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Students' Attitudes to Suicide and Suicidal Persons: A Cross-National and Cultural Comparison between Turkey and United Kingdom

Abstract

Introduction: Suicide is a major public health issue internationally and the impact of positive or negative attitudes amongst the mental health professional workforce warrants scrutiny. The study aimed to examine English and Turkish nursing students' attitudes towards people with suicidal behaviour.

Method: This cross-cultural study reports on attitudes of 240 nursing students towards suicide in Turkey and 82 nursing students in the UK. A reliable and valid twenty-four item 'Attitudes towards Suicide Scale' and 'Social Reactions to Suicidal Persons Scale' were used to measure attitudes.

Results: The UK nursing students were found to display more accepting attitudes to suicide, and scored higher on acceptability of suicide, seeing suicide as a solution and open reporting and discussion of suicide subscales than their Turkish counterparts. Turkish nursing students scored higher on punishment after death and hiding suicidal behavior subscales than the UK students. Turkish nursing students scored significantly higher on deterring subscale of reactions to a suicidal peer scale than the UK nursing students.

Implications for practice: It is vital for nurse students to develop positive acceptance of suicide through education, reflection and clinical supervision to be more therapeutic towards suicidal patients.

Key Words: Attitudes; cross-cultural; cross-national; nursing students; suicide; suicidal behaviour

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Accessible summary

What is known on the subject:

- Mental health care requires acceptance of suicide and flexible attitudes especially in relation to caring for people who have suicidal thoughts or who have attempted suicide.
- Nurse education programmes for student nurses can shape positively the attitudes of individual participants, yet limited research exists on what nursing students' attitudes currently are towards people who are suicidal.

What the paper adds to existing knowledge:

- This paper adds to the developing international comparative work that is providing a greater understanding of cultural perceptions of suicide amongst students.
- This paper along with existing literature highlights a potential relationship between certain religious belief systems and their potential to be protective against suicide. At the same time, such religious belief is more likely to be associated with more judgmental attitude toward suicidal behaviour.
- This paper using a validated research tool, devised by a research psychologist, scored for the first time, individual student attitudes towards caring for people that are suicidal, whilst establishing the overall differences between the two countries from which the data is collected.

What are the implications for practice:

- This paper offers potential explanations for differences in nursing students' attitudes between the UK and Turkey. Disparities under discussion include gender, type of education, culture and religion. This is an important discussion in the consideration of nurse education worldwide. It is recognized that students may come from a variety of different backgrounds, with varying personal and social attitudes to begin with, yet there exists the potential to positively influence overall attitudes towards service users whilst learners are still within a training programme, consisting of education and practice experiences. The merits of a specialist mental health nurse training programme and its potential to impact more favorably on students attitudes deserve more attention and research.

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Relevance of paper to mental health nursing:

The paper adds to existing knowledge that demonstrates an understanding of the ways in which students' prior experiences, their judgements and perceptions of suicide, religiosity and cultural differences impact upon their attitudes. This paper contributes to an important discussion on how we prepare our nursing workforce internationally to care for our most vulnerable mental health service users, particularly those who are suicidal. It is crucial that nurses' attitudes to suicidal patients is considerate, thoughtful and accepting of suicide to enable therapeutic care. Yet it has to be acknowledged that novice nurses, starting their training will have a range of different attitudes influenced by education, religion, culture and other factors. There is potential for attitudes to be shaped positively within nurse training including specialist mental health nurse training to achieve this.

