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REVIEW

Nurses' responses to suicide and suicidal patients: a critical interpretive synthesis*

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Aims and objectives. To provide an inclusive understanding of nurses' responses to suicide and suicidal patients that can benefit nursing practice and guide research. The question was 'What is a critical interpretive synthesis of accumulated nursing research on nurses' responses to suicide and suicidal patients?'

Background. Various studies address nurses' responses to suicide and suicidal patients. An understanding of accumulated research-based literature about nurses' responses to suicide and suicidal patients may guide nurses to care for suicidal patients in ways that facilitate suicide prevention and recovery.

Design. The design is reflexive and iterative.

Method. A Critical Interpretive Synthesis was conducted, which comprised of six phases: formulating the review question, searching the literature, sampling, determining quality, extracting data and conducting an interpretive synthesis. Qualitative content analysis and systematic review of literature was included in these phases.

Results. The results report the review question, literature review strategies, purposive sample (26 full-text studies published in peer reviewed journals, 1988–July 2009, conducted mostly in Europe and North American), quality determinants, data extraction into themes and an interpretive synthesis of four key concepts, i.e. critical reflection, attitudes, complex knowledge/professional role responsibilities, desire for support services/resources.

Conclusion. This understanding of accumulated research-based literature enhances contextual, conceptual and methodological perspectives. Contextually, gaps exist in international research. Conceptually, the four key concepts can serve as a useful guide for nurses to understand their own and other nurses' responses to caring for suicidal patients in various settings. Methodologically, the Critical Interpretive Synthesis approach moved a small body of knowledge that varied in quality measures beyond an aggregate understanding.

Relevance to clinical practice. Understanding nurses' responses to suicide and suicidal patients may guide nurses to care for suicidal patients in ways that facilitate suicide prevention and recovery, thus addressing the urgent work of suicide prevention in the world.

Key words: Critical Interpretive Synthesis, nurses, nursing, responses, suicide

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*Description:
This paper presents a metastudy of 26 nursing research-based studies related to nurses' responses to suicide and suicidal patients guided by Critical Interpretive Synthesis (CIS). The understanding of accumulated research-based literature enhances our contextual, conceptual and methodological perspectives. Contextually, gaps exist in international research. Conceptually, four key concepts may guide nurses to care for suicidal patients in ways that facilitate suicide prevention and recovery. Methodologically, the CIS approach moved knowledge beyond an aggregate understanding.

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Introduction

It is undeniable that suicide is a human drama and nurses are responsible for caring for suicidal patients. Understanding nurses' responses to suicide and suicidal patients may guide nurses to care for suicidal patients in ways that facilitate suicide prevention and recovery, thus addressing the urgent work of suicide prevention in the world.

Suicide is a complex global public health problem. In 2000, approximately one million people died from suicide, a global mortality rate of 16 per 100,000 (World Health Organization. Programmes and projects. Mental health. Suicide prevention and special programmes. Retrieved August 21 2009, from http://www.who.in/mentalhealth/prevention/suicide/suicideprevention/en/). Since 1960, worldwide reported suicide rates have increased by 60%. Statistics report high rates in the Baltic States, the Russian Federation and Sri Lanka; low rates are evident in some Mediterranean countries and elsewhere (Goldney 2002). Moreover, depression, a known risk factor of suicide, affected 121 million people worldwide in 2000 and ranked fourth in the Global Burden of Disease. By 2020, depression is projected to reach second place in the Global Burden of Disease (World Health Organization: Depression. Retrieved July 19 2009, from http://www.who.int/mental_health/management/depression/definition/en/).

Background

Various studies have addressed some aspects of nurses' responses to suicide and suicidal patients. One published review of literature (Valente & Saunders 2002) reported nurses' reactions to a patient's suicide with feelings of sadness, grief, guilt and self-doubt; fear about their competence; concern for family reactions; and legal repercussions. While the Valente and Saunders (2002) review can be helpful for clinical practice, it is one source resulting in a partial review of available literature. We believe an updated, inclusive view based on a synthesis of research literature can increase the clarity of what is known about this topic, thus enhancing clinical nursing practice and guiding research.

Method

The approach for conducting this study was Critical Interpretive Synthesis (CIS) (Dixon-Woods *et al.* 2006). This iterative, reflexive approach comprised six phases, which are as follows: formulating the review question, searching the literature, sampling, determining quality, extracting data and conducting an interpretive synthesis.

Formulating the review question

The review question was 'What is a CIS of nursing research focused on nurses' responses to suicide and suicidal patients?' The aim was to enhance the understanding of nurses' responses to suicide and suicidal patients that can benefit clinical nursing practice and guide further research. The review question evolved and was refined as the authors collaborated throughout the initial phases of data extraction.

Searching the literature

The search strategy included several stages. The first stage was deciding inclusion and exclusion criteria. Inclusion criteria were nursing research studies published in the English language in peer-reviewed nursing journals and health care journals and available on electronic data bases. Participants in these studies were nurses. The content criteria for inclusion were studies focused on nurses' attitudes, responses or experiences caring for suicidal patients. Exclusion criteria were all studies on nurses and suicide classified as 'reviews', published in books and dissertations or in languages other than English. We excluded studies on non-nurses because our intent was to grasp a clearer picture that could contribute to nursing knowledge development and evidence-based nursing practice.

The next stage was to identify sources. Sources were electronic databases Medline, PubMed, CINAHL, Psyckinfo and Ovid. Structured searches of each data base were conducted using the following terms: nurses, suicide, suicidal patients, responses, attitudes, experience and nursing research. The terms were searched individually as well as in combination. Another structured search of each database then was conducted excluding the terms 'self-harm', 'self-injury', 'parasuicide', 'euthanasia', 'assisted suicide' and 'burn out'. This search produced 55 abstracts. Both authors conducted an in-depth review of the 55 articles for relevancy to the aim based on the inclusion and exclusion criteria. Twenty-nine of these 55 were eliminated based on sampling, i.e. health care personnel (n = 17), students (n = 3) and suicidal patients (n = 5). Five articles (n = 4) were eliminated based on lack of empirical research. References of full-text articles were also examined for further sources.

Sampling

Sampling was guided by a systematic review of literature (Reed *et al.* 2007). Systematic reviews of literature 'hold promise of arriving at workable research conclusions and workable practice solutions' (Sandelowski 2008, p. 1). The

purposive sample derived from the systematic review comprised 26 full-text studies published from 1988 to July 2009 (most, $n = 15$, since 2000). Most ($n = 22$) were published in refereed nursing journals, authored by nurses ($n = 25$), conducted in Europe ($n = 17$) and psychiatric settings ($n = 12$) and used qualitative designs ($n = 18$). The study aimed at half of the sample focused on attitude towards suicide and suicidal patients ($n = 7$) or knowledge, interventions and skills related to suicide ($n = 6$) (Tables 1 and 2).

