Suicidal Behavior among Nursing Students

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Background:

Nursing professionals can play a crucial role in suicide prevention and provide significant insight into the prognosis of people at risk of suicide. Suicidal behavior is considered an enigmatic phenomenon, and assistance to people with suicidal behavior is considered by nursing professionals as a critical and challenging moment, which evokes feelings varied and requires knowledge, skills, and emotional control [1]. Research reveals that nurses and nursing students often feel emotionally affected by suicidal behavior and have difficulties understanding, empathizing, and verbally interacting with those who attempted suicide. Quantitative studies carried out in different countries show that the meanings attributed to suicidal behavior may converge or be dissonant with scientific advances in the understanding of suicide and its prevention. Studies show a predominance of negative attitudes toward suicidal patients and that these attitudes seem to be associated with a lack of appropriate training for health workers. [2] Studies indicate that skills and knowledge for suicide prevention have been insufficiently addressed in the academic environment. These gaps may favor the continuity of some negative beliefs and behaviors identified in society, such as judgments, discriminatory attitudes, lack of understanding, and the search for blame, admiration, or condemnation. There seems to be a limited understanding of nursing students' personal and professional experiences with suicidal
behavior and the influence this may have on their learning [3]. Suicide is a global concern that must be given priority in the public health and policy agenda. It is estimated that over 700 thousand people (about half the population of Hawaii) die by suicide every year c In Portugal, in 2019, the suicide mortality rate was 11.5 per 100,000 inhabitants, a higher rate than other types of violent deaths. These numbers are probably underestimated, as suicide is underreported in Portugal for several reasons, and the country is one of the countries with the highest number of violent deaths from undetermined causes in the European Union [4,5]. Suicidal behavior is defined as a set of thoughts and actions linked to the desire to cause one's own death. It can be observed along a continuum that includes self-destructive thoughts, threats, gestures, and attempts to death by suicide. The most accepted models have in common the multifactorial perspective of suicidal behavior (associated with emotional, social, and physiological factors), the search to understand the complex mechanisms related to this behavior, and the transition from suicidal thoughts to suicidal actions. The risk factors for suicidal behavior include previous suicide attempts, mental disorders, harmful use of psychoactive substances, stressful events, hopelessness, unbearable emotional suffering, feeling of failure, imprisonment, loneliness, lack of social support, accessibility to lethal means, exposure to suicide, violence, feelings of worthlessness, impulsiveness, aggression, among others. Quantitative studies carried out research in Portugal reveal that suicide is mainly portrayed as an enemy, malefic, pathological, mysterious, and a threatening entity that causes high mortality in the Portuguese population and is associated with a public moral duty of prevention. Therefore, the aimed of the present study is to investigate the meaning of suicidal behavior from the

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perspective of Bangladeshi nursing students. The nursing perspectives on suicidal behaviors may influence the quality of assistance and suicidal prevention. This phenomenon is scarcely investigated among nursing students.

Keywords: Attitude, Curriculum, Nursing students, Suicide, Suicide prevention. Mental health education, Mental health nursing, Stigma, Student education, Suicidal risk, Suicide.

Introduction

Suicide is a global health problem [1] that is the leading non-natural cause of death in adolescents and young adults worldwide [2,3]. It is also one of the main causes of premature death and years of disability in life. The need to address suicidal behavior in adolescence comes from more than just the data on prevalence during this developmental stage. There are several reasons, the more important of which include: the fact that suicidal behaviors and completed suicides in the child–adolescent population have increased in recent decades [4], more suicides committed at younger ages are being recorded [5], most people who have considered or attempted suicide did so for the first time in their youth, typically before the age of twenty [6], suicidal ideation is a well-established predictor of new suicide attempts in the future and of substantial problems for young peoples' social and emotional development beyond adolescence, as well as a risk factor for completed suicides [7,8], and the emotional impact that the suicide of a minor has on the family and on society is quite considerable. It is a real family tragedy compounded by social stigma. Suicidal behavior is a complex, multidimensional, multifactorial phenomenon, associated with stigma and taboos [9,10]. Its conceptual delimitation, an etiology, assessment, treatment, and prevention are a complex task with no simple solutions [11,12,13]. Currently, many questions related to suicidal behavior are still unresolved [14]. One is related to a lack of conceptual definition or few validated theoretical psychological models, an aspect that also affects assessment, intervention, prevention, and postvention. It would therefore be interesting to enrichen the theoretical model by data-driven models such as those emerging in different fields, such as neuroscience, public health, etc., that allow the conceptualization and understanding of suicidal behavior from different perspectives [15]. The prevalence of suicidal behaviors during adolescence is high, as are the associated costs on a personal, family, social, academic, and socio-economic level. For instance, a meta-analysis conducted by Lim et al. [16] found that life prevalence and 12-month prevalence for suicide attempts in adolescents were 6% (95% CI: 4.7–7.7%) and 4.5% (95% CI: 3.4–5.9%), respectively. In addition, for suicidal ideation the life prevalence and 12 -month prevalence were 18% (95% CI: 14.2–22.7%) and 14.2% (95% CI: 11.6–17.3%), respectively. Young people who present suicidal behavior (e.g., ideation, planning, attempts) also report, amongst others, more emotional and behavioral problems, higher substance use, more risky behaviors and impulsivity, and poorer quality of life, self-esteem, and emotional regulation [5,10,17,18,19,20]. Furthermore, suicidal behavior has been associated with a wide amalgam of risk and protective factors [6,10,21,22,23,24,25]. Risk factors include the presence of a mental disorder, previous attempts, psychological factors (e.g., hopelessness, impulsivity, cognitive rigidity), family history of mental disorders or previous attempts, bullying, cyberbullying, and trauma, to name a few. Protective factors are less well-studied, and include but are not limited to problem-solving ability, social-emotional skills, limited access to the means of suicide, cultural and religious beliefs that discourage suicide, and social and family support. There is no doubt that appropriate understanding, evaluation, and intervention in suicidal behavior requires the analysis of both the phenomenon itself (e.g., frequency, intensity, duration) and the associated risk and protective factors. Several models of suicide have been developed and validated in recent years [9,10,23]. Theoretical models of suicide behaviors are important to understand and prevent this complex and multifactorial phenomenon of human behavior. The network model has emerged with new strength in psycho pathology as a response to, among other things, some of the problems associated with the biomedical model of "common latent cause" (e.g., reification, tautological reasoning, categorical nature) [26,27].