Introduction

Nurses play a pivotal role in the positive understanding, support and prevention of mental ill health and suicide. However, mental health issues are often met with misunderstanding and negativity. Even within the nursing profession attitudes to mental illness and suicide are not always positive, varying from nation to nation (Chambers et al, 2010). In this paper, we explore the feelings, thoughts and attitudes of nursing students towards suicide comparatively in Turkey and the UK. Nurse students positive and more accepting attitudes towards attempted suicide can play a key role in preventing a future suicide attempts. International comparisons can be used to provide greater understanding of any cultural differences in perceptions of suicide and inform the education of nurses within divergent multicultural university settings. Increased understanding of cultural meanings associated with the act of suicide, can enable nurse educators to plan and develop a curriculum that equips nurses with the skills to work sensitively and more effectively with those who are suicidal. UK and Turkey represent two very different countries to study the effects of social-contextual factors on suicide. In the UK, suicide is a priority public health concern (The University of Manchester, 2016). Suicide has similarly become an important public concern in Turkey. Islam, Turkey's main religion strictly prohibits suicide (Eskin et al. 2011). Suicide rates in Turkey are significantly higher than in the UK (Turkish Statistical Institute, 2015; Office of National Statistics, 2016). There are no studies on nursing students' attitudes to suicide in Turkey. In Turkey, studies have examined the relationship between gender and suicide, and shown that suicide attempts and suicide ideation

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are more common in women than men (Eskin et al. 2007). This paper will also explore gender differences in attitudes between Turkey and the UK.

Background

At the time of the study a colleague from a Turkish University was collaborating with a University in London. Through discussion, both University departments identified differences in their student nurse populations and education approaches in Turkey and the UK. This led to a desire to compare students from both countries and whether there would scope for a cross-cultural study of student nurses' attitudes to suicide.

Suicide a major public health challenge

There are different types of suicidal behavior including suicidal ideations, parasuicide, attempted suicide, suicide, failed suicide attempts and impulsive acts of suicide. Suicide is an act of killing oneself, which is seen as a "process" that for a person, begins long before suicide occurs. Viewing suicide as a personal process may fundamentally change attitudes to consider human experience (Eskin 2011). 'Attitude' is an evaluation of the entity, expressed in one's affect, behavior or cognition. Understanding attitudes toward suicide may be useful in suicide prevention and in providing interventions for suicidal individuals (Kodaka 2011). Understanding professional attitudes towards suicide is important because these attitudes influence people's readiness to intervene and help people in a suicidal crisis (Osafu 2011). Professional attitudes can be influenced by a range of factors. Robson et al (2013) for example, conducted a cross-sectional study using a postal questionnaire on mental health nurses' attitudes to physical health care and the associations with their practice and education. Nurses who had attended post-registration physical health training or had an additional adult/general nursing qualification, were found to have more positive attitudes.

Why are cultural understandings of suicide important and how might cross national and cultural comparisons in student populations be beneficial?

Research on attitudes towards suicide has predominately been conducted in high-income countries from a Western cultural perspective (Arnautovska and Grad, 2010; Norheim et al, 2013). Although previous studies provide valuable insights into attitudes towards suicide, it is necessary to examine their relevance and applicability to non-Western cultures. Religion is found to be a significant predictor of positive attitudes toward suicide (Neville et al, 2013), and can be a protective factor against suicide (Ritter et al, 2011). Anderson et al. (2007) found that

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religion influenced nurses' attitudes, and Eskin et al (2011) observed that students with a strong religious belief felt most strongly that suicidal behaviour lead to punishment after death, were less accepting of and less open to frankly discussing suicide. However, they were more accepting and willing to help a suicidal close friend than those students who did not hold this belief.

There are socio-economic and cultural influences with respect to suicide risk (Osafo 2011). Cultural factors played a role in observed intersocietal variations of suicidal behavior and attitudes towards suicide and reactions to suicidality among Austrian and Turkish medical students (Osafo 2011; Eskin et al. 2011). Ghanaian college students have been found to have significantly more negative attitudes toward suicide than their American counterparts (Knizek 2011). However, it is important not to make generalisations about one location being the same as another within the same continent, state or country. Understanding the commonalities and differences across countries and/or cultures in terms of meanings, opinions and beliefs around suicide is important, as cultures do not exert a uniform effect on everyone (Colucci and Lester (2013). However, cultural categorization does give a 'first lens' through which to view and understand a society.

Nurse education which enables students to develop self-awareness, to think reflectively and make sense of the emotional impact of their work, is essential. Understanding how a person's cultural background influences their responses to others is also of great importance.

Aim

The aim of this study was to undertake a comparative investigation of nursing students' attitudes towards suicide and suicidal persons in Turkey and the UK.

Methods

Design and setting

This was a descriptive, cross-cultural and comparative study where nursing students from a UK and a Turkish university completed an attitude towards suicide based questionnaire with a variety of component parts for completers to score.