Participants in all studies were nurses, except the study by Reid and Long (1993) that included six nursing students among a sample of 45 nurses. This study was included because the number of nursing students was a small percentage (13·3%) of the sample and few studies were found for the sample. The total number of participants in all studies was 2667 plus one missing case. Most (40%) were oncology nurses; few (10%) were psychiatric nurses (Table 3).

Determining quality

All studies were published in peer-reviewed journals. All quantitative and mixed method studies included surveys using one or more standardised instruments developed prior to 2000, i.e. Suicide Opinion Questionnaire (SOQ), Suicide Attitude Measure (SUIATT), Understanding of Suicide Patient Attempt Scale (USP) and Visual Analog Scale (VAS). Most used the SOQ. We note that three (USP, SOQ and SUIATT) of these four instruments have reported satisfactory reliability ranges and pertain to the aim of our study because they were specifically designed to measure attitudes to suicide or suicide attempter, e.g. psychiatric nursing personnel (USP) (Samuelsson *et al.* 1997), health care professionals (SOQ) (Clinical Tools, Inc. Ending suicide.com. Retrieved September 25 2009 from http://www1.endingsuicide.com/?id=1918:9716) or attitudes towards and knowledge about suicide (SUIATT) (Diekstra & Karkhof 1989). The VAS (Wewers & Lowe 1990) differs in that it measures various types of subjective phenomenon in general, e.g. pain and mood and determining its reliability and validity is more troublesome (Wewers & Lowe 1990). One study (Samuelsson *et al.* 1997) used both SUIATT and VAS.

To evaluate the quality of the quantitative designs further, the authors conducted a blind rating using the Jadad scale (Jadad *et al.* 1996). Developed to judge the quality of reports of randomised clinical trials and used in meta-analysis and systematic reviews, the Jadad scale involves a three-point questionnaire addressing randomisation, blinding and withdrawals/dropouts. Additional points are scored if the method of randomisation and blinding is appropriately described. We note that this scale has been critiqued for being too simplistic, flawed and overemphasising blinding (Systematic Review of Quality Assessment Instruments for Randomized Control Trials. The Cochrane Collaboration. Retrieved February 2 2010 from http://www.imbi.uni-freiburg.de/OJS/cca/index.php/cca/article/view/5053). Both authors' Jadad ratings ranged from 1–3 and were in agreement. (Two studies scored a point on randomisation, all eight scored a point on blinding, and six scored a point on withdrawals/dropouts). Jadad scores averaged 2·12.

Since 2000, qualitative methods have been commonly employed to study nurses' responses to suicide. This seems reasonable because of the complexity and subjectivity surrounding the topic of suicide. Consistent with the tenets of qualitative research, many understandings of nurses' responses to suicide have emerged from qualitative studies. However, qualitative data are subject to interpretation. Even though studies share a common design, they can vary in their rigour. The qualitative studies clearly focus on some aspect of the nurses' response to suicide and suicidal patients; 16 of the 18 addressed many or some measures of trustworthiness (Table 4).

As our study progressed, we decided that all studies in the sample could contribute to an interpretive synthesis even though they varied somewhat in their reported reliability/validity, trustworthiness and/or Jadad scores. We considered that all were published in peer-reviewed journals, which represents a quality indicator. We reflected on their historical context in terms of the development of qualitative research. Six qualitative studies were published prior to 2000 when quality measures may not have been emphasised. However, with the evolution of qualitative research, overtime measures of quality became more clearly explicated in nursing research. We acknowledge that qualitative studies are open to interpretation; their reported findings are one of many interpretations. Furthermore, we considered our intent to provide a more inclusive view of this topic. Therefore, we decided to weight all the reviewed studies fairly equally and critically reflect on and synthesise them into a conceptual understanding of nurses' responses to suicide and suicidal patients (cf. Dixon-Woods *et al.* 2006).

Extracting data

Qualitative content analysis (Graneheim & Lundman 2004) was employed to extract, organise and summarise data. These processes proceeded by identifying and highlighting key words/concepts in each of the reported aims, purposes or hypotheses and then clustering similar words/phrases. Based on manifest content analysis of the 26 reviewed study aims/purposes/hypothesis, five categories were identified. These were attitudinal responses towards suicide and suicidal

Table 1 Sample of studies

Author/year/journal	Design/method Data collection Data analysis	Participants Setting Location	Aim/research question/ hypotheses
Pallikkathayil and Morgan (1988), Scholarly Inquiry for Nursing Practice: An International Journal	Qualitative/descriptive Semistructured interview Thematic analysis	20 Emergency nurses 5 Males and 15 females 26–41 years Emergency department US	Aim: Describe emergency department nurses' responses to their experiences of suicide intervention and self-care behaviours in connection with their participation in suicide intervention and prevailing opinions about suicide
Alston and Robinson (1992), Omega	Quantitative/survey Suicide Opinion Questionnaire (SOQ) Descriptive statistics	400 Nurses Gender unreported 22–70 years General health care US	Aim: Investigate whether nurses' attitudes towards suicide are based on clinical speciality, age and highest degree completed
Reid and Long (1993), Journal of Advanced Nursing	Qualitative/descriptive Paper pencil Questionnaire Analysis unreported	45 nurses (6 student nurses) Gender and age unreported Psychiatric Northern Ireland	Research question: What are nurses' perceptions of their role in caring for the suicidal patient?
Mclaughlin (1994), Journal of Advanced Nursing	Quantitative/survey SOQ Statistical analysis	95 Causality nurses 4 Males and 91 females > 30 years = 40 < 30 years = 55 General health care Northern Ireland	Hypotheses: Older nurses will express more negative attitudes to suicidal behaviour than younger nurses. More experienced nurses will express more negative attitudes than less experienced nurses
Valente *et al.* (1994), Cancer Practice	Mixed/descriptive Suicide Attitude Measure (SUIATT) and Vignette Descriptive statistics Content analysis	110 Oncology nurses Gender and age unreported Oncology US and Canada	Aim: Survey nurses' knowledge and misconceptions about suicide Research questions: What are oncology nurses' knowledge and misconceptions regarding suicide assessment and intervention? What actions and goals do nurses identify for use with suicidal patients? What interventions will nurses identify for a patient threatening suicide? What do nurses identify as their role with suicidal patients?
Long and Reid (1996), Journal of Psychiatric Mental Health Nursing	Qualitative/exploratory Paper pencil Questionnaire Analysis unreported	45 Psychiatric nurses 12 Males and 33 females 18–46 years Psychiatric Ireland	Aim: Investigate attitude of nurses caring for suicidal patients
Midence *et al.* (1996), Journal of Clinical Nursing	Qualitative/exploratory Paper pencil Questionnaire Thematic analysis	27 Psychiatric nurses 12 Males and 15 females 24–54 years General health care Wales	Aim: Investigate the effects of suicide on nursing staff, their attitudes and ways of improving their coping skills

