

Knowledge and attitudes towards suicidal behaviour among clergies and nurses



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INTRODUCTION

The purpose of this study is to obtain and compare the knowledge and attitudes of clergies and nurses towards suicidal behaviour. Knowledge may contribute to a more profound understanding of suicidal behaviour. Stigmatising attitudes influence the relationship between the professional and the suicidal person.

METHODS

A quantitative study using a questionnaire containing 89 statements with a five-point Likert-scale was developed and multiple regression analysis was performed to explore differences in knowledge and attitudes. 341 clergies and 424 nurses have participated and completed the electronic questionnaire.

RESULTS

Results showed that 75.7% of clergies (OR=0.21***) had inadequate knowledge of suicidal behaviour compared to 39.3% nurses (reference group). The clergies knowledge mainly came from their work experience (78.9%). The clergies also reported obtaining information about suicidal behavior from education (48.4%), their own life experience (38.1%) and (13.5%) "something else" (courses, articles, books and various media as well as conversations with colleagues and other professionals).

There were statistically significant differences in attitudes among clergies and nurses. More clergies (97.5%) than nurses (95.7%) were of the opinion that suicide must be prevented (figure 1). 9% of clergies agreed that suicide is a human right compared to 22.3% nurses. A lower propor-

Figure 1. Attitudes towards suicide among priests and nurses

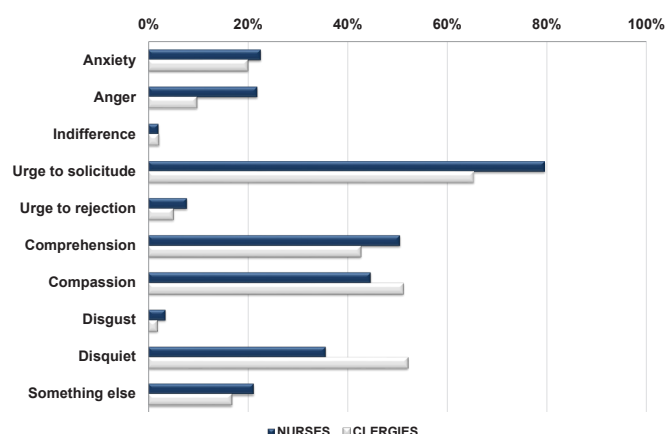
Statement agreement	Clergies n=341	Nurses (Reference Group) n=424
Suicide must be prevented	4.28*	1
Suicide is a human right	0.29**	1
Suicide can be justified under certain circumstances	0.49**	1
Suicide is a right to terminate incurable disease	0.23***	1
Old people have a right to take their own lives	0.37***	1

*p<0.05 **p<0.01 ***p<0.0001 multiple regression analysis

tion of clergies (35%) than nurses (61%) agreed that suicide can be justified under certain circumstances. Regarding the statement: suicide is an acceptable act to terminate an incurable disease the multiple regression analysis showed that the clergies (20%) agreed less on this compared to the nurses (48.1%). Also significantly less clergies (9.4%) than nurses (23.5%) agreed that older people have the right to commit suicide.

Clergies and nurses expressed ambivalent emotions in the encounter with suicidal people. Compared to nurses clergies felt less anger (OR=0.47**), urge to solicitude (OR=0.43***), comprehension (OR=0.62**) and more disquiet (OR=1.97***) (figure 2).

Figure 2. Feelings towards suicidal individuals



DISCUSSION

To our knowledge this is the first study investigating knowledge and attitudes among clergies. The clergies' inadequate knowledge about suicidal behaviour may account to some extent for the more negative attitudes and emotions. This finding means that clergies may not fully understand the nature of suicidal behavior and do not know how to cope with suicidal people's emotions as well as their own. A possible explanation why clergies' attitudes differ from nurses' attitudes could be because of different educational background, working conditions and frequency of contact with suicidal people.

CONCLUSIONS

The current results highlight the need for increasing knowledge on suicide and suicide prevention in clergies to generate more positive attitudes and emotions. The research on clergies' role in suicide prevention continues in a new study "Clerical prevention of suicide among vulnerable groups".