




Psychiatric nurses' perception of dignity in patients who attempted suicide

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Fateme Mohammadi

Chronic Diseases(Home Care) Research Center and Autism Spectrum Disorders Research Center, Department of Nursing, Hamadan University of Medical Sciences, Hamadan, Iran

Efat Sadeghian

Chronic Diseases (Home care) Research Center, Department of Nursing, School of Nursing and Midwifery, Hamadan University of Medical Sciences, Hamadan, Iran

Zahra Masoumi

Mother and Child Care Research Center, Department of Midwifery, School of Nursing and Midwifery, Hamadan University of Medical Sciences, Hamadan, Iran

Khodayar Oshvandi

Mother and Child Care Research Center, Department of Medical Surgical Nursing, School of Nursing and Midwifery, Hamadan University of Medical Sciences, Hamadan, Iran

Mostafa Bijani 

Department of Medical Surgical Nursing, School of Nursing, Fasa University of Medical Sciences, Fasa, Iran

Abstract

Background: Maintaining the dignity of patients who attempted suicide is one of the caregivers' main ethical duties. Yet, in many cases, these patients are not treated with dignity. The concept of dignity is abstract, and there is no research on the dignity of suicidal patients. So, the present study is done to investigate psychiatric nurses' perception of dignity in patients who attempted suicide.

Objective: The present study explores the concept of dignity in patients who attempted suicide from the perspective of psychiatric nurses.

Research design: The present study is a qualitative, descriptive work of research

Participants and research context: A total of 20 psychiatric nurses from 2 hospitals affiliated with a university of medical sciences in the southeast of Iran were selected via purposeful sampling.

Ethical considerations: The Research Ethics Committee of the Hamadan University of Medical Sciences approved the study's protocol, and ethical principles were followed in general.

Corresponding author:

Mostafa Bijani, Department of Medical Surgical Nursing, School of Nursing, Fasa University of Medical Sciences, Fasa 81936-13119, Iran.

Email: bizhani_mostafa@yahoo.com

Findings: From the findings of the study, three main themes, namely “respect for personal; identity,” “management of psychological tension,” and “compassion-focused therapy,” with 12 sub-themes were extracted.

Discussion and conclusion: In the perspective of caregivers, patients who attempted suicide need to be cared for in supportive environments with compassionate and respectful behaviors to control their psychological tensions. These conditions would maintain such patients’ dignity and result in appropriate behavioral outcomes. Policy-makers and administrators can use the present study’s findings to create an appropriate clinical environment in which the dignity of patients who attempted suicide is properly maintained.

Keywords

dignity, qualitative research, suicide

Introduction

Suicidal patients are one of the most vulnerable groups under care for preserving their dignity.^{1,2} According to WHO, suicide is a major threat to public health and one of the most serious psychiatric disorders. World Health Organization reports that every year, 800 thousand of people lose their lives every year due to suicide.¹ In caring for patients, especially those who have attempted suicide, psychiatric ward nurses face many clinical and ethical challenges, including considerable stress, emotional burnout, aggressive and insulting behaviors on the part of patients, and moral distress.² One of the most important clinical and ethical aspects of caring for patients with psychiatric disorders is maintaining their dignity.³ The International Council of Nurses regards respect for patient dignity as an integral part of nursing care and a main component of the patient rights charter.⁴ In fact, maintaining human dignity is an absolute necessity that applies to patients and all humans.⁵ Research shows that respecting patients’ beliefs and values, altruism, autonomy, and avoiding any forms of pity and stigma are among nursing professional ethics that ensure humanistic care and respect for patient dignity.⁵

Dignity as “an individual’s inherent value and worth which is strongly linked to respect, recognition, self-worth and the possibility to make choices.”⁶ Preservation of dignity correlates with increased patient satisfaction and self-esteem, a shorter hospital stay, patients’ enhanced ability to cope with their illness, and making patients feel that their lives are meaningful.⁷

In contrast, violation of dignity causes psychological and spiritual distress, undermines patients’ motivation to survive, and deteriorates patients’ physical and mental health.⁸