Sample

Participants in the study were 240 Turkish nurse students from a Nursing Department at a Turkish University studying a combined course programme which included both mental health and physical health care and 82 UK nurse students from a University in London studying either

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an adult or mental health nursing education programme in the year 2013. All students studying in 2013 were invited to participate in the UK and Turkey. No sample selection method was performed. Participation was thereafter based on those who accepted voluntarily to complete the survey.

Data collection

A questionnaire consisting of the following sections was used to collect the data.

Demographics

In Turkey, nurse students were asked to state their age, gender, and program name. In the UK nurse students were asked to state their age, gender, program name, ethnicity, religious faith and degree of religiosity, a total of six questions.

Measures

Attitudes towards suicide

The twenty-four item Eskin's Attitudes towards Suicide Scale (Eskin et al., 2011; Eskin, 2013, Eskin, 2014; Eskin et al., 2016; E-ATTS) was used. This scale has a five point Likert type response options ranging from "Completely disagree (1)" to "Completely agree (5)". A principle component analysis identified six factors: 1. Acceptability of suicide, (sample item: Someone who has gone bankrupt has the right to kill him/herself); 2. Communicating psychological problems, (sample item: People should tell their psychological problems to their friends); 3. Punishment after death, (sample item: People who attempt suicide are going to be punished in the other world); 4. Suicide as a sign of mental illness, (sample item: People who kill themselves by committing suicide are mentally ill); 5. Hiding suicidal behavior, (sample item: Families whose daughter or son attempts suicide should hide this from their neighbors); and 6. Open reporting and discussion of suicide, (sample item: Suicide news should be written openly in the newspapers) that explained 76.97% of the total variance. This scale is validated both in English language and Turkish language and is cited within a number of peer review publications (Eskin et al., 2011; Eskin, 2013, Eskin, 2014; Eskin et al., 2016).

Attitudes towards suicidal persons

Eskin's Social Reactions to Suicidal Persons Scale (E-SRSPS) begins with a short description of "an imagined suicidal close friend" who decides to kill him/herself and share it with the respondent. By means of 20 possible reactions to this friend, students were asked how they

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would react or feel on 5-point Likert scales ranging from “Completely disagree (1)” to “Completely agree (5)” (Eskin et al., 2011; Eskin, 2013, Eskin, 2014; Eskin et al., 2016). A principle component analysis identified four factors: 1. Social acceptance, sample item: If I was going to a movie or theatre I would ask if s/he wants to come along); 2. Disapproval of suicidal disclosure, sample item: I would be surprised that s/he revealed things that one usually does not; 3. Confronting attitudes, sample item: I would get angry with him/her because s/he had decided to take his/her life; and 4. Deterring attitudes, sample item: I would try to prevent him/her from taking his/her life) that explained 65.94% of the total variance. Factor scores for both scales were computed by summing up individual responses to the items loading on the respective factor and then dividing the sum by the number of items corresponding to that factor. Thus, factor scores range from 1 to 5, higher scores indicate higher levels of factor content. Responses to the survey questions are scored between 1 and 5. Higher scores indicate more negative attitudes towards individuals with suicidal behavior (Eskin, 2013; 2014). Again this sub-scale is valid both in English language and Turkish language. Eskin et al., 2011; Eskin, 2013, Eskin, 2014; Eskin et al., 2016).

Measures and approaches used previously

Previous studies have included qualitative and observation approaches to describing nurses' responses, (Gilje et al, 2005, Chan et al, 2009, Anderson and Standen, 2007, McCann et al, 2007), and the use of a Suicide Opinion Questionnaire, (Patterson et al, 2007). We believe this is the first time that an attitude towards suicide research tool has been used to compare nursing attitudes across different international systems.

Ethical Considerations

Ethical approvals were obtained from the Ethics Committees of Mersin University Scientific Research in Turkey and the School of Health Sciences, City, University of London in the UK. Verbal and written consent was obtained from all participants.