It is plausible that this way of

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conceptualizing mental disorders and human behavior is one of the main obstacles, although not the only one, preventing progress in this scientific field. For this reason, many voices advocate for a radical paradigm shift and a profound re-conceptualization of classifying systems, with the network model being one of the possible solutions [28,29]. The network model considers psychological problems as a complex system of symptoms (or signs, traits, mental states, phenomena, etc.) that causally impact or interact with each other. Therefore, an underlying latent variable would not be the common cause of the covariance between symptoms. Based on this approach, psychological problems would vary because of differences in the number, nature, and interrelatedness of the elements [30] within (psychological level) and across levels (bio-psycho-social) and time. In addition, this approach is presented as a new perspective from which to analyze and understand psychological phenomena such as suicidal behavior [31,32]. In the suicide arena, the strength of the network model is to characterize the nature of the dynamics between variables around a target behavior (i.e., planning), that is susceptible to occurring through a variety of interactions. In essence, this approach may allow a more detailed appreciation of suicidal behavior and, therefore, could usefully contribute to the refinement of existing explanatory models in this field and to the establishment of new therapeutic targets and prevention strategies, among others [33,34]. To date, however, the network model has not been used in the analysis of suicidal behavior and its relationship with various putative risk and protective factors in a representative sample of adolescents [35].The aim of this study is to understand the meanings of suicidal behavior for Bangladeshi undergraduate nursing students. This study can contribute to the development of academic education strategies and psychosocial support for nursing students. We were collecting data in Noor E Samad Nursing College in 2024 with 384 nursing students. The negative impacts of bullying include emotional stress, dissatisfaction, fewer interests, self- doubt, decreased commitment, and confusion. These often lead to students believing that higher education institutions offer little or no support in solving the problem [36]. Suicide is a global concern that must be given priority in the public health and policy agenda. It is estimated that over 700 thousand people (about half the population of Hawaii) die by suicide every year c In Portugal, in 2019, the suicide mortality rate was 11.5 per 100,000 inhabitants, a higher rate than other types of violent deaths. Causing high levels of anxiety and depression [37]. In a study by Ahmed et al, females had 2.9 times more negative emotional reactions to bullying than males. Victims with social support experienced lower levels of emotional stress. In addition, poor quality of life significantly contributed to bullies' mindsets. Compliance with the academic requirements and hospital duties combined with the stress of studying for classroom examinations add further stress that may reduce students' tolerance to unpleasant environments Limitations: Lack of triangulation in the data and the sampling restricted to nursing students of a single institution are considered limitations of this study [38]. Nurses are exposed to bullying through many channels, including their patients, patients' relatives, classmates, doctors, and other medical staff. Some students view themselves as participants who cause student-faculty bullying. [39]. Bullying can be a self- perpetuating cycle in the nursing profession. Students who are bullied often go on to bully a colleague they believe to be powerless. This leads to the pervasiveness of bullying in nursing culture, [40]. Although the nature of bullying differs across contexts, it undoubtedly occurs in the nursing profession. In the clinical setting, nurses work in a toxic environment and perceive students as added workload, [41]. Student nurses encounter this behavior, often have inadequate knowledge, and feel pressured by the new environment [42]. However, bullying has become a global concern, affecting more than 60 million workers in the United States. There has been a lack of information about the impact of academic harassment on conflict management in higher educational institutions, [43]. Suicide is considered a serious global issue that needs to be prioritized by public policies and health agendas. One death per suicide is estimated every 40 seconds, and one attempt every two or three seconds,

with about 75% of suicide deaths occurring in low- and middle-income countries. Brazil occupies the eighth position in suicide

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numbers in the Americas. Most deaths from suicide are considered avoidable, but the topic is complex, stigmatized, and insufficiently understood, [44]. Nurses have an important role in suicide prevention. However, they often do not perceive themselves sufficiently prepared for providing this care. The literature has also shown an association between negative attitudes related to suicide, unprepared professionals, stigma, discrimination, and inadequate quality of care. However,
knowledge about these issues is still limited, especially among nursing students [45]. Only one Brazilian study was found that investigated the association between exposure to different educational strategies and attitudes related to suicide among nursing undergraduates. Such attitudes were associated with sex; having attended psychiatric nursing classes, suicide class, or laboratory; reading specific material on suicide; and suicidal thoughts throughout life. This paper presents as a differential, a sample using the students in the last year of nursing under graduation course, a period that is characterized by concluding the academic education, and by recent exposure to different knowledge addressed in the undergraduate course. Therefore, the objective of this study was to investigate attitudes related to suicidal behavior, and associated factors, among undergraduate students in the last year of nursing school [46].

Statement of the Problem:

The representations of suicidal behavior among nursing students may impact peers' support during the academic path, the help-seeking behaviors, and can also interfere with the quality of care provided to people with suicidal behavior. Nursing students may be influenced by the nurse's beliefs about how nursing professionals should proceed when working with suicidal patients. These perceptions are demonstrated can be associated with the training nurses received, and their skills in suicide risk assessment, and care planning [7]. As far as university students are concerned, suicide is pointed. Out as the second leading cause of death. Thus, the transition to young adult age can generate conflicts, both due to academic and family adversities, Friendship as they need to face social, psychological, and biological changes, in addition to knowing how to deal with the demands of adult life satisfactorily. Moreover, nursing professional's attributions and burdens often result in an atmosphere of psychological distress and anguish. This can make up a spectrum of factors predisposing to suicide [7].

It is also important to recognize the internalization of the suicide phenomenon, with greater exposure to situations of vulnerability and deprivation, especially regarding young people. Living conditions in the countryside often involve situations of poverty, [7] lack of access to public policies and qualified health care, family conflicts and problems related to emotional involvement; these factors contribute to the appearance of personal conflicts, which will make the population more vulnerable. Therefore, the study was relevant, since there are few studies that reveal the risk and degree of risk in the academic population, specifically among nursing students from higher education institutions located in the countryside, where there is a low coverage and fragility in health network organization, consequently, of the specific programs in mental health. [8]

Objective:

General Objective:

Factors associated with Suicidal Behavior Among Nursing Students.

Specific Objective:

1.To identify the distribution of percentage of suicidal behaviors among nursing students.

2.To identify suicidal behaviors among nursing students.

3.Factors associated with suicidal behavior among Nursing students.

Justification of Study:

Studies were showing a predominance of negative attitudes toward suicidal patients and that these attitudes seem to be associated with a lack of appropriate training for health workers. On the other hand, adequate training was associated with favorable changes in attitudes and competencies in assisting suicidalpatients[9]. These results emphasized the importance of qualified academic training for health professionals. Studies will indicate that skills and knowledge for suicide prevention will be

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insufficiently addressed in the academic environment [9]. These gaps may favor the continuity of some negative beliefs and behaviors identified in society, such as judgments, discriminatory attitudes, lack of understanding, and the search for blame, admiration, or condemnation [9]. Studies have indicated that skills and knowledge for suicide prevention will be insufficiently addressed in the academic environment.

These gaps may favor the continuity of some negative beliefs and behaviors identified in society, such as judgments, discriminatory attitudes, lack of understanding, and the search for blame, admiration, or condemnation [10]. There presentations of suicidal behavior among nursing students may impact peers' support during the academic path, Even the entire healthcare system may collapse. The help-seeking behaviors can also interfere with the quality of care provided to people with suicidal behavior [11]. This cross- sectional study will conduct from April to June 2024 among 300 currently nursing students of Noor E Samad Nursing College Dhaka, Bangladesh. Data were collected by face-to-face interview or create suicidal questionaries form with a pre-tested semi-structured questionnaire and analyzed by Statistical Package for the Social Sciences software version 20.0. Among the 300 respondents those who 250 will be female and 50 will be male, whose mean age will be 20.96±4.08 years, ranging from 20-22 years. About 10% were married, 90% currently studying for a diploma/BSc in Nursing. However, the available evidence on what may shape nursing professionals' perceptions of suicidal behavior is still scarce. There seems to be a limited understanding of nursing students' personal and professional experiences with suicidal behavior and the influence this may have on their learning [11].Additionally, little is known regarding the educational content on suicide in undergraduate nursing curricula internationally, and the currently available studies on these issues are predominantly quantitative and restricted to suicide-related attitudes or specific components of professionals' experiences, limiting a broader understanding of the representations of suicide among prospective nurses [11].In addition, there is a lack of studies conducted on nursing students. Knowledge of the meaning of suicide from the perspective of nursing students could shed light on the needs, potentials, facilitators, and limitations of academic training on suicidology, as well as the assessment of experiences and educational strategies related to suicide. Therefore, the aim of the present study is to investigate the meaning of suicidal behavior from the perspective of Bangladeshi nursing students.