In several studies, the nature of dignity has been assessed in some groups of patients, including patients with cardiovascular diseases,^{9,10} elderly patients,¹¹ autistic teenagers,¹² and cancer patients.¹³ However, few studies have investigated suicide care from the nursing perspective and general practitioners’ needs for support after the suicide of a patient, but any study does not investigate of the dignity in these patients.^{14,15} Although dignity has different meanings in the world, the most important of which are: value, sanctity, magnanimity, respect, gentility, humanity, position, and dignity.¹⁶

Edlund et al. state dignity include absolute dignity that is characterized by the spiritual dimension characterized by responsibility, freedom, duty, and service, and relative dignity, characterized by the bodily, external aesthetic dimension, and the psychical, inner ethical dimension.¹⁷ But despite attempts to define this concept and identify its effective elements, the concept of dignity and its related factors remain complicated and unclear.¹⁸ Thus, defining and identifying the effective elements of patients “dignity are essential.”¹⁹ Because the understanding of dignity is influenced by individual characteristics and depends on social,

cultural, ethnic, religious, and political factors.¹⁸ So, determination of the meaning of dignity and the factors related to it in patients who attempted suicide is crucial to preserving the dignity of this group of patients in the Islamic culture ruling Iran.

Due to the abstract and complex nature of the concept of dignity,¹⁹ a qualitative approach is required to achieve a clear and deep knowledge of the concept. When there is little information about the subject under study and the concept is not explained and described, the approach of conventional content analysis was used. Conventional qualitative content analysis is an appropriate procedure for obtaining reliable and valid results from textual data, allowing the creation of new knowledge and innovative understanding of phenomena under investigation.

Therefore, a qualitative approach with conventional content analysis has been used to investigate dignity in patients who attempted suicide. On the other hand, the possibility of examining the concept of dignity from the perspective of patients who attempted suicide is difficult and ethically concerning due to their physical and mental conditions. Even remembering the suicide incident after being stabilized condition of these patients can affect their mental conditions. However, the caregivers of patients who attempted suicide, are the most important and closest to these patients; they spend long periods with them and have the most information about them. Hence, the present study aimed to explore the concept of dignity in patients who attempted suicide from the perspective of psychiatric nurses with an approach to qualitative conventional content analysis.

Methods

A qualitative descriptive approach with a conventional content analysis design was used to answer the research question, "What is the meaning of dignity of patients who attempted suicide from the perspective of psychiatric nurses? The study lasted from January to April 2021. Conventional content analysis is usually appropriate when the existing knowledge or research literature on a phenomenon is limited.

Participants

The study population was psychiatric nurses who cared for patients who had attempted suicide. The inclusion criteria were as follows: being willing to participate in the study, having at least 2 years of work experience caring for patients who had attempted suicide, being Iranian, speaking and understanding Persian, and being able to provide adequate and rich information. The corresponding author acquired the phone numbers of the 22 selected psychiatric nurses who cared for patients who had attempted suicide from 2 hospitals affiliated with a university of medical sciences in the southeast of Iran. The participants were selected by purposeful sampling. Purposeful sampling is commonly used in qualitative research to identify and select information-rich cases related to the phenomenon under study. Information-rich cases can provide important information about the subject of research. Studying information-rich cases provides useful insight and an in-depth understanding rather than empirical generalizations.¹⁶ The exclusion criterion was the unwillingness to continue the interview. One psychiatric nurse had less than 12 months of work experience, and another did not want to participate in the study. So, 20 of the nurses met the inclusion criteria of the study. Interviews continued until the data were saturated. Saturation occurred when no new categories were emerging and the categories were saturated based on their characteristics and dimensions. In the present study, 20 psychiatric nurses (12 females and 8 males) with an average age of 35.50 ± 3.28 years participated. The majority of the participants were married (65%), had a bachelor's degree in nursing (55%), and had at least 4 years of work experience. (Table 1).

Data collection

Data were collected from 20 semi-structured, individual interviews and field notes. Field notes are widely recommended in qualitative research to document needed contextual information. In this study, field

Table 1. Individual social characteristics of the participants.