Data analysis

Statistical analyses were performed by using STATA MP/11 package. Data was summarized as count, percent and mean \pm standard deviation. Measurement normality for continuous variables was investigated using Shapiro Wilk's test. The comparisons for age, factor scores

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(E-ATSS and E-SRSPS) between Turkey and UK were then completed using independent sample t tests. Overall, p value ≤ 0.05 was considered as statistically significant.

For multiple comparisons involving E-ATSS and E-SRSPS factor scores between Turkey and UK in Table 2 and between men and women in Table 3 we have used Bonferroni correction in order to prevent Type I error. To this end, we have divided the p value of 0.05 by the number of comparisons that is the number of factors. That is for comparisons involving E-ATSS our new significance level was $0.05/7=0.002$ and for comparisons involving E-SPSPS scale it was $0.05/4=0.012$.

Results

Among the nurse students who participated in the study, 57.1% of the Turkish and 81.7% of the UK student nurses were female. Mean age of Turkish group was 21.3 years (SD = 2.19). Mean age of the UK sample was 28.2 years (SD = 7.12).

Table 1 shows the demographic characteristics of participants in this study. UK participants were only 6 months into their first year of their studies and were generally less experienced than the Turkish students, who were from all years of their study programme. The response rate from the Turkish students was 95% (with a sample 252 as compared to the UK nurse student response rate of 44% (82/185 students surveyed).

In the UK 38% of the respondents were English, 19% were 'Other White' and the next largest ethnic group were Asian with 6% of all respondents. Of the UK students, 46% respondents expressed having no religion, with the largest religious affiliation being Roman Catholic (15%) followed by Islam (11%). Only 5% expressed a feeling of being deeply religious and 29% expressed no religious belief. Clearly there was some overlap. Someone may be born into Catholicism for example, but laterly will hold no religious belief. Therefore on 'paper', due to being baptised, a person may record their religion as Catholic, but have no religious belief.

UK participants recorded statistically significantly higher scores in subscales that reflected the 'acceptability of suicide' and 'seeing suicide as a solution', as well as believing in the 'open reporting and discussion of suicide' than the Turkish participants (Table 2). In contrast, Turkish student nurses recorded higher scores on the subscales (again these were statistically significant), that reflected a greater tendency for seeing suicide as 'punishment after death', and

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having views (read as attitudes) whereby 'hiding suicidal behavior' was more desirable, as was behavior that sought to 'deter' suicidal persons than the UK participants.

Table 3 shows that there was a greater tendency for differing attitudes toward suicide between UK and Turkish female students, than there was between UK and Turkish male students overall. Furthermore, there was a statistically significantly greater likelihood of positive attitudes amongst the female UK students, as compared to the Turkish female students.

Lastly, there was difference in the UK between the mental health and adult nurses in terms of two of the scale factors. Adult nurses recorded statistically significant higher scores on the 'suicide as a sign of mental illness' sub-scales than the mental health nurses ($p=0.039$). Mental health nurses also recorded higher scores on the 'social acceptance' sub-scale than the adult nurses, which showed a statistically significant difference, ($p=0.003$).

Discussion

What does this study offer that is new?

The results show that there are differences in the attitudes of student nurses across the two nations. In exploring explanations for differences in scores, it may be that the UK nursing students may have a less judgmental attitude and possibly a better understanding of suicidal behaviour than the Turkish students.

This study demonstrates that there is significant discussion to be had internationally on how best to positively influence student nurses within their education programmes. From conducting this research we have highlighted that in Turkey student nurses typically only cover mental health in one semester. With such limited time spent looking at mental health even if they are taught the basic skills of listening and communicating non-judgementally they will not have the same depth of experience and understanding as someone on a three year course and who continues throughout their career to sharpen and refine those skills.

In this study Turkish student nurses scores highlighted a preference for 'hiding suicidal behaviour' and seeing suicide as 'punishable after death.' Such beliefs may be detrimental to

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providing safe nursing care. However although students from Muslim backgrounds are more likely to be less accepting of suicidal intent and suicidal behaviours, as the discussion further on elaborates, there is also an emerging evidence base that they are more likely to report a lower sense of susceptibility towards suicidal ideation and attempts.

