysis.

RESULTS

- Four categories emerged depicting the psychological processes and revealing that the student nurses navigated four phases when caring for patients exhibiting suicidal behaviors. The phases were:
 - (1) **Apprehension and fear:** involving students being frightened about patients attempting suicide.
"I was afraid I might say the wrong thing when I talked to him. Like, if I used the wrong words and made him feel upset, it would be all my fault. So, I felt a lot of fear at first when I had to care for this patient." (Student 8)
 - (2) **Frustration and powerlessness:** concerning students finding it challenging to focus on changing patients' suicidal ideations.
"The patient appeared delusional. She believed her fantasy that her dead husband was coming from another world to take her there. I felt frustrated because I couldn't help her change her thoughts." (Student 11)
 - (3) **Support and catharsis:** covering the students having to ask for psychological support from other people and explore their painful emotions.
"When I felt a sense of powerlessness about the patient's problems, I so looked forward to meeting my clinical teacher for support. Anyway, she was the person I most frequently contacted during my clinical practicum." (Student 4)

- (4) **Confidence and empathy:** meaning that the students incorporated enhanced confidence and cultivated advanced empathy, leading to the integration of competent care competencies toward suicidal patients.
"I learned a lot of competencies relating to suicide care from the patients themselves, the mental health team and my clinical teacher. For example, when the psychiatrist talked to patients, I stayed in the room to listen and learn from both sides of the therapeutic encounter. I felt that this was a good opportunity to improve my caring competencies." (Student 15)

CONCLUSION

- Findings could help nursing teachers to understand students' psychological processes when caring for suicidal patients.
- Teachers could provide appropriate support to help reduce students' negative thoughts and feelings and increase their care-competencies when nursing suicidal patients during their psychiatric clinical practicum.
- Clinical nurse teachers could support and facilitate students to develop their competencies and confidence as they negotiate the four phases and, actually, complete their internship goals on their psychiatric clinical practicum.