Participants	Sex	Age (year)	Marital status	Educational level	Work experience (years)
P1	Female	37	Married	Master of nursing	4
P2	Male	40	Single	Master of nursing	19
P3	Female	41	Single	Bachelor of nursing	18
P4	Male	27	Married	Bachelor of nursing	5
P5	Female	34	Married	Master of nursing	8
P6	Female	38	Single	Master of nursing	10
P7	Male	35	Married	Bachelor of nursing	7
P8	Male	38	Married	Bachelor of nursing	9
P9	Female	42	Married	Diploma of nursing	19
P10	Female	44	Single	Bachelor of nursing	20
P11	Male	30	Married	Bachelor of nursing	5
P12	Male	42	Married	Diploma of nursing	15
P13	Female	28	Single	Bachelor of nursing	7
P14	Female	24	Married	Bachelor of nursing	25
P15	Female	28	Single	Bachelor of nursing	9
P16	Female	32	Married	Bachelor of nursing	8
P17	Male	43	Married	Diploma of nursing	14
P18	Female	36	Single	Diploma of nursing	11
P19	Male	34	Married	Master of nursing	6
P20	Female	37	Married	Bachelor of nursing	9

notes were collected in and during interviews. The interviews were conducted face-to-face at times that were convenient for the participants. The corresponding author conducted and analyzed all the interviews. In line to study “determine the concept of dignity in patients who attempted suicide from the perspective of psychiatric nurses,” the interview questions were designed. Each interview began with a few general questions, including: “what does the dignity of patients who attempted suicide mean to you?” “What are the factors affecting the dignity of these patients?” and “In what conditions is the dignity of these patients preserved?” Next, based on the respondents’ answers, follow-up questions were asked to increase the clarity of the information—these questions included, “Can you explain further?” “What do you mean by that?” and “Can you give an example?” The interviews were oriented around the main subject of the study. Each interview lasted between 38 and 55 min. The interviews were recorded with the verbal and written consent of the participants.

Immediately after completion, the interviews were listened to by the corresponding author several times, who tried to develop a general understanding and deep insight, and were then transcribed. After each interview, the researchers’ team analyzed the collected data, and the next interview was planned accordingly. Interviewing continued until no newer sub-themes could be extracted, and the data were saturated. The data were organized with the MAXQDA software. MAXQDA is a practical tool for performing complex processing and analysis on texts and is highly regarded due to its advantages, such as ease of use of the program, full support for PDF files, design according to global standards, and support for various text analysis and processing methods. Qualitative researchers are assigned to analyze qualitative data.²⁰

Data analysis

Graneheim and Lundman's content analysis method (2004) was employed to gather and analyze the qualitative data.²¹ The content analysis method was used to analyze the data. First, each transcript was perused for immersion and acquisition of insight and deep understanding of the phenomenon under study. Next, meaning units were determined based on the study's objectives and the research question. Subsequently, important points were recorded as open codes, considering their clear and hidden meaning units. These codes were classified under broader headings based on their similarities and differences, and the data analysis continued until the themes emerged. [Table 2](#) (an example of the data analysis process).

Rigor

To increase the credibility and accuracy of the data, the researchers used a combination of methods: semi-structured interviews, prolonged engagement with the data, member checking, and peer checking. For member checking and peer checking, the extracted codes, sub-themes, and themes were shown to 4 participants and 5 peers who were asked to check if the findings were in line with their understanding and interpretation. Four participants and five experts confirmed the method of coding, sub-theme, and classification of extracted sub-themes and themes to check the validity of the data and their understanding and attitude. Furthermore, the researcher limited the literature review at the beginning of the study to reduce bias in collecting, analyzing and coding the interviews to increase the validity of the data. Finally, confirmability was established through the exact recording of the participants' narratives and detailed reporting of the study results to provide the possibility of follow-up for other researchers.

Table 2. An example of coding and development of subthemes and themes.