Table 1 (Continued)

Author/year/journal	Design/method Data collection Data analysis	Participants Setting Location	Aim/research question/ hypotheses
Anderson (1997), Journal of Advanced Nursing	Quantitative/survey SOQ Statistical analysis	33 Acute and emergency nurses + 33 community mental health nurses Gender and age unreported Community health Accident and Emergency England	Aim: Explore and compare attitudes towards suicidal behaviour of community mental health nurses and registered nurses working in accident and emergency departments
Samuelsson *et al.* (1997), Scandinavian Journal of Caring Sciences	Quantitative/survey Understanding of Suicide Attempted Scale (USP-Scale) and Visual Analog Scale (VAS) and Vignettes Statistical analysis	75 Nurses + 49 psychiatric nurses 17 Males and 107 females 1 Missing case 21–61 years Psychiatric Sweden	Aim: Investigate attitude towards attempted suicide patients among registered nurses involved in somatic care of such patients and compare them with those of psychiatric nurses
Talseth *et al.* (1997), Nordic Journal of Psychiatry	Qualitative/Hermeneutic Narrative interview Interpretation	19 Psychiatric nurses 4 Males and 15 females 25–45 years Psychiatric Norway	Aim: Illuminate the meaning of psychiatric nurses experiences in taking care of suicidal psychiatric patients
Cleary *et al.* (1999), Journal of Psychiatric and Mental Health Nursing	Qualitative/exploratory Semistructured interview Content analysis	10 registered nurses Gender and age unreported Psychiatric Australia	Aim: Investigate the role of nurses caring for suicidal patients on special observation
Valente (2000), Medicine and Law	Qualitative/descriptive Paper pencil questionnaire Content analysis	434 Oncology nurses Gender and age unreported Oncology US	Aim: Describe nurses' perspective of difficulty of caring for suicidal patients
Joyce and Wallbridge (2003), Journal of Psychosocial Nursing and Mental Health Services	Qualitative/exploratory Interview Content analysis	9 Psychiatric nurses 1 Male and 8 females 28–55 years Psychiatric Canada	Aim: Investigate nursing staff's reactions to patients' suicide
Valente and Saunders (2004), Issues in Mental Health Nursing	Mixed/descriptive SOQ and Suicide Attitude Measure (SUIATT) and Vignette Descriptive statistics Content analysis	454 Oncology nurses 39 Males and 415 females Age unreported Oncology US, Canada, Puerto Rico	Aim: Identify knowledge, skills and intervention for a suicidal oncology patient Research questions: What are oncology nurses' knowledge of and skills for managing suicide risk? What interventions do oncology nurses use to manage suicide risk? What conflicts, difficulties and barriers do RNs report in caring for suicidal patients?
Gilje *et al.* (2005), Journal of Psychiatric and Mental Health Nursing	Qualitative/Hermeneutic Narrative interview Secondary analysis Interpretation	19 Psychiatric nurses 4 Males and 15 females 25–45 years Psychiatric Norway	Aim: Describe nurses' responses to suicidal patients

Table 1 (Continued)

Author/year/journal	Design/method Data collection Data analysis	Participants Setting Location	Aim/research question/ hypotheses
Sun *et al.* (2007), Issues in Clinical Nursing	Quantitative/survey SOQ Statistical analysis	155 Causality nurses 2 Males 153 females Most (n = 129) 21–29 years Emergency Department Taiwan	Aim: Investigate nurses' attitudes towards patients who have attempted suicide Research questions: What are the attitudes of registered nurses working in a casualty department in the middle of Taiwan towards patients who have attempted suicide? What factors contribute to the formation of this sample group of registered nurses' attitudes towards patients who have attempted suicide?
Vråle and Steen (2005), Journal of Psychiatric and Mental Health Nursing	Qualitative/descriptive Focus group interview Content analysis	5 Psychiatric nurses Gender and age unreported Psychiatric Norway	Aim: Describe how nurses perform constant observation of suicidal patients
Vatne (2006) Vård i Norden (Swedish), Nursing Science and Research in the Nordic Countries	Qualitative/Hermeneutic In-depth interview Content analysis Interpretation	4 Psychiatric nurses Gender and age unreported General health care Norway	Aim: Investigate how nurses understand responsibility when working with suicidal patients
Cutcliffe *et al.* (2007), Crisis	Qualitative/grounded theory Semistructured interview Interactive analyses process	20 Psychiatric nurses Gender and age unreported General health care England	Aim: Investigate whether nurses provide meaningful caring responses to suicidal people, and if so, how
Carlen and Bengtsson (2007), International Journal of Mental Health Nursing	Qualitative/exploratory Semistructured interview Content analysis	11 Psychiatric nurses Gender unreported Age 28–55 years Psychiatric Sweden	Aim: Investigate how nurses experience caring for suicidal patient
Doyle *et al.* (2007), British Journal of Nursing	Qualitative/descriptive Semistructured interview Thematic analysis	42 Nurses Gender and age unreported General health care Ireland	Aim: Describe experiences and challenges nurses encounter when caring for suicidal patients
Gilje and Talseth (2007), International Journal of Nursing Ethics	Qualitative/Hermeneutic Published text Re-interpretation	19 Psychiatric nurses 4 Males and 15 females 25–45 years Psychiatric Norway	Aim: Re-interpret published text describing nurses' responses to suicidal patients in the light of a published model of consolation
Keogh *et al.* (2007), Emergency Nurses	Qualitative/descriptive Paper pencil Questionnaire Thematic analysis	42 Emergency nurses Gender and age unreported Emergency Department Ireland	Aim: Determine the educational needs for Emergency Department nurses who care for patients with suicidal behaviour
Larsson *et al.* (2007), Archives of Psychiatric Nursing	Qualitative/descriptive Paper pencil questionnaire Semistructured interview Content analysis	29 Psychiatric nurses 6 Males and 23 females 27–64+ years General health care Sweden	Aim: Describe confirming nursing care of suicidal patients