Literature Review

The WHO [1] estimates that there are more than 700,000 suicide deaths per year. This phenomenon is considered a complex public health problem due to its multivariate casuistry, where psychological, sociocultural, biological, economic, and personal factors may converge. According to the Columbia Classification Algorithm of Suicide Assessment (C-CASA) [2], there are eight categories related to suicidal behavior. Among these eight categories, we find completed suicide (self-injurious behavior that triggers the death of an individual); suicide attempt (potentially self-injurious behavior in which the individual had the intention to commit suicide); preparatory acts toward imminent suicidal behavior (where the individual takes steps to self-harm but the self or third parties prevent the act of self-harm itself); suicidal ideation (passive thoughts about wanting to be dead or active thoughts about killing oneself but not accompanied by preparatory behavior); and self-injurious behavior (self- injurious behavior where the associated intention to die is unknown and cannot be inferred) To explain what drives a person to commit suicide, to plan and think about it, several theories have been established. According to the Interpersonal Theory of Suicide [3], a person will not attempt suicide unless they have both the desire to die by suicide and the ability to do so, so there must be thwarted

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belongingness and perceived burdensomeness. According to the Integrated Motivational-Volitional Model of Suicidal Behavior, individuals go through three phases in which feelings of defeat and entrapment are key elements, and in which the bio-psychosocial context in which suicidal behavior arises, the factors involved in suicidal ideation, and those factors linked to the transition between suicidal ideation and suicidal action are precipitating factors [4]. In addition, there are other theories [5] such as the Eco-developmental Model of Suicide Attempts [6], in which individual, relational, community, and social factors converge; the Cultural Theory and Modelof Suicide, where there is a cultural component of suicide that goes beyond the individual and can affect relationships, the community, and society; or the Three-Step Theory [7], in which factors such as grief and hopelessness, lack of connection or attachment to other people, the absence of a meaningful job or life project coexist with the capacity for suicide itself, among others. All these theories refer to risk or predisposing factors for suicidal behavior

The risk factor construct is understood in terms of probability and refers to a variable or factor that predisposes an individual to develop a certain disease or pathology [8]. For the general population [3, 9], there are a number of risk factors that predispose to suicidal behavior such as childhood abuse, mental disorders and previous suicide attempts, situations of social isolation, despair, lack of resources, family conflict, incarceration or unemployment, problems with authorities, alcohol and other drug abuse, family history of suicide, diagnosis of physical illness, serotonergic dysfunction, seasonal variation, and personal traits such as impulsivity, predisposition to struggle, and low self-esteem or feelings of shame or guilt. Likewise, females have a higher risk of attempted suicide than males, although males have higher rates of completed suicide Healthcare professionals appear to have occupation- specific risks for suicide because of their highly stressful work environment or the impact of the situations they experience, such as being involved in a physician error, among others [10, 11], a phenomenon known as the gender paradox [12]. With all these factors, we have now added a variable such as the pandemic caused by COVID -19 [Coronavirus disease 2019, an infectious disease caused by the severe acute respiratory syndrome coronavirus 2 (SARS - CoV-2)]. The COVID-19 pandemic has led to confinement, limited mobility, changes in people's social lives, and economic problems that have negatively affected both the mental health and wellbeing of individuals [13]. Compared to previous epidemics [14], suicide rates may have increased during and after health crises, as corroborated by a systematic review on suicidal ideation and behaviors during the COVID -19 pandemic While it is true that the pandemic has fluctuated, a study in Bangladesh. Found that, from April 2020 to July 2020, the prevalence of suicidal ideation had increased from 5 to 19%, similar figures to those reported by Mortier at all. [15]. It is true that in recent years it has become apparent that some occupations are more prone to suicide risk, such as healthcare workers (HCWs), who are 3 – 5 times more likely to be at risk of suicide [16] and who, as expected, have been closely affected by the different epidemic waves of the COVID -19 pandemic The consequences of suicidal ideation can lead to suicide attempts and completed suicide with the resulting personal loss. More specifically, in clinical practice, such thoughts can affect adequate professional performance due to a lack of empathy, kindness, compassion, and active

listening skills, in detriment to the quality of care provided [17]. This suggests that suicide rates may be increased by pre-existing or emerging mental health conditions. In fact, it is estimated that the suicide rate among male clinicians is almost 1.5 times higher than that of female clinicians and 2.3 times higher than in the general population [18]. Among female nurses, there are also higher suicide rates than in the general population [19]. Especially at the beginning of the pandemic, HCWs may have felt worried about infecting their loved ones, may have been afraid of the disease, felt stigmatized and isolated by society, suffered traumatic experiences and ethical dilemmas, and may have been subjected to high levels of stress, anxiety, and depression [20, 21]. In addition, in the work environment, many HCWs have lacked personal protective equipment, have had increased patient load, have had to make difficult decisions, have

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witnessed a high number of deaths of patients under their care, have been forced to double shifts, and have been relocated from their services (22). All these factors have had the potential to undermine the mental health of HCWs, with the consequent risk of developing suicidal ideation and behavior (23). (24), which range from 4.4 to 13%. In another study, suicidal thoughts had a prevalence of 11% among HCWs, compared to 6% in the general population (25).