Meaning units	Coding	Subthemes	Theme
<i>"Maybe a painful childhood or harsh experiences are the reason for these patients' special beliefs and perspectives on life and death. They sometimes say a life full of pain and humiliation is not worth living, and it's better to die today than tomorrow. I don't agree with some of these beliefs and statements, but I treat them to maintain my patients' dignity and peace of mind" (participant 10).</i>	Patients' special beliefs and perspectives on life and death. Life full of pain and humiliation is not worth living.	Respect for beliefs and values	Respect for the patients' personal identity
<i>After attempting suicide, these patients become withdrawn and depressed. This depression increases rumors about them and their conflicts with their families. Their families are worried they might try to commit suicide again, so they check on them all the time. This overbearing attitude is a major blow to these patients' dignity. So, it is essential that treatment teams help the patients deal with their depression to maintain their dignity" (participant 18).</i>	Patients withdrawn and depressed. Treatment teams help the patients deal with their depression	Overcoming depression	Management of psychological tension

Ethical considerations

All the participants gave written informed consent to participate in the study. The present study was conducted in compliance with the principles of the revised declaration of Helsinki, a statement of ethical principles which guide researchers in medical research involving human subjects. Moreover, the study was approved by the ethics committee of a Hamadan university of medical sciences in Iran (IR.UMSHA.REC.1401.307).

Results

Three main themes, namely “respect for the patient’s personal identity,” “management of psychological tension,” and “compassion-focused therapy,” and 12 sub-themes were extracted from the collected data (Table 3).

Respect for the patients’ personal identity

The psychiatric nurses in the present study stated that it is essential to respect the personal identity of the patients who had attempted suicide to maintain their dignity in clinical environments. Caregivers should respect these patients’ privacy, especially confidentiality of their health information, right to property, beliefs, and values, avoid all forms of pity and stigma toward them, and provide care to them in a fair manner. This theme consists of the following 5 sub-themes: patient confidentiality, respect for the right to property, respect for beliefs and values, avoiding pity, and avoiding stigma.

Patient confidentiality. Twenty participants stated that one of the ethical principles in nursing that guarantees fair care is respecting patients’ privacy, especially their physical, mental, and information privacy. Confidentiality of information is particularly important in patients who have attempted suicide. All information about their personal lives, exposure to violent acts by others, their experiences of sexual abuse, divorce, self-immolation, etc., must remain confidential.

“Our most important responsibility is to keep our patients’ information confidential. In our country, having been the victim of sexual abuse, especially rape, is taboo for people and their families. It can have a terrible impact on one’s future.

Table 3. Themes and subthemes extracted from content analysis.

Theme	Subthemes
Respect for the patients’ personal identity	<ul style="list-style-type: none"> • Patient confidentiality • Respect for right to property • Respect for beliefs and values • Avoiding pity • Avoiding stigma
Management of psychological tension	<ul style="list-style-type: none"> • Overcoming depression • Coping with feelings of shame and guilt • Liberation from social isolation • Giving meaning to life
Compassion-focused therapy	<ul style="list-style-type: none"> • Empathy and kindness • Psychosocial and spiritual support • Development of coping skills

Many suicide and self-immolation cases are due to sexual abuse in particular. Recording this information in patients' files or discussing it in the presence of people not on the treatment team violates these patients' confidentiality. So this kind of information had better be kept confidential by the staff and the head of the ward" (participant 7).

Respect for right to property. The participants' experiences showed that, even though caregivers must keep anything which the patients can use to attempt suicide again out of their reach, they should respect their right to property, that is, respect their right to use their personal belongings, to get dressed in private, sleeping hours, etc.

"We are obliged to restrict these patients to a certain point: we have to keep sharp objects out of their reach, and we can't let them be alone in places where they may attempt suicide again, like the bathroom in the backyard of the hospital. At the same time, we must respect their right to use their personal belongings, their sleeping hours, and how they want to get dressed so, we won't violate their autonomy, self-esteem, and human dignity" (participant 4).

Respect for beliefs and values. A total of 20 participants stated that, even though caregivers often do not approve of these patients' perspectives and beliefs, caregivers should respect their cultural and religious views to preserve professional values.