Our findings in relation to the existing international literature

Comparing Turkish and Swedish students' attitudes towards suicide, Eskin (1999) found that Swedish participants perceived suicide as more acceptable than the Turkish participants, whilst Turkish participants exhibited a more accepting attitude towards friends with suicidal tendencies. The Swedish male students considered suicidal behaviour as more acceptable than the female students and perceived that suicide might be the solution in some cases. The female students believed more than males that there is life after death. This means that an individual may begin a second life after death, whereas individuals who die by suicide 'cannot enter heaven'. Another study found that young people who had thought about committing suicide in the last twelve months, behaved more positively towards friends expressing suicidal thoughts (Eskin 1999). However, explanations for differences in scores between the students requires more than a simple comparison of nation versus nation data or an understanding of attitudes or understandings related to gender, as variables by themselves. Societal influences such as religious belief, culture and tradition may have a deterrent effect on attitudes to suicide. Therefore, simply perceiving religion negatively in terms of its impact on attitude may be incorrect.

In Turkey, religious values have previously been shown to play a protective role against suicide attempts and a preventive role against repeated suicide attempts (Ağilkaya 2010). Religion can also provide a level of social support and integration, protecting individuals against depression, reducing feelings of loneliness and loss of identity. If loneliness, depression and suicidal thoughts are directly associated with suicide, then it has been suggested that religious belief may provide a protective effect indirectly (Harmanci, 2015). However, this current study suggests that possibly, Turkish students have some difficulty in understanding suicide in a non-judgmental way. Previous literature has shown the contradictory nature around this, in that university students with an absolute religious faith have been found to disapprove of suicide, while University students with mild religious faith were found to be more open-minded about the admissibility of suicide (Cirhinlioğlu et al. 2010).

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There is an increasing international interest in collaborative studies which focus on comparing students' attitudes, their prior experiences, judgements, perceptions of suicide, religiosity and cultural differences (Eskin et al (2016 a and b, 2017, 2018 in press). Three authors of these papers (LP, ME and CF) have contributed to this emerging body of work derived from 12 nations.

The results of this study add to existing research into suicidal behavior and psychological distress in University Students by Eskin et al (2016). This study showed that almost 29% of those sampled reported having contemplated suicide with 7% reported attempting suicide. Additionally while the odds for suicidal thoughts were significantly larger for participants from Austria and the UK, the odds for participants from China, Italy, Saudi Arabia, Tunisia, and Turkey were significantly smaller.

A second paper by Eskin et al (2016) comparing cross - national attitudes towards suicide and suicidal persons in university students showed that the highest suicide acceptance scores were observed in Austrian, UK, Japanese and Saudi Arabian samples and the lowest scores were noted in Tunisian, Turkish, Iranian and Palestinian samples. A further paper by Eskin et al (2017) on the role of religion on suicidal behaviour and attitudes, found that an affiliation with Islam was associated with reduced risk for suicide ideation. However, affiliating with Orthodox Christianity and having no religion, was related to increased risk for suicide ideation.

Eskin et al (2018) reported in another paper, reflecting on whether measured individualism versus collectivist outlooks amongst young adults from 12 countries, affected their views. The findings showed that suicidal ideation, suicide attempts and psychological distress, were significantly more frequent in participants classified as individualist on the basis of their scores than those classified as collectivist. The UK students being twice as likely to be individualistic as the Turkish students.

There has also been a recent focus on research within individual countries such as the Giacchero et al (2017) study from Brazil, which conducted a cross-sectional observational study of 28 nurses and 118 nursing assistants. They found that the majority of participants reported having no experience or training in mental health or suicide and had negative feelings towards patients. Our paper has a particular focus upon nursing students' attitudes in two countries: Turkey and

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the UK which adds to this currently expanding work on staff and student knowledge and attitudes.

A recent UK study (Awenat et al, 2017) has also shown that variations in the conceptualisations of how suicide is perceived exist within single nations too. These variations are important as they can lead staff to question the legitimacy of patient needs, possibly influencing care and creating barriers between carers and patients. The findings reported in this paper, show attitudes among UK staff towards suicidality as more likely associated with mental illness, offering a consistent finding with current UK research. (Awenat et al, 2017).

