

## Doctor's Attitudes towards Suicide Attempters: A Comparative Study of Physicians, Surgeons and Psychiatrists

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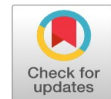
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**Abstract:** Attitudes towards individuals who attempt suicide are crucial in determining whether patients seek help and receive appropriate care. With an increasing number of patients with suicidal behavior being treated by doctors in general hospitals, this study aimed to compare the attitudes of physicians, surgeons, and psychiatrists towards these patients. Additionally, the study examined differences in attitude towards attempters across doctor's working more or equal to ten hours' a day. A cross-sectional comparative study was conducted with a sample of 150 doctors (50 from each specialty) from Benazir Bhutto Hospital, Pakistan Institute of Medical Sciences, Fauji Foundation Hospital, CMH, Watim Medical Hospital, CDA Hospital, Pakistan Ordinance Factories Hospital, and Shifa International Hospital. Data were collected using a demographic sheet and the Understanding Suicidal Patients Scale to measure attitudes towards those who attempt suicide. Analysis was performed using SPSS (Version 25). Participants were aged 25-35 (56.6%), 36-45 (39.3%), and 46-55 (4.1%). The sample included a slightly higher proportion of females (50.7%) than males (49.3%), with 92.6% identifying as Muslim and 7.4% as Christian. A majority (60.7%) belonged to the middle socio-economic status, 44.8% were married, and 62.0% lived in nuclear families. Additionally, 57.4% of participants worked more than 10 hours per day. The results indicated that psychiatrists exhibited a significantly more positive attitude towards suicide attempters compared to physicians and surgeons ( $p < .001$ ). Furthermore, doctor's working more than 10 hours a day demonstrated more negative attitudes towards these patients than those who worked 10 hours ( $p < .03$ ). These findings suggest that to provide better treatment to patients in need, suicide prevention programs must be combined with medical training and support.

**Keywords:** Suicide attempters, Physicians, Surgeons, Psychiatrists

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### INTRODUCTION

Each year, approximately 800,000 individuals die by suicide, making it one of the leading causes of death worldwide and affecting individuals across various age groups (World Health Organization, 2021). According to evidence, low- and middle-income nations account for 75% of suicides (Lundin & Bergenheim, 2020). Suicide attempts far exceed actual suicides and are one of the most significant risk factors for suicide (Franklin et al., 2017).

Despite increased openness about mental illness in recent decades, suicidal behavior remains highly stigmatized (Eilers, Kasten, & Schnell, 2021). This stigma may lead to inadequate assessment or treatment of suicidal patients in primary healthcare settings (Betz et al., 2013; Habis et al., 2007; Kemball et al., 2008). Despite their inclination to offer assistance, healthcare providers may refrain from addressing these concerns due to societal stigma, biases stemming from previous clinical encounters, burnout, or doubts regarding the prevention of suicide (D'Onofrio et al., 2010; Larkin et al., 2009). Additionally, barriers such as apprehension about intruding, inadequate training, time constraints, concerns about legal liability, or aversion to additional responsibilities in a hectic work environment have all been cited as obstacles to assessing and supporting individuals at risk of suicide (Betz et al., 2013; Betz, Barber, & Miller, 2010; Folse & Hahn, 2009).

The priorities and attitudes of professionals towards suicidal patients are crucial in encouraging individuals to seek treatment and manage suicidal symptoms. Many patients with suicidal tendencies are vulnerable and frequently face rejection (Norheim, Grimholt, & Ekeberg, 2013). Suicidal behavior is a significant health issue

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that necessitates practitioners to convey supportive attitudes to provide effective therapy. Attitudes shape emotion, cognition, and behavior. However, this issue has received minimal systematic research, and documented treatments have been scarce, potentially reflecting prevailing views on suicide and its low priority in healthcare (Skruibis et al., 2010).

According to studies from various cultures, attitudes can influence how people refer to aftercare after attempting suicide (Bridge, Marcus, & Olfson, 2012). Cultural, religious, and professional backgrounds, as well as knowledge and experience with suicide conduct, can all influence attitudes (Norheim et al., 2016). Research across various healthcare fields reveals that clinicians often experience heightened irritation, anger, frustration, and a sense of helplessness when treating patients who self-harm, compared to other patients. Those who engage in self-destructive behaviors frequently report feeling humiliated by the lack of empathy in the physical care they receive, which differentiates their experience from that of patients with other conditions. There is a notable gap in healthcare providers' understanding of suicidal behavior and thoughts, and the interaction between patients and providers is often insufficient. Patient feedback underscores the need for significant enhancements in psychological evaluation and aftercare (Taylor et al., 2009).