"Maybe a painful childhood or harsh experiences are the reason for these patients' special beliefs and perspectives on life and death. They sometimes say a life full of pain and humiliation is not worth living, and it's better to die today than tomorrow. I don't agree with some of these beliefs and statements, but I treat them to maintain my patients' dignity and peace of mind" (participant 10).

Avoiding pity. Nineteen psychiatric nurses also mentioned that suicide attempts due to exposure to sexual abuse, poverty, serious family conflicts, and frequent physical punishment generate feelings of sympathy in one. However, the caregivers should avoid any expressions of undue pity to maintain their patients' self-confidence and dignity.

"I once talked to a patient who had attempted suicide. She would tell me about her difficult life, her poverty, and how she had to turn to prostitution. All that really hurt my soul. I wouldn't say anything. But, without my wanting to, she saw pity in my eyes in our next meetings and wouldn't talk to me anymore. I asked her several times why she wouldn't talk to me. She finally said she hated pity. Though the pity she saw in my eyes was her interpretation, I realized at that moment how important it is to avoid pitying looks and words to maintain the dignity of these patients" (participant 2).

Avoiding stigma. It is also essential that caregivers avoid labeling and stigmatizing patients who attempted suicide since this offensive treatment will disturb them. Twenty psychiatric nurses also mentioned that must avoid stigma to these patients because it severely affects the mental balance of these patients and causes the self-confidence and dignity of these patients to be destroyed.

"These patients are disturbed and aggressive. When something is not the way they want it to be, they turn on the personnel. Sometimes, you hear words like crazy, lunatic, trash, and slut coming from other patients, their families, and even the clinical and non-clinical staff. In the following days, they become sulky and more depressed because their dignity as a patient has been ignored" (participant 16).

Management of psychological tension

The 19 participants in the present study stated that patients who attempted suicide experience guilt, fear of loneliness, and depression after their suicide attempt. Evidently, their exposure to various forms of

psychological tension causes them to behave inappropriately in their interactions, which will damage their dignity in other people's minds. Accordingly, managing their psychological tension is a major factor in maintaining the dignity of these patients. The theme of management of psychological tension consists of four sub-themes: overcoming depression, coping with feelings of shame and guilt, liberation from social isolation, and giving meaning to life.

Overcoming depression. In the present study, the 19 psychiatric nurses mentioned that prolonged interaction with depressed individuals is a difficult experience that aggravates family conflicts and rumors about patients who attempted suicide, which undermines the patients' dignity. It is, therefore, necessary that treatment teams help these patients overcome their depression so that they can have more peace and have their dignity maintained.

"After attempting suicide, these patients become withdrawn and depressed. This depression increases rumors about them and their conflicts with their families. Their families are worried they might try to commit suicide again, so they check on them all the time. This overbearing attitude is a major blow to these patients' dignity. So, it is essential that treatment teams help the patients deal with their depression to maintain their dignity" (participant 18).

Coping with feelings of shame and guilt. A total of 19 psychiatric nurses also mentioned that the patients undergoing treatment for attempting suicide experience strong feelings of shame and guilt after their failed attempt, which is rooted in their cultural and religious beliefs and values. By counseling these patients and trying to alleviate their guilt and shame, caregivers can contribute to their self-confidence and dignity.

"Many patients who attempted suicide feel guilty because of their religious beliefs and are even ashamed of their parents. These feelings of guilt and shame scar their souls and honor and make them feel their dignity has been irreparably damaged. They should be able to overcome these feelings to retrieve their dignity" (participant 20).

Liberation from social isolation. The 19 psychiatric nurses in the present study stated that another factor that contributes to maintaining the dignity of patients who attempted suicide is liberating them from social isolation. Overcoming social isolation creates happiness, hope, and self-belief in these patients, improving their self-confidence and dignity in their interactions with others.

"When these patients come out of their cocoons and expand their interactions with other people, they begin to have more hope and self-confidence and gradually regain their lost dignity in the eyes of the people around them" (participant 3).