Table 1 (Continued)

Author/year/journal	Design/method Data collection Data analysis	Participants Setting Location	Aim/research question/ hypotheses
Valente (2007), Journal of Psychosocial Ontology	Mixed/Descriptive SOQ and Vingette Secondary analysis Descriptive statistics Content analysis	454 Oncology nurses Gender and age unreported Oncology US	Aim: Examine nurses' knowledge and interventions to provide patient education, emotional support and advocacy for suicidal patient. Research questions: What patient teaching activities (e.g. assessments, goals, intervention) do nurses use with a suicidal patient? What emotional support do registered nurses provide for a suicidal patient What advocacy activities do registered nurses recommend or use for the suicidal patient? What do registered nurses view as their role in caring for a suicidal patient? What is the relationship among the nurses' teaching, emotional support or advocacy?
Bohan and Doyle (2008), Mental Health Practice	Qualitative/descriptive Semistructural interviews Thematic analysis	9 Psychiatric nurses Gender and age unreported Emergency Department Ireland	Aim: Investigate nurses' experiences of patient suicide and suicide attempts, and support they received afterwards

patients; responses to knowledge, interventions and skills related to suicide; responses to caring for suicidal patients; responses to suicidal patients; and role responsibilities caring for suicidal patients.

Qualitative content analysis (Graneheim & Lundman 2004) of each study's findings was conducted to further extract data in each of the five categories. Repetition of words and phrases led to naming themes. Dialogue between the authors and in-depth reflection led to consensus on five themes: Nurses' view of self, suicide, suicidal patients; Nurses' attitudinal responses to suicide and suicidal patients related to specialty, age, education, experience, religion; Nurses' knowledge and professional role responsibilities for nursing care of suicidal patients; Nurses' need for emotional and educational support caring for suicidal patients; Nurses' philosophical reflections on self, suicide, suicidal patients. See Table 5 for the results of data extraction processes.

Interpretive synthesis

Our CIS iterative processes of dialogical reflexivity, conceptualisation and interpretive synthesis proceeded in a spiral unfolding and enfolding manner. This involved relating, translating, interweaving and synthesising the subthemes and themes into four key concepts.

Concept 1. Nurses' critical reflections on self, suicide and suicidal patients embedded in philosophical and relational perspectives

Nurses' philosophical perspectives revealed deep insights into self, suicide and caring for suicidal patients. Caring for suicidal patients challenged nurses' individual philosophical sense of being (Talseth *et al.* 1997). Nurses struggled with self and the despair of suicidal patients. Their disclosure of deep self-reflections on caring for suffering suicidal patients revealed existential issues, such as envisioning the meaning of life revealed over time (e.g. Gilje *et al.* 2005). To really care for suicidal patients and understand the patient's situation, theories and models were insufficient. Instead, caring involved a painful process of nurses confronting their own desires, needs and frustrations. Nursing care could not only be explained from an outside perspective, but also from the meaning of nursing embedded in nurses' narratives about their lived experiences (Talseth *et al.* 1997). Nurses' being

Table 2 Sample characteristics

Sample characteristic	*n*
Publication source	
Refereed nursing journals	22
Psychiatric/psychosocial/mental health = 13	
General or advanced = 10	
Referred medical-psychiatric journals (i.e. Crises, Medicine and Law, Nordic Journal of Psychiatric, Omega)	4
Authorship	
Nurses	25
Unreported	1
Focus of study aim	
Attitudes towards suicide/suicidal patients	7
Knowledge, interventions and skills	6
Caring for suicidal patients	5
Responses to suicidal patients	5
Role responsibility	3
Design	
Qualitative (13 were published after 1999)	18
Descriptive = 8	
Exploratory = 5	
Hermeneutic = 4	
Grounded theory = 1	
Quantitative (4 were published before 2000)	5
Mixed methods	3
Data analysis method	
Content analysis	6
Qualitative studies	
Thematic analysis	5
Interpretive	4
Interactive	1
Unreported	2
Quantitative studies	
Descriptive statistics and index of reliability (*p*-values)	5
Mixed method studies	
Descriptive statistics and content analysis	3
Location	
Europe	17
North America	7
Australia	1
Asia	1
Setting	
Psychiatry	12
General	4
Emergency	4
Oncology	4
General and Psychiatry	1
Emergency, acute, community mental health	1

'at home' with self was an ethical way of being and a way of becoming ready to mediate consolation with suicidal patients (Gilje & Talseth 2007).

Nurses' relational perspectives involved wavering between closeness–distance. Closeness included carefulness, respect, listening, accessibility and confirmation; distance included being non-judgemental, not listening, ignoring or inattentiveness (Talseth *et al.* 1997, Larsson *et al.* 2007). Relational perspectives were revealed in nurses' views of a suicidal patient as an autonomous person (Midence *et al.* 1996, Vatne 2006), who was mentally ill with feelings of hopelessness and depression (Midence *et al.* 1996) and evidencing self-care deficit (Pallikkathayil & Morgan 1988), yet not attention seeking (Long & Reid 1996). Other views of a suicidal patient were a psychiatric diagnosis with distressed inner feelings, lack of communication, socially withdrawn, relapsing, preoccupied with death (Carlen & Bengtsson 2007) and a sufferer (Gilje *et al.* 2005, Carlen & Bengtsson 2007). Some nurses viewed patient's choice of suicide as rational (Pallikkathayil & Morgan 1988), reasonable, credible and justified (Valente 2000), while other nurses thought suicide was an attempt to escape, manipulate, seek attention and give up (Pallikkathayil & Morgan 1988). Nurses reported being unable to enter into the patient's world of lonely isolation (Reid & Long 1993).

Concept 2. Nurses' attitudinal response to suicide and suicidal patients

Nurses' attitudinal responses towards suicide and suicidal patients were related to speciality, age, education, experience and religion. The quantitative studies ($n = 5$) reported several levels of statistically significant findings.

Statistically significant differences at the $p < 0{\cdot}05$ level were reported in various areas. Age and education showed a statistically significant difference in relation to the patient's right to die, (i.e. older nurses and those with advanced degree were more likely to agree with patient's right to die under some conditions) (Alston & Robinson 1992). Similarly, older and more experienced nurses seemed to have more positive attitudes towards suicidal patients than younger or less experienced nurses (Mclaughlin 1994). A higher level of nursing education was significantly related to more positive nurses' attitudes towards patients who had attempted suicide (Sun *et al.* 2007). Furthermore, nurses who did not have a religion held more positive attitudes towards suicidal behaviour than those who followed a religion (Sun *et al.* 2007). Nurses who had experienced 1–10 suicidal patients had more positive attitudes than nurses who had cared for more than 10 suicidal patients (Sun *et al.* 2007). Community mental health nurses' and accident/emergency department nurses' attitudes towards suicidal patients both reflected generally positive attitudes (Anderson 1997).