Implications for practice

Studies that offer some understanding of the impact of cultural and potential religious beliefs on health care staff attitudes are important. They can help increase understanding of not just the differences between countries but the impact of differing cultural views within countries. Helping us to understand what influences like religious belief or access to formal mental health training might have on judgements and attitudes in individuals. Curricula can be developed that takes into consideration the different starting points of students in terms of their world views and potential attitudes to the care of people with mental health problems. It must be considered that students who select to study the field of mental health nursing may have a more positive attitude to suicide behavior at the commencement of their studies. All students, irrespective of their cultural and ethnic backgrounds, require education interventions to become reflective, self-aware and sensitive practitioners. They may have attitudes that are less favourable towards patients who are suicidal at the start of their training and working with this group of patients is challenging for all nurses.

It is beneficial for students to be encouraged to acknowledge and think about their attitudes in a safe supervisory setting, so that they can approach the care of patients in a flexible and thoughtful way. For nurse educators, it is useful to have an awareness of how attitudes are shaped by students' cultural background. This provides an opportunity for attitudes to be acknowledged and explored within nurse training. These opportunities are an integral part of mental health nurse education and may account for the differences in attitudes between adult and mental health nursing fields highlighted in this study.

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Consideration has to be given to the differences in nurse training programmes provided in both countries in this study as part of the differences in attitudinal scores recorded. For example, in the UK mental health student nurses currently complete a specialist mental health nurse training programme, whilst in Turkey, students complete a generic nursing programme consisting of predominantly adult nursing education with aspects of mental health nursing included. Nursing education in Turkey takes place over a four-year period and mental health related teaching is typically given within one Semester. Therefore, explanations of suicide, the importance of attitudes, prevention and care are all somewhat limited. Student nurses in Turkey graduate on a general (list), or as is now referred to in the UK as 'Adult' nurses. If students wish, they can continue with a two-year specific mental health nurse education after they graduate to become a qualified mental health nurse. However, in practice, most nurses working within psychiatric clinics and services are general nurses. This differences may account for some of the differences expressed in the attitudes reported in this study.

In the UK, Government policy currently supports the need to develop transitional roles within the NHS with the development of a flexible workforce who can work across organizational and sector boundaries (NHS England, 2014). The 'Shape of Caring' review (HEE, 2015) recommends a change in nurse education: two years generic and one-year specialist. Our findings highlight the positive impact specific mental health nursing education has on attitudes to suicide and to suicide prevention. This has implications for any proposed changes to nurse education in the UK, which could consider the importance of field specific education and its impact on the quality of care. If the nursing curricula is dominated by adult nursing education, there is a risk that the two generic years will focus on physical care. Therefore, the remaining year of specialist education may not allow enough time for students to develop key skills and knowledge in order to deliver high quality evidence-based care in mental health. With a focus on self-harm, Saunders et al (2012) review found that general hospital staff expressed more negative views towards these patients than staff working in mental health setting. The greater provision of education was associated with more positive attitudes. They proposed that mental health staff were better able to use supervision and recognise similar core attributes and attitudes in others during student recruitment. The difference in the UK between the mental health nurse students and the adult nurse students reinforces this point. The results of this study suggest that mental health students are likely to be more accepting of suicide and may also have a broader concept and understanding of suicide and appreciating suicidal thoughts and behaviours. Policy makers could therefore reflect on the need to keep mental health nursing education as a distinct

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and independent training, as a means of promoting the most positive professional values and attitudes towards mental health, rather than moving to a generic training model for all nurses in the UK, as is currently being proposed (HEE, 2015).

Nursing attitudes impact on how patients experience service provision. If patients perceive health providers to have negative attitudes towards their mental health issues, they may choose not to access services (Clement et al 2015). The UK 'Time to Change' campaign, demonstrated that attitudes towards people with mental health issues can be positively shaped, reducing stigma and discrimination (Henderson and Thornicroft, 2013). Health Education Institutions holding responsibility for the education of mental health nurses can lead in the improvement of patient experience and potential increase in service access. Saunders et al (2012) found that education on suicide and suicidal behaviour had an impact on staff attitude. Therefore, it is suggested that education of nurses from all fields could include the care of the patient displaying suicidal behavior. All patients represent the wider population; therefore this research can be applied to contexts outside that in which the research took place.