Giving meaning to life. The 19 psychiatric nurses in the present study stated that when patients receiving treatment for having attempted suicide try to find a new meaning in their lives, they feel alive again, contributing to their dignity.

"When these patients come back to life and plan and make an effort for a better life, they create a new sense of living in themselves and their families. The people around them start to feel more respect for them and stop excessively monitoring them, which helps the patients regain their lost dignity" (Participant 12).

Compassion-Focused therapy

The 18 participants referred to compassion-focused therapy as a major contributor to maintaining the dignity of patients who attempted suicide. Treatment teams should kindly listen to the patients and enhance their

coping skills by providing them psychological and spiritual support. Compassion-focused therapy consists of three sub-themes: empathy and kindness, psychological and spiritual support, and development of coping skills.

Empathy and kindness. The 18 psychiatric nurses in the present study stated that one of the most important sub-themes extracted from the theme of compassion-focused therapy is empathy and kindness. Patients receiving treatment for suicide attempts have had painful experiences that have undermined their resilience and patience. Treatment teams should convey kindness and empathy in their words and actions to these patients.

“I talk to my patients eagerly and cordially. I observe courtesy in my words and actions. I listen to them patiently and show them empathy. Because all these years of work experience have taught me that friendship and empathy toward patients who have attempted suicide can help their confidence and dignity” (Participant 15).

Psychosocial and spiritual support. The 18 psychiatric nurses in the present study stated that to get through their difficult emotional conditions, patients who attempted suicide must be provided with psychological and spiritual support. Accordingly, counseling sessions and satisfying the patients’ spiritual needs, for example, praying and attending religious meetings, can contribute to their well-being and preserve their dignity.

“These patients aren’t in a good emotional state. To find a new lease on life, they must overcome their mental and emotional tension. They sometimes mention that counseling sessions, praying, and the performance of religious rituals give them new hope and energy. So, toward giving them care combined with dignity, we must meet their emotional, spiritual, and psychological needs” (Participant 6).

Development of coping skills. The 19 psychiatric nurses stated that caregivers should make an effort to improve the coping skills and life skills of patients who attempted suicide to preserve their dignity. The members of treatment teams can educate these patients on coping strategies to maintain their dignity.

“These patients don’t know how to react when they encounter a hard situation. So they turn to such antisocial behaviors as becoming aggressive, insulting others, and even attempting suicide again, which seriously undermines their dignity. These patients must be introduced to coping strategies to improve their life skills” (Participant 11).

Discussion

Analysis of psychiatric nurses’ perception of the dignity of patients who attempted suicide yielded three themes: respect for personal identity, management of psychological tension, and compassion-focused therapy. Several studies have addressed the dignity of patients with different diseases and their families’ dignity. Still, the dignity of patients receiving care for attempting suicide has never been investigated. Therefore, in the discussion section, the authors used the findings of dignity studies in patients with other kinds of health issues.

Killmister presented the theory of dignity that this framework involves three distinct strands of dignity: personal dignity, social dignity, and status dignity. The strands emerge from distinguishing between self-respect and the respect of others, on the one hand, and recognition respect and appraisal respect, on the other.²²

This theory excludes vulnerable people. Therefore, this theory was not used in this study because patients are one of the most vulnerable groups. But the themes extracted in this study correspond to the personal dignity theme of this theory, which is based on self-respect and the respect of others, on the one hand and recognition of respect and appraisal of respect, on the other hand.

Respect for personal identity was an important theme extracted from the data in the present study. Showing respect for patients' identity, beliefs, and right to ownership and providing care free of pity and stigma are among the principles of professional ethics in nursing.²³

Suicide attempts are often caused by behavioral disorders, family conflicts, exposure to sexual abuse. Because the victims cannot cope with these adversities, they try to commit suicide. Therefore, these patients' personal, clinical, and family information, especially any information about their possible exposure to sexual abuse, must remain strictly confidential and inaccessible to individuals not on the treatment team. Similarly, other studies stress the significance of preserving patient privacy, especially patient confidentiality.²⁴ According to Mohammadi et al., disclosure of patients' information, especially if the patients are sexual abuse survivors, in the Iranian culture inflicts irreparable damage to the identity of the patients and their families.¹² Sexual matters are a very touchy issue in Iran, and the victims of sexual abuse, especially girls, are ostracized by the people around them. Thus, caregivers must keep the information of patients who attempted suicide confidential to maintain their dignity.