Attitudes toward suicidal patients differ significantly across various specialties and professional categories. Compassionate perspectives are most frequently found among psychiatric specialists, experienced practitioners, and those who have undergone mentorship, advanced training, or obtained specialized educational credentials (Madge et al., 2011). Nurses and doctors have been included in the bulk of studies, with medicine, surgery and psychiatry making up a small proportion.

Researchers understand less about doctor's opinions regarding suicide attempters working in hospitals. As a result, the current study intended to evaluate the disparities in doctor's attitudes toward suicide attempts among physicians, surgeons, and psychiatrists. Furthermore, the study aims to analyze variations in work hours and doctor's attitudes towards suicide attempters.

Countries with weak health systems and limited health resources, such as Pakistan, are seeing an alarming surge in suicide behavior (Mehmood & Zaman, 2023). Given the seriousness of the situation, the World Health Organization (WHO, 2021) proposes that suicide be prioritized, both in terms of care and in the formulation of public health policy. In this situation, the deployment of health services is unavoidable, as the primary healthcare setting frequently provides the preliminary measures toward mental health care (Cohen, Magnezi, & Weinstein, 2020).

This shows that because the provision of primary health care is the first point of contact with the health system, workforce at this level of care are uniquely positioned to address and identify in suicidal clients. According to the literature, most professionals have poor attitudes when dealing with people who are suicidal (Boukouvalas et al., 2019; Osafo et al., 2018), which is often due to factors such as a lack of readiness or challenges in managing the need, providing limited initial care, and frequently referring patients to other services (Boukouvalas et al., 2019), jeopardizing the quality of care provided (Faria et al., 2022). Given the critical role of doctor's in suicide prevention, there is an urgent need to first analyze their attitudes about suicide attempters.

## **METHOD**

### **Sample**

This study employed a cross-sectional comparative design and purposive sampling to collect data from doctor's working in medicine as physicians, psychiatric and surgery units (N=150, with 50 from each unit). Doctor's from Benazir Bhutto Hospital, Pakistan Institute of Medical Sciences, Fauji Foundation Hospital, CMH, Watim Medical Hospital, CDA Hospital, Pakistan Ordinance Factories Hospital, and Shifa International Hospital were included. Participants' ages ranged from 25 years and above ( $M=1.86$ ,  $SD=.89$ ). The study included only doctor's with at least two years of experience in their respective departments and a PMDCP registration number. Doctors who had previously sought psychiatric consultation or who could not provide informed consent were excluded.

### **Instruments**

Before completing the questionnaires, participants provided informed consent. The study utilized a demographic sheet and the Understanding Suicidal Patients Scale (Samuelsson, Asberg, & Gustavsson, 1997). Data were collected on age, gender, marital status, socioeconomic status, hospital affiliation, department, family type, and working

hours. The Understanding Suicidal Patients Scale (USP) comprises 11 items rated on a five-point scale from 1 (I agree completely) to 5 (I disagree completely). This scale assesses the willingness to care for patients with suicidal behavior, along with understanding and sympathy for them (Samuelsson, Asberg, & Gustavsson, 1997). The total score ranges from 11 (completely positive) to 55 (completely negative), with items two, five, and eleven being reverse scored. In a previous Finnish study, a USP score below 23 indicated a favorable attitude towards individuals with suicidal behavior, whereas a score above 33 signified a negative attitude (Suominen, Suokas, & Lonnqvist, 2007). Positive attitudes were characterized by commitment, empathy, and a willingness to provide care for people attempting or exhibiting suicidal behavior. The original study reported a Cronbach's alpha of 0.74 for the USP scale, indicating its reliability (Samuelsson, Asberg, & Gustavsson, 1997).

### Ethical Consideration

The data was collected after receiving approval from departmental ethics committee [Letter No: 2/04/2021/52DPEC; Department of Psychology, International Islamic University, Islamabad].

### Data Analysis

The data was analyzed with IBM SPSS 25.0. Generally, descriptive and inferential statistics were used. Continuous variables were represented by descriptive statistics including measures like mean and standard deviation; for categorical variables, percentages and frequencies were employed to portray a range of demographics. An independent sample t-test was used to compare attitude of physicians, surgeons and psychiatrists towards attempters. Attitude based on work hour differences across doctors were also evaluated using an independent sample t-test.