Statistically significant differences at the $p < 0{\cdot}01$ and $p < 0{\cdot}02$ level were reported in a few areas. At the $p < 0{\cdot}01$ level, statistical significance was reported between empathy, increased age and years in the nursing profession. However,

Table 3 Description of sample participants and designs

Participants	*n*	Design	*n*	Total no. of studies
Oncology	1452*	Qualitative	1	4
		Mix method	3	
General	497	Qualitative	3	4
		Quantitative	1	
Emergency and acute	312 (62 Emergency and acute + 250 casualty)	Qualitative	2	4
		Quantitative	2	
Psychiatric	216†	Qualitative	12	12
General and Psychiatric	125 (75 General + 49 Psychiatry)	Quantitative	1	1
Emergency and acute and community mental health	66 (33 Emergency and acute + 33 community mental health)	Quantitative	1	1
Total	2667 + 1 missing case			26

*The 2007 study by Valente (2007) is a follow-up study from the 2004 study by Valente and Saunders (2004). Both studies involved the same 454 oncology nurses.
†The Gilje and Talseth (2007) study is a re-interpretation of data from the study by Gilje *et al.* (2005). The 2005 Gilje *et al.* (2005) study is a secondary analysis of the 1997 study by Talseth *et al.* (1997). These three studies used the same sample of 19 psychiatric nurses.

Table 4 Quality determinants of the sample

Studies	Source	Quality determinant
Quantitative	Alston and Robinson (1992)	Jadad = 3
	Anderson (1997)	Jadad = 2
	Mclaughlin (1994)	
	Samuelsson *et al.* (1997)	
	Sun *et al.* (2007)	Jadad = 1
Mixed methods: quantitative section	Valente *et al.* (1994)	Jadad = 1
	Valente and Saunders (2004)	Jadad = 3
	Valente (2007)	Jadad = 3
Qualitative	Gilje *et al.* (2005)	Verification strategies explicit
	Gilje & Talseth (2007)	
	Midence *et al.* (1996)	Most measures of trustworthiness explicit
	Vatne (2006)	
	Talseth *et al.* (1997)	
	Carlen and Bengtsson (2007)	
	Larsson *et al.* (2007)	
	Pallikkathayil and Morgan (1988)	Some measures of trustworthiness explicit
	Cleary *et al.* (1999)	
	Valente (2000)	
	Joyce and Wallbridge (2003)	
	Vråle and Steen (2005)	
	Cutcliffe *et al.* (2007)	
	Doyle *et al.* (2007)	
	Bohan and Doyle (2008)	
	Keogh *et al.* (2007)	
	Reid and Long (1993)	Limited or unreported trustworthiness measures
	Long and Reid (1996)	

only the correlation between USP scores and age remained significant at the $p < 0{\cdot}02$ after controlling for years in the nursing profession. Also at the $p < 0{\cdot}01$ level, nurses who often cared for attempted suicide patients had more empathic attitudes than those who did so less often (Samuelsson *et al.* 1997). No statistically significant difference was reported in understanding suicidal patients or willingness to care for suicidal patients between nurses working in psychiatry and nurses working in somatic care (Samuelsson *et al.* 1997).

Concept 3. Nurses' complex knowledge and professional role responsibilities caring for suicidal patients

The complexity of nurses' knowledge needed in caring for suicidal patients was evident. Their need for knowledge was

Table 5 Results of data extraction processes

Content: Aim/purpose/hypothesis	Categories resulting from content analysis of aim/purpose/hypothesis	Subthemes resulting from content analysis of results	Extracted themes
Investigate whether nurses' attitudes towards suicide are based on clinical speciality, age and highest degree completed (Alston & Robinson 1992)	Attitudinal responses towards suicide and suicidal patients (n = 7)	Nurses' attitude related to specialty, age and education	Nurses' attitudinal responses towards suicide and suicidal patients related to specialty, age, education, experience, religion
Older nurses will express more negative attitudes to suicidal behaviour than younger nurses, and more experienced nurses will express more negative attitudes than less experienced nurses (Mclaughlin 1994)		Nurses' attitude related to age and experience	Nurses' attitudinal responses towards suicide and suicidal patients related to specialty, age, education, experience, religion
Investigate the effects of suicide on nursing staff, their attitudes and ways of improving their coping skills (Midence *et al.* 1996)		Nurses' view of suicidal patient Nurses' reaction of distress	Nurses' view of self, suicide and suicidal patient Nurses' emotional-ethical responses to suicidal patients
Investigate attitude of nurses caring for suicidal patients (Long & Reid 1996)		Nurses' reaction of lack of distress	Nurses' need for emotional and educational support/ resources caring for suicidal patients
Investigate attitude towards attempted suicide patients among registered nurses involved in somatic care of such patients and compare them with those of psychiatric nurses (Samuelsson *et al.* 1997)		Nurses' attitude related to speciality and empathy	Nurses' attitudinal responses towards suicide and suicidal patients related to specialty, age, education, experience, religion
Explore and compare attitudes towards suicidal behaviour of community mental health nurses and registered nurses working in accident and emergency departments (Anderson 1997)		Nurses' attitude related to specialty	Nurses' attitudinal responses towards suicide and suicidal patients related to specialty, age, education, experience, religion
Investigate nurses' attitudes towards patients who have attempted suicide (Sun *et al.* 2007)		Nurses' attitude related to education, religion and experience	Nurses' attitudinal responses towards suicide and suicidal patients related to specialty, age, education, experience, religion
Describe Emergency Department nurses' responses to their experiences of suicide intervention and self-care behaviours in connection with their participation in suicide intervention and prevailing opinions about suicide (Pallikkathayil & Morgan 1988)	Responses to knowledge, interventions and skills related to suicide (n = 6)	Nurses' response of distress–anger Nurses' self-care behaviour Nurses' knowledge of suicide assessment and nursing interventions	Nurses' need for emotional and educational support/ resources caring for suicidal patients Nurses' knowledge and professional role responsibilities for nursing care of suicidal patient
Survey nurses' knowledge and misconceptions about suicide (Valente *et al.* 1994)		Nurses' knowledge of suicide risk assessment and interventions and barriers to management of suicidality	Nurses' knowledge and professional role responsibilities for nursing care of suicidal patient Nurses' need for emotional and educational support/ resources caring for suicidal patients