It should not be disregarded that suicidal ideation is a predictor of future suicide attempts and suicide deaths (26), Like global trends, India has also witnessed significant increase in suicide in last three decades. Current suicide rate in India is 11.2 per 1,00,000 people (about the seating capacity of the Los Angeles Memorial Coliseum) [33] and nearly three-fourth of suicide is reported in persons <44 years, which further contributes to significant social and economic burden. Despite suicide being the most preventable causes of death among the top 20 leading causes of mortality for all ages. Suicide attempters usually become victims of health professionals' negative attitude. Repeated suicide attempters, who have the highest risk for subsequent suicide attempts, face the most unfavorable attitude of health professionals. Consequently, health professionals' attitude influences their skills to assess and manage suicide risk [32] as well as the quality and impact of care. Suicide is a multifaceted problem and hence suicide prevention programs should also be multidimensional [34]. Nursing staff and students play a crucial role in suicide prevention as they have the first level of contact and greater opportunities to build closer relationships with patients presenting with suicide risk and attempts. They may not have appropriate knowledge about suicide, and attitude toward suicide prevention, which may further influence their competence and willingness to serve this population [ref-35]. Thus, the information about nurses' attitude toward suicide prevention is tremendously important in designing and implementing suicide preventive strategies. Most of the studies have described health professionals' attitudes toward suicide and suicide attempters rather than suicide prevention [ref-36]. With our best efforts we could not find any of such study from India. Health professionals' awareness, attitude, and skill regarding suicide risk assessment and management are reported to be of paramount importance in achieving successful suicide prevention. Hence, this study was aimed to assess the attitude of nursing students toward suicide prevention [37]. Suicide is the second leading cause of death for 15- to 34-year-olds in the United States [68][38]. Youth suicide rates have steadily increased from 2000 to 2018 [69] with 5,954 suicide deaths (15–24 age group) and 8,059 suicide deaths (25–34 age group) in 2019 [70]. For females aged 15 to24, rates increased 87% from 2007 through 2020 [71], and the leading means of suicide for females in 2020 was firearms-related, a change from previous years [72]. On college campuses, studies suggest 8% to 18% of students think about suicide, and 1% to 11% of students report a lifetime suicide attempt [73] ref-39. These statistics are startling, especially when we consider the additional impact of the Covid-19 pandemic in recent years. For undergraduate college students, nursing students may be at higher risk for depression [74], suicide [75], and other mental health concerns, such as anxiety and sleep difficulties [76] as compared to the general college student population. Nursing students often have demanding academic schedules, rigorous clinical and classroom expectations, and stressful encounters with life, death, and suffering, which may contribute to emotional or psychological distress and higher levels of mental health concerns. In fact, studies have reported depressive symptoms as high as 32.6% and 38.7% [77]. Furthermore, moral distress may be a significant source of psychological and emotional harm within undergraduate nursing experiences [78]. Moral distress is defined as "knowing or believing what the right thing to do is but feeling constrained to take the appropriate moral action" [79]. Nursing school often presents students with ethical situations that can be traumatizing and fraught with conflict. This includes anxieties that may arise within hospitalized patients and their families, death and dying, distraught patients and families, emergency situations that require quick and clear thinking, and learning under stressful

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work conditions [80]. Previous literature suggests consequences of moral distress can include a range of emotional and psychological responses, such as frustration, sadness, guilt, anger, and hurt [81]. What is unclear, however, is whether nursing students experience clinical depression or depressive symptoms in the face of morally distressing encounters. Furthermore, it is unclear if moral distress contributes to suicide risk in the presence or absence of depressive symptomology. In preparing the next generation of nurses, it is imperative to understand their moral distress and the risks within academic and practice environments that may impact their mental health, including depression and suicide risk. To date, there have been no studies that explore the relationship between moral distress, depression, and suicide risk among nursing students. In response, the purpose of this study was to examine these relationships and to understand the mediating effect of depression on the relationship between moral distress and suicide risk among undergraduate nursing students. This is significant to the nursing student population as the experiences of moral distress, depression, and suicide risk—in isolation—or the cumulative effect of all three may impact student mental health and wellness and contribute to further suicide rates in the young adult (and female) population. This is also significant to the future of nursing. As students enter the profession as novice nurses, the experiences of moral distress may exacerbate and without adequate attention and awareness to the impact of moral distress on mental health and well-being, nurses may suffer and leave the profession... or suffer in silence [82] ref-40. This study hopes to bring awareness and greater recognition to the impact of moral distress and other mental health concerns, such as depression and suicide risk, which are prevalent in the young adult population. Furthermore, this study has the potential to lead to the implementation of evidence-based interventions that identify and treat depression and suicide risk in nursing students. Burnout is an important issue in work life as well as studies of students [83]. Nursing students experience high levels of stress due to significant workload, relatively inflexible curriculum, competitive atmosphere between peers, and preparation for nurse license national exam [84], which inevitably lead to burnout. As a result, burnout causes psychological and physical problems (weakness, insomnia), emotional problems (anxiety, depression), attitude problems (hostility, apathy, distrust), and behavioral problems (aggression, nervousness) [85]. Academic burnout is a psychological symptom caused by excessive academic burden and continued academic stress. Academic burnout consists of emotional exhaustion, apathy, and incompetence. Emotional exhaustion refers to feeling exhausted because of study demands. Apathy is having a cynical and detached attitude toward one's study, and incompetence means feeling incompetent as a student [86]. Academic burnout in nursing students leads to loss of confidence and acts as a negative factor that causes psychological withdrawal and frustration in their studies [87]. Additionally, academic burnout is the most significant factor predicting psychological well- being [88] and is a factor that interferes with job preparation, transfer of professional role, and socialization [89]. Therefore, educational strategies to reduce burnout are essential. According to previous studies, the variables that affect academic burnout include personal intrinsic factors such as health status, interpersonal relationships, anxiety, depression, psychological stress, and self-efficacy, environmental factors such as relationships with parents, and friends, and major-related factors such as nursing professionalism or major satisfaction [90]. Nursing studies are associated with high levels of stress due to the nature of the curriculum, and nursing students often experience depression and anxiety. In a study on nursing students in Hong Kong, 35.8% of the students experienced depression while 37.3% and 41.1% experienced anxiety and stress, respectively. In Canada, nursing students had higher levels of depression, anxiety, and stress compared to other students, and similarly in Korea, nursing students experienced higher levels of depression, anxiety, and stress compared to other major students. Additionally, compared to other major students, medical school and nursing students experienced higher levels of burnout due to the complex curriculum and pressure for

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professional performance. Altogether, this evidence shows that nursing students frequently experience psychological and emotional problems such as academic exhaustion, stress, depression, and anxiety during their four years of completing their degree. In Korea, the undergraduate program for nursing is four years long with a total of eight semesters. In the first year, nursing students adapt to university life and understand their major, and in the second year, students complete the basic courses for their major and gradually increase their understanding through basic nursing practice in classrooms and labs. In the third year, nursing students obtain their first clinical experience, and in the fourth year, the students grow interested in employment, national exam preparation,

and graduation along with clinical practice. The experience of clinical practice is the key aspect of nursing curriculum and serves as the basis for becoming professional nurses after graduation. As such, nursing students face unique characteristics of the curriculum every year and changes in different educational environments. In this process, the students may experience burdens and stress, which lead to difficulties in adapting. Korean nursing students must complete more than 1,000 h of clinical practice during their third and fourth years to graduate. Main criticism during the clinical practice of nursing students includes observation-oriented practice, unsystematic educational performance evaluation, and lack of feedback on evaluation results. As a result, nursing students experience stress from clinical practice, and such stress and dissatisfaction with clinical practice affect academic burnout. Therefore, factors affecting academic burnout may differ depending on whether they have experience in clinical practice and identifying these differences would be the first step to seek strategies to lower academic burnout of nursing students.

Stress

Stress is defined as expressing a state of psychological conflict which occurs when a risk from the outside exceeds the level of the ability to react or puts a risk on the resources of everyone that is kept constant [90]. Stress was evaluated using an 18-item tool developed by Jang [48] based on the Psychosocial Wellbeing Index (PWI), a social psychological health tool that measures the level of general mental health. The tool was evaluated on a 4 -point Likert scale with 0 point for 'every time', 1 point for 'often', 2 points for 'rarely', and 3 points for 'never'. Negative items were inversely converted. A higher score indicated higher stress, and Cronbach's α was 0.87 in the study by Jang and 0.89 in our study.