Recognizing their property right is another sub-theme under the theme of showing respect for the personal identity of patients who attempted suicide. Mohammadi et al. reported that respect for the right to property of patients with developmental behavioral disorders is essential to maintaining the dignity of the patients and that, based on their knowledge and awareness, the patients should be allowed to participate in self-care and making of decisions about their treatment.¹² On the other hand, Hoseini et al. reported that caregivers should respect patients' choices, autonomy, and preferences regarding treatment and care. In Hosseini's study, the rights of the patients hospitalized for physical disorders are much more than recognizing their right to property as in the present study.²⁵ This discrepancy can be attributed to the fact that patients with psycho-emotional inconsistencies are sometimes unable to make logical decisions, and their decisions may even cause more harm to them. Accordingly, in addition to the patients, their families should participate in their clinical decision-making, and their autonomy is limited. Also, nurses and other caregivers should respect the religious and ethnic beliefs and ages of their patients and care for them free of any discrimination also avoid any expression of pity in their interactions with the patients who attempted suicide. Similarly, other studies stress that respect for patients' beliefs and values, rooted in their culture, religion, gender, and age, is essential to maintaining their dignity.²³⁻²⁵ According to Subramani et al., respecting patients' beliefs and values in clinical environments is a prerequisite to maintaining their dignity.²⁶ Nielsen et al. Mohammadi et al., Hoseini et al., Jamalimoghadam et al., and Mohammadi et al. report that caregivers' avoidance of pitying behaviors in their interactions with patients with behavioral disorders, parents who have recently lost a baby, and other patients and their families make a significant contribution to the preservation of patient dignity.^{12,24,25,27,28}

In addition, it is essential that caregivers avoid stigma in providing professional and ethical care to patients, especially patients with behavioral and psychological disorders.²⁹ On a similar note, Grassi et al. found that avoiding stigma in caring for patients with mental disorders and cancer shows respect for their identity and enhances their self-confidence and human dignity.³⁰ Also, according to Healy et al. and Deng et al., a reduction in the stigmatization of patients with mental illnesses and their families in clinical environments will preserve their dignity.^{31,32}

Another theme extracted from the data in the present study was the management of psychological tension. Management of their psychological tension can increase the patients' self-confidence, improve other people's attitudes toward them, and consequently contribute to their dignity. These patients can manage psychological tension by overcoming depression, coping with feelings of shame and guilt, liberation from social isolation, and giving meaning to life. Overcoming depression is one of the most effective ways for patients who attempted suicide to manage their psychological tension, enhance their self-confidence, and maintain their dignity. According to Schrage et al., depression in patients with cancer can create suicidal tendencies in them. Therefore, educating these patients about tension and depression management techniques can improve their mental state, reduce the likelihood of high-risk behaviors, and contribute to their dignity.³³ On a similar note,

Wong, et al. reported that end-stage patients suffer from severe depression and have suicidal thoughts; caregivers can provide these patients with emotional and mental support to reduce their depression and help them manage their psychological tension.³⁴ Dealing with their feelings of shame and guilt is a major contributory factor in managing psychological tension in patients who attempted suicide. After their suicide attempt, many of these patients feel ashamed and guilty about the grave anxiety and concern they created in their families. If these patients overcome their shame and guilt, they can win back their lost dignity. Howard et al. (2022) and Siwik et al. (2022) reported that patients with cancer are also prone to feelings of shame and guilt: some cancer patients believe that their illness is their punishment for their wrong deeds, and some others feel guilty about the burden and costs of their care imposed on their families.^{35,36} Liberation from social isolation is another sub-theme under the theme of managing psychological tension in patients who attempted suicide. Overcoming their reluctance to communicate with other people can enable the patients to become aware of people's real feelings about themselves and their great joy about the fact that they are alive, which will help them abandon their unrealistic thoughts and preconceptions. Good relationships with others can improve the patients' emotional state and dignity.