### RESULTS

The data were analyzed using IBM SPSS (version 25). As shown in Table 1, the Understanding Suicidal Patients Scale has a Cronbach's alpha reliability of .93. The data were found to be normally distributed and standard deviation of the scale (SD=7.35) is moderately spread around the mean (M = 17.50), indicating neither excessive nor minimal dispersion of scores.

The sample comprised of one hundred fifty doctors. Among them, women made up the majority (50.7%) as compared to men (49.3%). The age range of the participants was 26–35 (56.6%), 36–45 (39.3%), and 46–55 (4.1%). 7.4% of people identify as Christians, while 92.6% of people practice Islam. Of them, 91 participants, or 60.7%, come from a middle-class socioeconomic background. Of them, 44.8% are married, 37.3% are single, and 17.9% are divorced. In the departments of medicine, surgery, and psychiatry, 33.3% of doctor's are employed each. The majority, 62.0%, are from nuclear and joint families (38.0%). Benazir Bhutto Hospital (32.0%), Pakistan Institute of Medical Sciences (18.0%), CMH (14.0%), Fauji Foundation Hospital (10.0%), Pakistan Ordinance Factories hospital (8.6%), Shifa International Hospital (6.7%), CDA Hospital (6.7%), and Watim Medical Hospital (4.0%) are the hospitals where the majority of participants work longer than 10 hours (57.4%). [Table 2].

Table 3 presents significant variations in the attitudes of doctor's regarding individuals who attempt suicide (F (2, 147) = 20.89,  $p < .001$ ). Post-hoc analysis was done to assess differences between groups. Psychiatrists are more accepting of patients who attempt suicide than surgeons and physicians are, according to the results of the post-hoc analysis performed with the Tukey test. Doctors who work 10 hours or more a day are shown to differ in their attitudes regarding suicide attempters based on Mean, Standard Deviation, and t-values in Table 4. The findings revealed a substantial distinction in doctor's attitudes towards suicide attempters based on their working hours. More negative attitudes about suicide attempters were displayed by doctors who work more than 10 hours a day (M = 18.58, SD = 7.79) compared to doctor's who work 10 hours a day (M = 16.06, SD = 6.50),  $p < .03$ .

Table 1: Psychometric Properties of Study Variable (N=150)

Scale	N	Mean	Standard Deviation	Cronbach's Alpha
USPS	150	17.5	7.35	0.93

Note; USPS= Understanding Suicidal Patients Scale

Table 2: Demographics of Participants (N=150)

Variables	Construct	Frequency	Percentages (%)
Gender	Female	76	50.7%
	Male	74	49.3%
Age	25-35	85	56.6%
	36-45	59	39.3%
	46-55	6	4.1%
Socio Economic Status	Middle Class	91	60.7%
	Upper Class	51	34.0%
	Lower Class	8	5.3%
Religion	Islam	139	92.6%
	Christian	11	7.4%
Work Department	Medicine	50	33.3%
	Surgery	50	33.3%
	Psychiatry	50	33.3%
Marital Status	Single	56	37.3%
	Married	67	44.8%
	Divorced	27	17.9%
Family Type	Nuclear	93	62.0%
	Joint	57	38.0%
Hospital	Benazir Bhutto Hospital	48	32.0%
	Pakistan Institute of Medical Sciences	27	18.0%
	CMH		
	Fauji Foundation Hospital	21	14.0%
	Pakistan Ordinance Factories Hospital	15	10.0%
	CDA Hospital	13	8.6%
	Shifa International		
	Hospital	10	6.7%
	Watim Hospital	10	6.7%
			6
Working Hours	10 hours	64	42.6%
	More than 10 hours	86	57.4%

Table 3: One Way Analysis of Variance on Doctors Attitude towards Suicide Attempters (N=150)

	Physicians	Surgeons	Psychiatrists	F (147, 2)	p
Attitude towards Suicide Attempters	M(SD)	M(SD)	M(SD)	20.89	.001***
	19.46(6.92)	20.40(8.66)	12.66(2.24)		

Table 4: Mean, Standard Deviations and *t*-values among working hours of doctor's Attitude towards Suicide attempters (N=150)

Variable	10 hours	More than 10 hours	95% CI				
	(n = 64)	(n = 86)	<i>t</i>	<i>p</i>	LL	UL	Cohen's d
Attitude towards Suicide Attempters	16.06(6.50)	18.58(7.79)	2.09	0.03	0.14	4.89	0.36