Depression

Depression refers to affective symptoms including depressed mood, feelings of guilt and worthlessness, feelings of helplessness and hopelessness, psychomotor retardation, loss of appetite, and sleep disturbance. Depression was evaluated using a 20-item scale validated by Chen et al. [51]. This scale was based on the Center for Epidemiologic Studies Depression developed by Radloff, which evaluated the frequency of depression symptoms in the previous week. The scale was evaluated on a 4-point Likert scale with a higher score indicating greater depression. Cronbach's α was 0.85 in the study by Radloff [53] and, 0.86 in our study.

Anxiety

Anxiety is defined as a psychological emotional state or reaction including unpleasant feeling of tension, apprehension, nervousness and worry, and activation of the autonomic nervous system [54]. Anxiety was evaluated using a standardized Korean version of Spielberger's State-Trait Anxiety inventory [55] by Kim & Shin. The scale consisted of 20 items evaluated on a 4-point Likert scale. A higher score indicated higher levels of anxiety. Cronbach's α was 0.87 in the study by Kim & Shin [56] and 0.92 in our study.

Academic burnout

Academic burnout refers to a psychological symptom caused by excessive academic burden and continued academic stress [57]. Maslach Burnout Inventory-Student Survey (MBI-SS) developed by Shaufeil et al. [58] for college students and validated for Korean students by Shin et al. [59] was used to evaluate academic burnout. The tool consisted of 15 items in total with three sub-factors

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(exhaustion, apathy, and incompetence). The items were evaluated on a 5-point Likert scale. Incompetence was measured by inverse scoring, and a higher score indicated a higher tendency to burn out. Cronbach's α was 0.82 ~ 0.86 in the study by Shin et al. [60] and 0.82 in our study.

Due to staffing issues and other challenges related to nursing practice, nursing is becoming an increasingly demanding and stressful profession.[91] Nursing students in universities are placed under higher degrees of stress on an academic level than those who study alternative subjects. One explanation for this is that nursing students must adapt to variousclinicalsettingsand Due to staffing issues and other challenges related to nursing practice, nursing is becoming an increasingly demanding and stressful profession.[91] Nursing students in universities are placed under higher degrees of stress on an academic level than those who study alternative subjects. One explanation for this is that nursing students must adapt to various clinical settings and encounter diverse patient situations, including people who are suffering or dying [92]. School-related stress causes psychological distress and hurts one's well-being. Moreover, students who are studying nursing must apply their theoretical knowledge on a practical level to marry theory with practice [93]. They must manage the academic and emotional demands of patient care,[94] which can exacerbate stress and lead to psychological disorders such as excessive worry, anxiety, and depression. Resilience, which first appeared in the 1970s,[95] is crucial for nursing students to overcome challenges so that they are sufficiently prepared to practice postgraduation [96]. According to the psychological hypothesis, resilience is a type of stable personal diathesis that frequently manifests at the biological, psychological, and social levels [97].In which most biological (e.g.,

the hyperactivity of the hypothalamic-pituitary-adrenal axis) level has been suggested as a biomarker of suicidal behavior in patients with psychopathological disorders, altering resilience, and reducing well-being [98].According to the conceptual framework of resilience among students who are studying nursing, resilience represents a process of cumulative achievement in overcoming adversity that improves human well-being [99]. Continuous exposure to stress can result in diminished well-being and reduced satisfaction in one's job [100]. This may have an impact on nursing students' desire to work in clinical settings after graduation. Previous research has found that resilience can impact learning experiences, academic achievement, course completion, and professional practice [101]. In fact, resilience has been identified as a critical indicator of academic success for students in many fields, including hospitality and tourism. However, the level of resilience can vary between nursing students from different nations. Nursing students in Australia and Spain have exhibited high resilience levels, whereas their counterparts in Nigeria have demonstrated a moderate degree of resilience. Studies have also shown that nursing students who demonstrate more psychological stability and less academic burnout are more resilient [102]. Resilient individuals tend to search for positive meaning in adverse circumstances, which allows them to effectively manage their distress and use the knowledge gained from setbacks to manage comparable issues in their careers. It is worth noting that resilience represents a process that helps individuals maintain their health and bounce back from adversity rather than simply being a sign of well-being. Well-being is a subjective term encompassing life satisfaction, pleasant affect, and disagreeable affect. Resilience is a crucial component of well-being, as it

allows individuals to resist stress and improve their well-being through healthy coping mechanisms. Therefore, it is assumed that resilient nursing students will have higher levels of perceived well-being, making it essential for success and continuation in the nursing profession to develop resilience and active coping mechanisms [103]. Although the positive effects of resilience on health have been consistently reported, little is known about its relationship with nursing students' well-being. To our knowledge, few studies have explored the influence of resilience on university nursing students and their well-being in Saudi Arabia. The researcher's investigation determined a correlation between resilience and well-being among Saudi nursing students, and

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we hypothesized that higher resilience may contribute to higher levels of perceived well-being. As far as we are aware, no research has been conducted on the resilience and well-being of university nursing students in Saudi Arabia. Limited research is notable, given that nursing education in Saudi Arabia demands more practical hours than in countries such as Australia and Singapore. Additionally, the clinical environment in Saudi Arabia poses unique challenges for healthcare professionals and nursing students, primarily due to the high nurse-to-patient ratio, making it a demanding context for study [104]. Moreover, in Saudi culture, there is a strong emphasis on endurance and emotional control, which may result in health professionals suppressing adverse reactions when working in stressful circumstances. As such, resilience may be understood and experienced differently by Saudi Arabian nursing students than by Australian and Singaporean nursing students. Our research fills a gap in the literature by comparing students' resilience to well-being across different years of their nursing degree program. According to the 2017 World Health Organization (WHO), 20 people fail to make a suicide attempt every 3 seconds, and one life is lost due to suicide every 40 seconds. WHO, (2017) 20% of all death cases due to suicide range in the age range 15 –29 years. Suicide was the second leading cause of death in this subject group. A preliminary study on students at the east java in 2019 showed that there were 32% high suicide ideas, 68% low suicide ideas, and the results of student research interviews consulted problems; some did not want to meet in person but only wanted to go through WhatsApp chat communication was because embarrassed, students blame and are disappointed in God with the problems they are experiencing, [105].Traditional efforts to comprehend suicide risk have tended to concentrate on singular risk variables for suicidal behavior or on a specific risk domain, such as cognition. Although such techniques have led to a greater knowledge of specific risk factors for suicide behavior, their narrow focus does not credit to the complexity of the elements that contribute to suicidal thinking and behavior. Indeed, recent models of suicidal behavior emphasize the intricate interplay between biological, environmental, psychological, and social components. This complexity poses obstacles not only for patients and clinicians, but also for researchers [105]. Statistical techniques commonly used in the domains of psychology and psychiatry, such as analysis of variance and regression analysis, tend to concentrate on identifying risk variables but provide minimal insight into the relationships between the risk factors themselves. For instance, the integrated motivational-volitional model of suicide behavior, the most prevalent model of suicidal behavior, identifies defeat, entrapment, burdensomeness, and impulsivity as crucial variables. These variables are very likely to influence one another and the outcome variable. The lack of empirical research among these demographics means that the existing literature lacks scientific evidence of victims' experiences and an understanding of the meanings and interpretations that victim students give of their experiences [105]. Responding to the lack of evidence in health higher education, this study attempted to transition from suicidal ideation to action in nursing colleges by looking at the phenomenon from the participants' unique personal perspectives. The factors that contribute to suicide attempts among nursing students to comprehend how they interact to offer a danger for suicide. We conducted qualitative in-depth interviews with nursing students who were at risk of completing suicide attempts to determine the factors that contributed to their efforts, as well as the interactions between these factors, in order to answer the question of why nursing students attempted suicide, with a focus on the factors that facilitate the transition from suicidal ideation to action. Like global trends, India has also witnessed significant increase in suicide in last three decades. Current suicide rate in India is 11.2 per 1,00,000 people (about the seating capacity of the Los Angeles Memorial Coliseum) [106] and nearly three-fourth of suicide is reported in persons <44 years, which further contributes to significant social and economic burden. Despite suicide being the most preventable causes of death among the top 20 leading causes of mortality for all ages. Suicide attempters usually become victims of health professionals' negative attitude. Repeated suicide attempters, who have the highest risk for subsequent suicide