According to Pape et al., Mohamed Ali et al., and Richard et al., for patients with chronic diseases, especially mental disorders, better social interactions can reduce their social isolation and improve their dignity.³⁷⁻³⁹

Another important factor in managing their psychological tension is finding a new meaning for their lives and gaining hope. When patients who attempt suicide try to find a new lease on life, they create liveliness in themselves and their families, which, in turn, boosts their self-confidence and improves their dignity. Mokhtari et al. and Márki et al. found that patients' efforts to stay alive and have a high-quality life despite their illnesses and physical or psychological disorders create good feelings in them and the people around them, which contributes to the patients' dignity.^{40,41} It is evident that trying to make a new life in patients who attempted suicide indicates that they are past the critical stage of their behavioral disorder and have more dignity. The last theme about maintaining the dignity of patients who attempted suicide was compassion-focused therapy. According to the psychiatric nurses in the present study, showing kindness and empathy to this group of patients, alongside taking measures to improve their coping skills, will contribute to their dignity. Several studies report that showing them empathy, keeping them company, and listening to them can encourage patients to communicate with the members of their treatment teams. This communication can make caregivers properly aware of the patients' psychological problems and needs and, consequently, help them employ more appropriate interventions, making the patients feel better and have more self-confidence.⁴²⁻⁴⁵ According to Macklin et al., nurses can enhance patients' self-esteem and well-being by listening to their patients patiently and keeping their secrets.⁴⁵ A study by Malenfant et al. showed that treating patients with kindness and empathy is an ethical principle in nursing which, by alleviating patients' pains and emotional exhaustion, improves their perception of themselves and their lives and enhances their dignity.⁴⁶

Developing coping strategies in patients who attempted suicide can increase their interactions and improve their quality of life. When these patients realize that they can remain calm in the face of disrespectful behaviors, analyze situations, and take the best action, their self-confidence increases. They achieve greater dignity in their own eyes and the eyes of others. According to Al-Sawafi et al. and Dornan et al., facilitating the adaptation of patients with painful or hard-to-treat types of cancer or mental and behavioral disorders can create a sense of well-being in them enable them to have a more positive outlook on life, and increase their self-esteem and dignity, which agrees with the findings of the present study.^{47,48}

In conclusion, from the point of view of psychiatric nurses who provide care to patients who attempted suicide, maintaining the human dignity of these patients is one of their most essential needs in clinical environments. Showing respect for their identity, using compassion-focused therapy for them, and helping them manage their psychological tension can contribute to preserving the dignity of patients receiving care for attempting suicide.

Although dealing with the dignity of suicidal patients as one of the vulnerable groups in Iran by sampling from two hospitals with experienced researchers in qualitative research is one of the strengths of the above study, this study also faced limitations. One of the present study's limitations is that the study population consisted exclusively of psychiatric nurses. It is evident that the participation of other members of treatment teams, including psychologists and psychiatrists, can increase the transferability of the findings. Another study limitation is that data were collected through individual interviews and field notes only. Employment of other data collection methods, including focus group interviews and observation, could have enriched the results of this qualitative study. Accordingly, it is suggested that future studies use other methods of collecting qualitative data, for example, focus group interviews and observation, in addition to individual interviews.

Conclusion

Patients who attempted suicide experience extreme pain and suffering, adversely affecting their resilience, behaviors, interactions, and dignity. Therefore, to maintain the dignity of these patients, caregivers must respect their identity and employ compassion-based therapy to help them manage their psychological tension and facilitate their adaptation. Healthcare policymakers and administrators can use the present study's findings to create a clinical environment where these patients receive the necessary care and education with compassion while personal identity is respected. This way, the dignity of patients who attempted suicide is properly maintained.

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ORCID iD

Mostafa Bijani  <https://orcid.org/0000-0001-7990-662X>

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