Similarly, it is hoped that the discussion in this paper can contribute towards a debate in Turkey, regarding how best to care for people who are suicidal and how to shape positively the attitudes of nursing students. Currently, there are no specific policy documents or government initiatives to cite in Turkey that indicate any specific direction towards ways to address staff attitudes in the care of suicidal patients.

Suicide is a major public health issue in both the UK and Turkey. Listening and communicating non-judgementally are also basic nursing skills. In the UK mental health nurses are trained in non-judgemental listening and a range of communication skills that help people express how they feel and to talk openly about their thoughts and feelings. From a nursing perspective this is really important because openly talking about suicidal thoughts and feelings can save a life. Interventions to improve attitudes compliment efforts to remove stigma around suicide in societies globally and secure the ground for healthy public discussion.

This study raises important considerations about attitudes towards suicide and suicidal people. Students are taught about self-awareness and the effects their own attitudes and beliefs around suicide because this has an impact on their ability to provide quality care and support. It is crucially important for student nurses to have positive attitudes, as nursing staff attitudes have

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the potential to impact greatly on service users who are at risk of suicide (Bowers et al. 2008). If students have negative attitudes and beliefs they may make judgements about people and this may prevent them from listening non-judgementally. If we understand where our judgements and beliefs about suicide come from, even if we disagree with the suicidal acts or thoughts, due to culture or religion, we can potentially suspend those judgements and beliefs. This helps nursing staff to deal with the situation as well as help the person.

As the evidence base and nursing knowledge grows around improving attitudes and behaviour, it is important to share this knowledge and good practice internationally so that countries can learn from each other. This study highlights the importance of culture and religion when it comes to suicide not just for the student nurses from Turkey but for UK nurses too and as a study opens a discussion in mental health nursing on the importance of accepting and respecting peoples' feelings, experiences and values around suicide no matter what their culture and religion is.

This study about student nurses' attitudes to suicide and suicidal persons can be used to inform and develop the education of nurses who work within divergent multicultural university and practice settings in both the UK and Turkey. The paper offers suggestions for the future development of the nursing profession as well as wider educational approaches for the public and other mental health care workers. It is vital for nurse students to develop more positive attitudes through education, reflection and clinical supervision in order to be more therapeutic towards attempted suicide patients, helping to minimize the potential of future suicide attempts. Skills of compassion, empathy and attentive listening can be developed within nurse training to help minimize suicide attempts. Such approaches are clearly articulated as well in recent policy that specifically cites the importance of compassion, empathy, attentive listening skills, respect and non-judgmental attitudes as being essential nursing skills (London Mental Health Models of Care – Competency Framework, 2013). Some previous research has asserted that protocols should be developed for suicidal patients that prioritise 'proactive therapeutic communication interventions' (NICE, 2011), though arguably even the best protocol education will have limited effect in the absence of positive attitudes from staff.

Limitations

This study was based on two convenience samples conducted with nursing students in one London University, and in one Turkish University. Therefore results cannot be said to be

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automatically generalizable to the whole population of students in Turkey and the UK.

Another limitation is that the students in the UK were only six months into their education and training, while the students in Mersin ranged from all years. Additionally 44% of the London students did not participate. This could have impacted on the findings, but in reality, probably minimised any final favourable effects with regard to the UK students given their more limited exposure to training and clinical experience and lower level of participation.

This study did not seek to measure within country gender differences in attitudes towards suicidal people, and we suggest this may be an area for future research. Additionally previous research has suggested that older nurses were more likely to believe in the right to suicide than younger professionals (Botega et al. 2005) and that females were more likely to accept that suicide is preventable than males (Mofidi et al, 2008). This study did not explore whether age had an impact on attitude and this would be worth revisiting for future research.

Conclusion

This study demonstrates that there is a significant discussion to be had internationally on how best to positively influence student nurses within their education programmes and promote the less judgemental attitudes towards caring for suicidal individuals. This study also highlights that student nurses' attitudes towards attempted suicide are complex. Attitudes towards suicide are potentially affected by factors including age, gender, religion, marital status, levels of education and prior contact with a suicidal peer.