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attempts, face the most unfavorable attitude of health professionals.

Consequently, health professionals' attitude influences their skills to assess and manage suicide risk as well as the quality and impact of care. Suicide is a multifaceted problem and hence suicide prevention programs should also be multidimensional [107]. Nursing staff and students play a crucial role in suicide prevention as they have the first level of contact and greater opportunities to build closer relationships with patients presenting with suicide risk and attempts. They may not have appropriate knowledge about suicide, and attitude toward suicide prevention, which may further influence their competence and willingness to serve this population. Thus, the information about nurses' attitude toward suicide prevention is tremendously important in designing and implementing suicide preventive strategies. Most of the studies have described health professionals' attitudes toward suicide and suicide attempters [108]. rather than suicide prevention. With our best efforts we could not find any of such study from India. Health professionals' awareness, attitude, and skill regarding suicide risk assessment and management are reported to be of paramount importance in achieving successful suicide prevention. Hence, this study was aimed to assess the attitude of nursing students toward suicide prevention. Suicidal ideation is a key element in a process called suicidal behavior, and emerges as a trigger for other components, i.e. the suicide attempt, and committing suicide. In university student's suicidal ideation may present at a particularly important moment, due to leaving adolescence and entering the young adult age and/or the adversities experienced in academic life [109]. Suicide is identified as the second leading cause of death among university students, second only to self-inflicted injuries. According to the World Health Organization (WHO), in 2012 it was estimated that 804,000 people (about half the population of Idaho) committed suicide in the world. Among young people (aged 15 to 29 years), an increase in cases has been shown, accounting for 8.5% of deaths in this age group worldwide. Evidence of the growth in this population segment is of concern, considering the possibility of years to be lived, productivity and transformation in the lives of these young people who are entering the academic world [110]. A report developed with 105,000 university students of the United States of America (USA) regarding suicidal behavior, showed that 3.7% had thought about suicide in the previous 12 months and 1.5% in the previous two weeks. Regarding suicide attempts, the report highlighted that 0.8% of the students had attempted suicide in the previous 12 months, 0.3% in the previous two weeks and 0.2% in the previous days. A study conducted with 258 Colombian university students, showed that 31% presented suicidal ideation. Furthermore, a study conducted in northeastern Brazil showed, among 637 university students, a prevalence of 7.5% for suicide attempts and 52.5% for suicidal ideation. Diverse factors have been suggested in the literature as being associated with suicidal ideation, which shows that this is a multifactorial or multidimensional event. More subjective aspects such as hopelessness, impulsivity, aggression, body perception, communication difficulties and lack of social belonging have been suggested as possible factors that trigger the suicidal ideation process. Other aspects, such as demographic and socioeconomic variables, sexual orientation, religious practice, suicidal behavior in the family and among friends, alcohol consumption and depressive symptoms have also been shown in the literature to be relevant. Therefore, among university students, the different possible factors associated with suicidal ideation may be present at an unusual time of life when many changes are taking place, which include challenges of the personal, social and academic development process that requires maturity and autonomy to take decisions considering the strict determinations of the academic environment [111]

Thus, identifying the factors that are associated with suicidal ideation in university students can be an important tool for the planning of prevention and protection activities, both by university managers, as well as the health teams who assist these students on and off campus. The international literature has produced some information about suicidal ideation directed toward this population [1 , 6 , 11 , 14 - 15 ,]

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however, there is a lack of national studies on this subject in the university setting, a situation that reinforces the need for studies with this population. Based on this, the aim of this study was to analyze the association of demographic and socioeconomic factors, suicidal behavior in the family and among friends, alcohol consumption and depressive symptoms with suicidal ideation among university students, [63]. Health concern is thought to be a very important factor that influences health-promoting behaviors. It can be inferred based on this prior research that health perceptions, and health concern may be associated with health-promoting behaviors in nursing students. However, despite the increasing number of studies on health-promoting behaviors of nursing students, studies have not been sufficiently conducted to date to identify the relationship between health perceptions, health concern, and health-promoting behaviors among nursing students. Hence, the current study aimed to investigate the relationships among health perceptions, health concern, and health-promoting behaviors in nursing students and to investigate their effects on health-promoting behaviors, [64]. The theoretical part and clinical training are the two components of nursing education. Clinical training is a necessary part as it gives nursing students the opportunity to employ knowledge in improving their psychomotor abilities. The clinical training components of nursing training programs were more demanding than the academic components. Working with equipment and machinery, incivility among staff and faculty, a gap between theory and practice, fear of making a mistake, fear of unknown incidents, and communication with staff, peers, and patients were all prominent sources of clinical stress among nursing students. Also, stress is caused by "lack of professional knowledge and skills, patient care, assignments and workload, the field of practice, a nurse educator and nursing, and staff peers and daily life". Stress is a critical issue in education since it hinders the ability to learn and perform. Stress factors of nursing students highlighted the significance of adequate coping methods in nursing education and practical practicum [112]. The coping mechanisms that students use in clinical training can modify and impact their stress levels. Coping methods can help students reduce stress while simultaneously increasing academic achievement. Stress-reduction strategies utilized by students involved problem-solving, transference, optimism, and avoidance. Nursing students who are doing their first clinical training encounter additional hurdles owing to a lack of knowledge during the early clinical practicum. Prior qualitative studies, for example, indicated that nursing students were unsatisfied with their first clinical skills and found them stressful [113]. In Palestine, students registered in baccalaureate nursing programs are between the ages of 18 and 20 when they first begin clinical training. At the beginning of their nursing education, students usually attend fundamentals of nursing and general university requirements courses before being placed in clinical training. Fundamentals of nursing focus on basic patient care, safety, skin integrity, vital signs, admission and discharge, and body mechanics. High-fidelity simulation was integrated into nursing courses as well as the Fundamentals of Nursing course to improve students' knowledge and clinical judgments). Nursing fundamentals and communication skills are the focus of the first round of clinical practice for students. Clinical students, on the other hand, are exposed to a diverse spectrum of patients with varied diseases, which may be extremely challenging. Nursing students commonly feel conflict because of the discrepancy between the actual illness and the intended learning outcomes in clinical practice. This type of conflict can cause stress, which can decrease students' performance and discourage them from learning. Even though nursing students spend more than half of their time in the clinical setting, it may be a cause of great stress and anxiety [113]. Suicide is the second leading cause of adolescent mortality in the United States. To date, many known risk factors are stable and/or unchangeable (e.g., history of past suicide attempts), and research remains limited in the ability to predict adolescent suicidal behavior based on these risk factors. Given that adolescence is a developmental period of increased risk for suicidal ideation and behavior, it is critical to identify risk factors that are modifiable and that may be particularly salient in suicide risk