Table 5 (Continued)

Content: Aim/purpose/hypothesis	Categories resulting from content analysis of aim/purpose/hypothesis	Subthemes resulting from content analysis of results	Extracted themes
Identify knowledge, skills and intervention for suicidal patients (Valente & Saunders 2004)		Nurses' suicide risk assessment and barriers to management	Nurses' knowledge and professional role responsibilities for nursing care of suicidal patients Nurses' need to emotional and educational support/resources caring for suicidal patients
Describe how nurses perform constant observation of suicidal patients (Vråle & Steen 2005)		Nurses' knowledge of risk assessment and interventions and barriers to management of suicidality	Nurses' knowledge and professional role responsibilities for nursing care of suicidal patients Nurses' need for emotional and educational support/resources caring for suicidal patients
Describe confirming nursing care of suicidal patients (Larsson *et al.* 2007)		Nurses' knowledge of suicide interventions and barriers to managing suicidality Nurses' critical reflection on self and philosophical views	Nurses' knowledge and professional role responsibilities for nursing care of suicidal patients Nurses' need for emotional and educational support caring for suicidal patients Nurses' view of self, suicide and suicidal patient
Examine nurses' knowledge and interventions to provide patient education, emotional support, and advocacy for suicidal patient (Valente 2007)		Nurses' assessments, goals, interventions and barriers/ difficulties responding therapeutically to suicidal patients	Nurses' knowledge and professional role responsibilities for nursing care of suicidal patients Nurses' need for emotional and educational support caring for suicidal patients
Nurses' perspective of difficulty caring for suicidal patients (Valente 2000)	Responses to caring for suicidal persons (n = 5)	Nurses' voicelessness caring for suicidal patient Nurses' view of suicide Nurses' concern for professional legal-ethical aspects of nursing care related to suicidal act	Nurses' need for emotional and educational support/resources caring for suicidal patient Nurses' view of self, suicide and suicidal patient Nurses' knowledge and professional role responsibilities for nursing care of suicidal patients
Investigate whether nurses provide meaningful caring responses to suicidal people, and if so, how (Cutcliffe *et al.* 2007)		Nurses' desired outcome of reconnecting suicidal patient with humanity	Nurses' knowledge and professional role responsibilities for nursing care of suicidal patients
Investigate how nurses experience caring for suicidal patient (Carlen & Bengtsson 2007)		Nurses' view of suicidal patient as sufferer	Nurses' view of self, suicide and suicidal patient

Table 5 (Continued)

Content: Aim/purpose/hypothesis	Categories resulting from content analysis of aim/purpose/hypothesis	Subthemes resulting from content analysis of results	Extracted themes
Describe experiences and challenges nurses encounter when caring for suicidal patients (Doyle *et al.* 2007)		Nurses' professional responsibilities of risk assessment and interventions Nurses' need for educational support/resources	Nurses' knowledge and professional role responsibilities for nursing care of suicidal patients Nurses' need for emotional and educational support/resources for nursing care of suicidal patients
Determine nurses' needs when caring for suicidal patients (Keogh *et al.* 2007)		Nurses' professional responsibilities of risk assessment and interventions Nurses' need for educational support/resources	Nurses' knowledge and professional role responsibilities for nursing care of suicidal patients Nurses' need for emotional and educational support/resources caring for suicidal patient
Illuminate the meaning of psychiatric nurses' experiences in caring for suicidal psychiatric patients (Talseth *et al.* 1997)	Responses to suicidal patients (n = 5)	Nurses' view of suicide. Nurses' responses of an ethical way of being	Nurses' need for emotional and educational support/resources caring for suicidal patients Nurses' view of self, suicide and suicidal patient
Investigate nursing staff's reactions to patients' suicide (Joyce & Wallbridge 2003)		Nurses' response of distress Nurses' need for information	Nurses' need for emotional and educational support/resources caring for suicidal patients
Describe nurses' responses to suicidal patients (Gilje *et al.* 2005)		Nurses' response of struggle with self, suicide and suicidal patient	Nurses' reflective response on self, suicide and suicidal patients
Re-interpret published text describing nurses' responses to suicidal patients in the light of a published model of consolation (Gilje & Talseth 2007)		Nurses' response to mediating consolation with a suicidal patient as an ethical way of being	Nurses' reflective response on self, suicide and suicidal patients
Investigate nurses' experiences of patient suicide and suicide attempts, and support they received afterwards (Bohan & Doyle 2008)		Nurses' response of distress Nurses' need for information	Nurses' need for emotional and educational support/resources caring for suicidal patient
What are nurses' perceptions of their role in caring for the suicidal patient? (Reid & Long 1993)	Role responsibility caring for suicidal patients (n = 3)	Nurses' approach to re-focus patient thoughts while struggling with empathy Nurses' need for educational support Nurses' view of suicidal patient	Nurses' need for emotional and educational support/resources caring for suicidal patients Nurses' view of self, suicide and suicidal patient

Table 5 (Continued)

Content: Aim/purpose/hypothesis	Categories resulting from content analysis of aim/purpose/hypothesis	Subthemes resulting from content analysis of results	Extracted themes
Investigate the role of nurses caring for suicidal patients on special observation (Cleary *et al.* 1999)		Nurses' response of suicide risk assessment and safety Nurses' concerns for therapeutic relationship interventions	Nurses' knowledge and professional role responsibilities for nursing care of suicidal patient Nurses' need for emotional and educational support/resources caring for suicidal patients
Investigate how nurses understand responsibility when working with suicidal patients (Vatne 2006)		Nurses' ethical-legal professional responsibility Nurses' view of suicidal patient as autonomous person	Nurses' knowledge and professional role responsibilities for nursing care of suicidal patients Nurses' view of self, suicide and suicidal patient

evident. One-fifth of nurses (20%) underestimated the patient's suicide risk; most (61%) misidentified worries and fears as suicide risk factors or indicators of suicide risk; about one-third (37%) used consultation; less than one-third (30%) recommended providing safety, protecting the patient or instituting suicide precautions; few (15·1%) asked patients about a suicidal plan in their nursing assessment and identified an average of three of eight suicidal risk factors (Valente *et al.* 1994). Similarly, other nurses (Valente & Saunders 2004) knew an average of 4·8 of nine suicide risk factors and half (49·4%) miscalculated the risk of suicide. Moreover, when nurses rated the patient's suicide risk, they had difficulty accurately differentiating indicators of depression, anxiety, grief, normal mental status and suicide (Valente 2007). Some nurses (18·3%) indicated that suicidal patients' feelings or distress required assessment; however, only 0·3% of the 18·3% nurses indicated an intervention for emotional support (Valente 2007).