Despite its limitations, this comparative study between student nurses from two nations shows that there are differences in the attitudes of student nurses across nations and towards the care of suicidal people. It is important to recognise that nursing staff attitudes may have a potential to impact greatly on service users who are at risk of suicide and their experience of health care services. Future research could seek to draw out a greater understanding of how service users experience care offered by nurses, and their attitudes towards those who are suicidal.

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Table 1. Turkish ve UK Student Nurses Socio-Demographic Characteristics

Socio-demographic/ student characteristics	TURKEY		UK	
	Number	%	Number	%
<u>Sex</u>				
Female	137	57.1	67	81.7
Male	103	42.9	15	18.3
<u>Program</u>				
Adult	-	-	45	54.9
Mental Health	-	-	37	45.1

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Table 2. Attitudes towards suicide and social reactions to suicidality in Turkish and UK nursing students

	TURKEY	UK		
	M±SD	M±SD	t-statistic (df=320)	p
Attitudes towards suicide (factors)				
Punishment after death	3.57±0,99	2.08±1.08	11.493	<0.001
Acceptability of suicide	1.54 ±0.64	2.51±1.14	9.517	<0.001
Suicide as a sign of mental illness	2.44±1.13	2.69±1.10	1.741	NS
Communicating psychological problems	4.04±0.85	3.93±0.81	1.024	0.292
Hiding suicidal behavior	2.50±1.02	1.88±0.75	5.055	<0.001
Seeing suicide as a solution	2.19±0.60	2.55±0.53	4.827	<0.001
Open reporting and discussion of suicide	2.81±1.02	3.58±1.03	5.887	<0.001
Social reactions to suicidality (factors)				
Social acceptance	3.53±0.39	3.60±0.37	1.421	0.175
Disapproval of suicidal communication	2.53±0.84	2.49 ±0.80	0.377	0.718
Confronting	2.82±1.05	2.64 ± 0.64	1.461	0.066
Deterring	4.36 ±0.75	3.25 ±0.59	12.172	<0.001

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Table 3. Attitudes towards suicide factors and reactions to suicidality separated by gender in Turkish and the UK student nurses

Attitude and reaction factors								
Attitudes towards suicide (factors)								
FEMALE					MEN			
	M±SD	M±SD			M±SD	M±SD		
	TURKEY	UK	t-statistic (df=202)	p	TURKEY	UK	t-statistic (df=116)	p
Punishment after death	3.60±0.85	2.06±1.01	11.409	<0.001	3.54±1.15	2.16±1.35	4.246	<0.001
Acceptability of suicide	1.42±0.51	2.49±1.09	9.53	<0.001	1.70±0.76	2.62±1.37	3.885	0.023
Suicide as a sign of mental illness	2.35±1.10	2.70±1.12	2.122	0.037	2.55±1.17	2.68±1.07	0.406	0.682
Communicating psychological problems	3.97±0.84	3.84±0.81	1.050	0.317	4.14±0.85	4.31±0.69	0.739	0.467
Hiding suicidal behavior	2.47±1.04	1.79±0.74	4.789	<0.001	2.54±1.00	2.26±0.70	1.046	0.307
Seeing suicide as a solution	2.14±0.51	2.53±0.50	5.162	<0.001	2.25±0.71	2.66±0.69	2.097	0.036
Open reporting and discussion of suicide	2.78±0.97	3.56±1.04	5.267	<0.001	2.83±1.08	3.66±1.02	2.799	0.007
Social reactions to suicidality (factors)								
Social acceptance	3.54±0.35	3.61±0.37	1.317	0.225	3.52±0.45	3.57±0.38	0.409	0.698
Disapproval of suicidal communication	2.43±0.79	2.49±0.78	0.512	0.602	2.66±0.90	2.48±0.88	0.726	0.484
Confronting	2.70±1.04	2.61±0.62	0.653	0.488	2.98±1.06	2.73±0.77	0.879	0.381
Deterring	4.41±0.62	3.26±0.62	12.442	<0.001	4.28±0.90	3.23±0.41	22.949	<0.001