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for adolescents. Social factors have long been implicated in suicide [114]. However, social media (SM) use has transformed the adolescent environment by changing the frequency, immediacy, and quality of social experiences. SM encompasses a broad range of social networking applications that allow for communication that is both active (e.g . commenting, messaging) and passive (e.g., scrolling, browsing). Adolescents are uniquely sensitive to peer evaluation and feedback, and these types of SM applications are rich in opportunity for social feedback. Whereas SM use can facilitate social connection, it also may confer risk for adolescents who use SM in a way that heightens negative internal or external consequences (e.g., social comparison, cyber bullying). Indeed, a systematic review of cross- sectional studies found that heavier SM or internet use was associated with increased likelihood of suicidal behavior among adolescents [115]. To date, no studies have prospectively examined the association between SM use and suicidality. Cross-sectional designs limit conclusions regarding directionality, and the question remains: does SM use predict suicidality, or are youth with suicidality simply more likely to use SM? Indeed, adolescents with depression and/or suicidality often use more SM and report that it exacerbates their mood and risk for suicide [116]. Only one study has examined individual differences in SM use related to suicidality among high-risker adolescents, finding that adolescents with internalizing disorders and suicide attempt history reported more negative experiences on SM and viewed more suicide-related content on SM than those without. Although there is a need to move beyond SM 'screen time', duration of SM use and messaging activities may be readily available metrics for understanding patterns of social activity among adolescents at risk for suicide. More active media use such as direct/text messaging may be indicative of greater social engagement and connection, which has been linked to lower depressive symptoms [117] and may protect against suicide risk among more vulnerable adolescents. However, no study has examined individual differences in SM use as a predictor of near-term suicidality among adolescents at high-risk for suicide. The current study examined whether SM use prospectively predicted the occurrence of suicidal ideation with and without a plan and suicidal behavior, and frequency of weekly suicidal ideation among adolescents in a specialized intensive outpatient program (IOP) for depressed and suicidal youth. To identify predictors of near-term suicidality (Ribiero et al., 2016), this study specifically focused on SM use (overall and direct messaging/texting—one form of active SM use) as predictors of prospective suicidal ideation and behavior that occurred in the first month after a baseline evaluation for entrance to the IOP. Given that adolescents varied in the number of sessions attended in the first month following the initial evaluation, and most adolescents were expected to improve over the course of treatment, we further examined whether SM use moderated the relationship between the number of IOP sessions attended and weekly suicidal ideation and depression symptoms. Importantly, supplemental analyses were conducted with television/video watching and gaming as media use outcomes to identify the specificity of relationships to social media compared to other media.

Methods:

1.Study Design..

This cross-sectional, quantitative research was conducted among 384 students. For data collection, a socio-demographic questionnaire and the instrument, Statistical analyses was performed with Cochren formula. The Study were Designed as a cross-sectional study, and, in this study, we employed Symbolic Interactionism (SI) as a theoretical framework.Symbolic interactionism provides the theoretical basis for our understanding of how meaning is developed through interaction.These theoretical assumptions guided the researcher's perspective during the analysis of the phenomenon investigated. Symbolic interactionism considers that behavior (observable external actions and internal experiences) is guided by the individual's definitions of reality and that these definitions are derived from social interactions in which active individuals exert mutual influence. Applying Symbolic interactionism to the present investigation, suicidal behavior can be viewed

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as continually defined and redefined by nursing students through a dynamic and interactive interpretative process. The present study will be designed to answer the following guiding question: What is the meaning of suicidal behavior from the perspective of Bangladeshi nursing students?

Descriptive information questionnaire:

This form was developed by the researchers and contained 28 questions about the students' socio-demographic char- act eristics, family-related status, school-related status, status of coping with stressful situations and their suicidal thoughts and tendencies (status of whether or not they have had a suicidal thought or attempt, if so what manner, what was the cause and their opinions about suicide). The question related to the thought of suicide has been evaluated in accordance with the literature and prepared as a 4-point Likert type to test the subjective perceptions of the students (10). The expressions of 'always' and 'usually' have been assessed as indicating the possession of a suicide thought whereas the expressions of 'sometimes' and 'never' have been Indicating the state of not having a suicide thought.

SBQ-R: Suicidal Behavior Questionaries Revised.

1.Study Area

Noor E Samad Nursing College, Dhaka-Mawa Highway, Sreenagar, Munshi Ganj.

And Others more than 20 (twenty) Nursing College.

2.Study Population.

2.1Inclusion Criteria.

The study was conducted at the Noor E Samad Nursing college, in Munshi Ganj, Dhaka. This higher education institution has various undergraduate degree courses in nursing.Some graduate students, while studying nursing, have made suicidal decisions and interacted with others who have attempted suicide.

2.2.Exclusion Criteria.

The study was maintained exclusion criteria among common university students and in general peoples.

3.Sampling Technique

Purposive sampling was adopted to guide participant inclusion in the study according to their potential to describe experiences or their possible contributions to better understanding the investigated phenomenon. Initially, we were used purposive sampling when inviting the first participant of the study, and further data were collected based on theoretical sampling, which aims to maximize the opportunities to explore and compare events, concepts, characteristics, situations, experiences, and definitions, thus ensuring the constitution and refinement of studying categories. As the data were collected and analyzed, subsequent decisions about the methodological sampling of participants and the type of data collected shall be guided by the emerging theory. In this study, the interruption of data collection and the addition of new participants were determined by the theoretical saturation, which occurred when the objective of the study was reached, the categories of the study was developed, coherent, and articulated, and data became repetitive and added no relevant information for the understanding of the studied phenomenon. Additionally, for ethical reasons related to suicide prevention, we included in the study the number of students considered necessary and sufficient to achieve the proposed objective. During the theoretical sampling process, we invited 500 students to participate in the study. One hundred and sixteen refused to participate due to a lack of availability. This research was developed with 384 students. The interviews were conducted in a private room at a time previously arranged with the participants according to their availability. All the interviews were conducted by a new researcher (first author) who had no previous relationship with the participants, did not belong to the staff of the institution, and was involved in educational activities. Each participant attended one or two interviews, approximately 20 min in duration. We informed potential participants that their anonymity would be preserved, that they were free to refuse to participate in the study, would not be paid to participate, and that they could withdraw from their participation at any time without consequence

5.Sample Size: 384 Students by Cochren Formula.

$$N = \frac{z^2 p 3 d^2}{z^2 p(1-p)} \quad d^2$$

$$= \frac{3.8416 \times 0.5 \times 0.5}{0.0025}$$

$$= \frac{0.9604}{0.0025} = 384$$

N.B: If p value = 50%, = 0.5,

1-p = 1-0.5,

= 0.5

If, z2 value

1.96×1.96

=3.8416

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6.Data Collection Procedure/ Tools.