The complex professional nursing role included listening, facilitating comfort, sharing information with physicians and nurses, implementing suicide precautions, evaluating suicide risk and requesting psychiatric evaluation (Valente 2007). Caring for suicidal patients included risk assessment and interventions (Pallikkathayil & Morgan 1988, Doyle *et al.* 2007, Keogh *et al.* 2007, Bohan & Doyle 2008); making professional judgments and using pertinent protocols (Pallikkathayil & Morgan 1988); identifying problems and suicide indicators (Long & Reid 1996, Cleary *et al.* 1999); monitoring safety (Cleary *et al.* 1999, Valente 2000, Bohan & Doyle 2008); supporting patient, family and peers (Cleary *et al.* 1999); constant observations; engaging in therapeutic relationships, (Cleary *et al.* 1999, Vråle & Steen 2005); exploring actual suicide plans or patient's thoughts; and direct questioning about suicidal intention (Larsson *et al.* 2007). Only a few nurses (13–15%) recommended spiritual support, informing family, including advocacy in their referrals (e.g. financial issues, social work, psychiatric consolation), accessing other resources (e.g. support groups and chaplaincy) or advocating for patient's right to decide about suicide (Valente 2007).

Professional nursing role responsibility was described as an ethical-legal consideration. This included preserving dignity and life inviolability (Vatne 2006) and reconnecting with humanity (Cutcliffe *et al.* 2007). Nurses' concerns about their duties, professional role and liability related directly to the complexity of clinical, professional and ethical issues embedded in the context of nursing care (Valente 2000).

Concept 4. Nurses' desire for emotional and educational support/resources caring for suicidal patients

Nurses' needs for emotional and educational support caring for suicidal patients were interpreted as a desire for these

resources to meet these needs. Nurses desired sufficient time and staff to provide desired care (Pallikkathayil & Morgan 1988); time to reflect on suicidal actions; opportunities to express their feelings (Reid & Long 1993, Midence *et al.* 1996, Bohan & Doyle 2008); responses from colleagues concerning education, problem solving (Cleary *et al.* 1999) and information (Joyce & Wallbridge 2003, Bohan & Doyle 2008). They also needed a co-worker to assume care for a patient who had attempted suicide (Pallikkathayil & Morgan 1988); educational support to develop their communications skills (Reid & Long 1993, Valente 2000, Doyle *et al.* 2007); knowledge of suicide, suicidal behaviour and education to support family; interpersonal skills in managing suicidal patients (Pallikkathayil & Morgan 1988, Keogh *et al.* 2007); material resources for suicide prevention (Doyle *et al.* 2007); and self-care following a suicide attempt, such as taking a break, laughter and humour (Pallikkathayil & Morgan 1988).

Suicidal patients evoked mixed feelings in nurses (Talseth *et al.* 1997). Their deep emotions were seen as their desire for support/resources. Emotional reactions were distress (Midence *et al.* 1996, Cleary *et al.* 1999), distress and anger (Pallikkathayil & Morgan 1988, Joyce & Wallbridge 2003, Bohan & Doyle 2008), guilt (Midence *et al.* 1996), powerlessness and beneficence (Doyle *et al.* 2007), fear, anxiety, panic, avoidance of being confronted with feelings such as loneliness and sadness and grief (Talseth *et al.* 1997). Nurses struggled with emotional reactions towards patients (Gilje *et al.* 2005), including helplessness when trying to comfort colleagues (Bohan & Doyle 2008). Some nurses described voicelessness as not talking about the stress of caring for a person who no longer wanted to live (Valente 2000). Other nurses described no resources for talking about their own personal experience of losing a loved one, which created difficulty providing care to suicidal patients (Valente 2000). For example, close observation of suicidal patients became particularly frustrating when the patient wanted nothing to do with life (Vråle & Steen 2005). Valente *et al.* (1994) found that few nurses (15·1%) asked about a suicidal plan in their nursing assessment and some (37%) used consultation. Less than one-third of these nurses recommended providing safety, protecting the patient or implementing suicide precautions. On the other hand, other nurses described experiencing lack of distress and anger when caring for suicidal patients (Long & Reid 1996).

Describing their care, nurses rarely mentioned patient teaching, emotional support and advocacy (Valente 2007). Difficulties responding therapeutically to suicidal patients emerged from their religious/other values, uncomfortable feelings, inadequate knowledge, personal experiences and weight of professional responsibility (Valente 2007). Barriers to management of suicidal patients, such as deficits in skill, knowledge, referrals, patient teaching, advocacy or consultation (Valente & Saunders 2004), were considered to be factors in their need for educational support/resources. On the other hand, a small percentage (18·3%) of nurses with competent psychiatric skills reported no difficulty in their care-giving role, including teaching, support and advocacy (Valente & Saunders 2004).

Discussion

A CIS focused on understanding nurses' response to suicide and suicidal patients was conducted on research-based literature between 1988–July 2009. The understanding of accumulated research-based literature that emerged from this study enhances our contextual, conceptual and methodological perspectives of this topic.

The context for most studies was the western world, i.e. Europe and North America. Statistics report high rates of suicide in Baltic States, Russian Federation and Sri Lanke, yet nursing research situated in these countries was not found. Understandably, suicide is multidimensional with many cultural-based attitudes and taboos impacting research. The finding that most of the studies were conducted in European countries suggests several possibilities. Europe seems to be more open to investigating suicide and has protocols that more readily provide/allow access to subjects to study this topic. Much more research in various countries throughout the world needs to be focused on nurses' responses to suicide and suicidal patients. Of note is that oncology nurses comprised the majority (40%) of participants in the sample and psychiatric nurses comprised the least (n = 10%), even though many (46%) of the studies were reportedly conducted in psychiatric settings. Research is needed to address nurses in various specialty areas and settings. As research is published in journals with varied readerships, more nurses in various settings throughout the world can have access to knowledge and understanding needed to meet the challenges of caring for suicidal patients.