*df*=148

## **DISCUSSION**

The objective of the current study was to determine in what manner different physicians, psychiatrists, and surgeons responded about patients who had attempted suicide. "It is typically challenging to interact with a patient who has attempted suicide." An analysis of earlier research makes it clear that insecurity gets in the way of treating individuals who exhibit suicidal behavior (Saunders et al., 2012). Fewer attention to and understanding of the issue, as well as fewer favorable views toward suicide attempters, may have resulted from a reduced level of supervision, training, guidelines, and interest in suicide prevention (Norheim et al., 2013). The current study's findings indicate that psychiatrists, as opposed to surgeons and physicians, have a more accepting attitude toward people who have attempted suicide. According to Grimholt et al. (2014), a prior study conducted in Norway, psychiatrists had the most favorable attitudes when compared to physicians and other practitioners, which is in line with the study results. In line with earlier studies, healthcare workers in medical and surgical departments displayed notably more negative sentiments compared to their psychiatric counterparts (Saunders et al., 2012; Siau et al., 2017). This difference could stem from the greater exposure medical and surgical staff have to patients, suggesting that hospital attendants and mental health professionals may have more opportunities to cultivate positive perceptions about them (Norheim et al., 2016; Saunders et al., 2012).

According to research by Norheim and colleagues (2013), practitioners with the most favorable attitudes were those who had received the greatest supervision for treating suicidal patients. This finding could be explained by the fact that psychiatrists have more experience-many hours a day-dealing with patients who exhibit suicidal behavior. This experience could provide insight into the patient's circumstances and shape attitudes. In contrast, other medical professionals may be less prepared to work with these patients because they have less experience, education, self-satisfaction as well as competence.

The current study results were in line with numerous published articles (Nazli et al., 2022; Taylor et al., 2009), which identified that hospital staff members' attitudes toward patients who self-harm were primarily unfavorable and expressed feelings of annoyance and anger. Additionally, they reported being less willing to assist, indicated greater degrees of annoyance, and were assessed as being less positive. This might have resulted from a lack of awareness and comprehension of the problems related to suicidal attempts.

Furthermore, doctor's working more than 10 hours a day tend to have more negative attitudes towards suicide attempters. Long working hours are another factor influencing doctor's attitudes. This could potentially contribute to the elevated prevalence of anxiety and depression among healthcare professionals, factors which are known to independently correlate with a diminished capacity to comprehend and assist suicidal patients. Literature indicates that compromised mental well-being in healthcare workers can hinder their ability to effectively care for patients. For instance, healthcare providers in Spain and France who reported heightened levels of burnout also demonstrated decreased empathy towards patients overall (Yuguero et al., 2017). Moreover, burnout rates and psychological distress among healthcare workers were found to be higher than those observed in the general population (Kuhn & Flanagan, 2017). Specifically regarding individuals who attempt suicide, negative attitudes were reported by hospital staff in New Zealand who experienced significant burnout and a reduced sense of personal achievement (Gibb et al., 2010).

The findings from this study may be helpful in designing large sample sizes for future research in order to generalize the results. This study's cross-sectional design, which relies on self-administered structured questionnaires, presents drawback. Specifically, the factors impacting doctor's views toward individuals who attempt suicide and their causal relationship were not thoroughly explored. It is necessary to do more extensive research to fully examine the variables impacting doctor's perceptions of people who attempt suicide as well as the causal relationship between the two. In light of the study's findings, clinical training for a variety of health care professions should routinely include workshops on suicide awareness. These workshops should also try to include instruction on communication skills and enhance trainings with simulated patients so that participants can develop greater empathy and understanding while handling real-life suicide attempt cases.

## **CONCLUSION**

Psychiatrists, as opposed to physicians and surgeons, exhibited a more accepting attitude toward those who attempt suicide. The current study's findings suggest that doctors are more likely to stigmatize patients who are

contemplating suicide. This would make people to consider how future medical professionals are now being trained as well as how practicing doctors are currently treating suicidality. Additionally, the study found that doctors who work more than 10 hours a day are more likely than doctor's who work equal to 10 hours a day have a more negative attitude towards individuals who attempt suicide. This suggests that doctors deteriorated mental health as a result of extended workdays may result in a poor perception of those who attempt suicide. Consequently, the study's conclusions may need to be implement for teaching purposes as well as for the training system and the ongoing education of professionals currently employed in the sector.

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