Conceptually, this CIS understanding of nurses' responses to suicide and suicidal patients contributes to a more inclusive view of nurses' responses to suicide and suicidal patients and guides nurses in clinical practice. Suicidal situations encountered by nurses are imbued with ethical perspectives that are relational, i.e. how best to respond to and relate with suicidal patients in 'ways that liberate and strengthen and not ways that impose the will of the caregiver on the patient' (Benner 2000, p. 15). Through nurses' critical reflections on self, suicide and suicidal patients embedded in

philosophical and relational perspectives, nurses become aware of their own emotional responses. Awareness of emotional responses can awaken ethical reflectiveness and open up attitudinal responses, including an attitude of daring to respond to the suffering of suicidal patients. Openness fosters readiness to acquire knowledge and develop professional role responsibilities and reveals desires (Gilje & Talseth 2007). Is also important for nurses to dare to voice their desires, i.e. tell their stories, advocating for educational and emotional support/resources for care of suicidal patients. Telling and retelling stories creates one's identity and opens up understanding in a way that differs from talking about statistics and theories (Ricoeur 1992). Furthermore, advocating for support/resources can open up critical reflection on self within the complexity of a particular situation of caring for suicidal patients.

Methodologically, the CIS approach, applied to published studies (n = 26), moved knowledge beyond aggregate data. Developed by Dixon-Woods *et al.* (2006), the CIS approach had not been applied to the topic of suicide. Dixon-Woods *et al.* (2006) suggest the application and evaluation of CIS for use in challenging areas of health care. We believe suicide is one such area. We chose to focus on published research-based nursing literature, so our findings could be incorporated into evidence-based knowledge. Results of this study move our understanding to a deeper level by providing an understanding of accumulated research-based literature on nurses' response to suicide and suicidal patients.

Future research directions

This study provides direction for future nursing research. Indeed, internationally, there is a need for more published research related to the topic of nurses and suicide and suicidal patients. Earlier studies, mostly quantitative, focused on measuring attitudes, while later studies, mostly qualitative, focused on knowledge and professional role responsibilities, emotional and educational needs and nurses' views of and philosophical reflections on self, suicide and suicidal patients.

Our version of the CIS approach, guided by Dixon-Woods *et al.* (2006), used qualitative content analysis and systematic review as ways to sort, organise and clarify data. Interpretive synthesis evolved within dialectical and reflective processes of the researchers. We found qualitative content analysis very helpful in organising both aims and findings of the studies. The systematic review processes helped us to grasp an historical perspective and summarise the studies. The extracted data emerged into categories, subthemes and themes. At a point, we thought the outcome of the study was five themes. However, reference to the work of Dixon-Woods *et al.* (2006) sparked new insights. We then reviewed and revised the aim of our study, as described by Dixon-Woods *et al.* (2006). Further critical reflection on the themes and subthemes showed clear patterns that brought forth conceptual clarification that, we believe, address our aim and benefit practice. Over time and with much collaborative effort and reflection, we struggled with determining quality of the data as well as synthesis and interpretive processes. We returned again and again to the text of the extracted data, posing questions of it. The text then began to illuminate an understanding that could be articulated in four key concepts.

Conclusions

This paper presents a CIS of research-based nursing literature (n = 26) published between 1988–July 2009 on nurses' responses to suicide and suicidal patients. This understanding of accumulated research-based literature enhances contextual, conceptual and methodological perspectives on this topic.

Contextually, gaps exist in international research. Most studies were conducted in Europe or North America. Most participants were oncology nurses (40% of the sample), while few were psychiatric nurses (10% of the sample) even though many of the studies (n = 12) were conducted in psychiatric settings. The context needs to be considered as influencing the interpretive process. Conceptually, four key concepts, (i.e. critical reflection, attitudes, complex knowledge/professional role responsibilities, desire for support/resources), emerged as one way of understanding nurses' responses to suicide and suicidal patients. These concepts can serve as a useful guide for nurses to understand their own and other nurses' responses to caring for suicidal patients in various settings. Methodologically, the six phases of the CIS approach moved a small body of knowledge that varied in quality measures beyond an aggregate understanding. The systematic review of literature and key concepts that emerged in this study serves as an impetus for researchers throughout the world to further address nurses' responses to suicide and suicidal patients.

While this CIS enhances our understanding of accumulated research-based literature on nurses' responses to suicide and suicidal patients and can guide nurses to care for suicidal patients, overall these findings provide some understanding of nurses' response to suicide and suicidal patients. Of importance is for nurses in all settings to confront the urgent, growing global public health problem of suicide and address measures to respond to suicide and suicidal patients in ways that facilitate suicide prevention and recovery.

Relevance to clinical practice

Enhanced understanding of nurses' responses to suicide and suicidal patients holds relevance for clinical nursing practice. This interpretive synthesis reveals an array of aspects to consider in the clinical arena. The four key concepts provide a useful guide for nurses to understand their own and other nurses' responses. Knowledge of these concepts may help nurses become more aware of their own emotional reactions and responses, evoking critical reflection on how their responses may impact their care of suicidal patients. Attitudes towards suicide and suicidal patients, intertwined with nurses' views of and philosophical reflections on self, suicide and suicidal patients, need to be addressed, while considering cultural variations. Attitudes can stigmatise patients. Stigma surrounding suicide and suicidal patients is known to prevail in some areas of the world. Nurses contribute – either positively or negatively – to this stigma.

Nurses in clinical practice in all settings need to realise that their role can significantly influence attitudes towards suicidal patients and those affected by suicide. Educational programmes have resulted in improved attitude measures based on attitude scales (Samuelsson & Asberg 2002). Attitude measures can impact nurses' advocacy for needed emotional and educational resources related to care of suicidal patients.

Of importance is integrating nurses' critical reflections, attitudes, knowledge/professional role responsibilities and desires for support/resources in caring for suicidal patients, i.e. praxis. Praxis is a way of further understanding the concepts as an aggregate. Praxis is paramount to enabling nurses to provide professional care for suicidal patients, fostering suicide recovery and prevention. In praxis, it is insufficient to have knowledge for praxis, but through clinical experiences and critical reflection, personal knowledge develops as part of praxis knowledge (Strømskag 1998). Praxis knowledge is not external to nurses; it does not come from something given to them. Instead, praxis knowledge needs to or must be integrated in each nurse, which involves understanding the meaning of the knowledge and how to apply it to a particular situation (Benner *et al.* 1999). Benner (2000, p. 12), in reference to other authors, writes that 'nursing praxis is concerned with nurturing insightful helping relationships that depend on meeting the particular other in particular contexts'.

Contributions

Study design: FG, AGT; data collection and analysis: AGT, FG and manuscript preparation: AGT, FG.

Conflict of interest

We declare that we had no conflict of interest in planning or developing this manuscript.

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