We collected data from January 23 to March 26 through individual, audio-recorded, open, semi-directed, or semi-structured interviews. We collected data from January 2024 to March 2024 through individual, audio-recorded, open, semi-directed, or semi-structured interviews. The initial interview with the participants were guided by the following questions: **"Have you ever thought about or attempted to kill yourself"?**

Other questions were subsequently added to clarify our analysis of their meaning of suicidal behavior. We were continuously modifying the interview process according to the analysis of the data obtained. A structured questionnaire also be employed to be obtain demographic information (age, gender), and data relating to the participants' academic backgrounds (semester of the undergraduate program, attending discipline on mental health, class, scientific events, courses or lectures on suicide prevention.

7.Data Management

7.1Descriptive and percentage

7.2Inferential.

A. chi-Square.

We initially obtained a list of nursing students enrolled in the college and invited them to confidentially participate in the study. Eligible participants were asked to take part in a study investigating the meaning of suicidal behavior. They were informed about the development and purposes of the study, and all participants were provided written informed consent prior to their participation. The participants also informed them that in the educational institution there is a professional who can meet their emotional demands, if necessary. The work complies with all standards and recommendations concerning research involving humans.

Measures:

Four different types of questionnaire forms were used in this research for data collection. Also, the measures followed by

A. Socio-demographic table and
B. SBQ-R Scale.

8.Analysis

Quantitative data analysis resulted in the following categories: "the behavior was be influenced by communication and interaction of each other" and "it was neglected phenomenon".Also, Descriptive – frequency, percentage.

G.Ethical Consideration.

The study began after a Research Ethics Committee approval and were conducted in accordance with the ethical principles contained in Bangladesh. Referring to research involving human beings and after signing the Informed Consent Form by all participants.

10.Outcome: This study will contribute to the development of academic education strategies and psychosocial support for nursing students nationally and internationally.

Factors Associate

10.1.Income Status. (Risk Factor)

Income status in studies that have examined the relationship between suicidal thoughts and economic status, income level, unemployment and economic problems have been found to increase suicidal thoughts (Leva et al. 1988, Wilhelmson et al. 1998, Norlev et al. 2005). In their study focusing on adolescent suicides, their characteristics and methods, Tüzün et al. (2000) determined that 77.3% of the young people who attempted suicide were of a low socio- economic level.

According to the data taken form State Institute of Statistics (DIE), the reason for 201 out of 1536 suicide cases realized in 1994 was determined to be problems with maintaining a living (DI ˙ E 2000). Various findings concerning the relationship between socio-economic status and suicide thought can be seen in the studies conducted in the field. As for our sample, economic status is not con- side red to be a factor influencing suicidal thought.

10.2Family relationship and support. (Risk factor)

Family support helps to make young people feel worthwhile and adequate and has a part in their intellectual development. It also plays a part in the decision-making process and increases

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motivation. [8] it was shown that perceived social support from family and friends is important in the period of young adults. In many studies conducted, family problems were determined to be the most significant cause of suicide- [9]. In our study, the relationship with family is found to be a risk factor for suicidal thought. The fact that the students were experiencing a crisis period in their development and the problems arising from the characteristics of the period in addition to having an unhappy, never satisfied, insomniac individual or an individual with a psychological problem in their family might have been a cause for them to experience changes in their family roles and high levels of stress.

10.3.Anger. (Risk factor)

In the examination of the students' trait anger, expression of anger inventory score means, if the score range is taken into consideration, the students had a moderate level of feelings of anger, and in the examination of their anger suppression and aggressive expression, it was seen that a moderate level of anger was directed inwards (suppressed) and a moderate level was directed outwards (expressed). In a study by Akshayan et al. (1996) conducted with high school students to determine factors related to the trait anger, expression of anger inventory, the findings are like those in this study. Studies on this subject show that suicidal thoughts increase with high levels of suppressed feelings, such as anger, guilt and shame- [6]. In a study conducted by Apter (1993), patients tending to suicide and violence were compared in terms of anxiety, relationality, anger and depressive emotional state. As a result, anxiety, reactional- its, anger and depressive emotional state were significantly higher in the group with a tendency to suicide and violence than the control group. It is emphasized in many studies that when aggressiveness and anger are directed inwards, it leads to suicide, whereas it leads to violence when directed outwards. In their study that analyzed 54 cases of subjects who applied after having attempted suicide- [7], lack of aggressiveness and anger management was noticed according to the findings obtained from the Minnesota Multiphasic Personality Inventory personality test. The finding about suppressed anger as an affecting factor on suicidal thoughts in this study was parallel to those in other studies on the relationship between suppressed feelings and suicidal thoughts. When the age group in which the research was conducted is taken into consideration, as it is a period of intense feelings and identity confusion, the intense feelings and tendency to suppress and express anger might increase the tendency to have suicidal thought.

Discussion

Most nursing students attended classes on mental health and had contact with someone at risk for suicide. However, most did not attend classes, scientific events, courses or lectures on suicide prevention, and did not read materials on the subject. The literature reveals that nursing college students have low educational exposure related to suicide, do not always read about suicide prevention on their own initiative, and should prioritize revising subjects discussed in the undergraduate course, it is important to discuss the approach how to suicide prevention in a systematic way in nursing undergraduate courses, as this is a frequent and impacting issue found in society. The low educational exposure related to suicide was also identified among nursing professionals of Brazilian emergency services, with the majority having experience or education related to mental health. This situation contrasts with results from Spain, where most of the nurses had training (specialization in mental health or courses lasting more than 30 hours).

Professionals often also feel unprepared for managing suicidal behavior and express the need for additional training. In this sense, it is important to investigate disparities related to educational exposure on suicide prevention in some contexts, despite the relevance of this topic [12]. Qualified education and

support for students and health professionals is important for improving suicide prevention and is associated with more favorable attitudes related to suicidal behavior. In the present study, only the reading materials on suicide were associated with better attitudes, which may be related to the size of the sample, the characteristics of the training strategies accessible to the students investigated, or the characteristics and individual experiences of

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those who are interested to read on the topic. This Literature presented a variety of outcomes in relation to attitudes about suicidal behavior and socio-demographic factors. In this study, an association was identified only between the female sex and the most negative attitudes (anger, detachment and powerlessness) related to the individual with suicidal behavior. This is a subject that requires further investigation. However, a Noor E Samad Nursing college student revealed that a greater distance may be considered as an alternative for self-protection against emotional overload related to contact with suicidal behavior.The highest and lowest SBAQ scores obtained were related, respectively, to the more comprehensive and less negative attitudes toward the individual with suicidal behavior. This same pattern was observed in a sample of Brazilian nursing students [13] and contrasts with studies conducted with health professionals, in which more negative attitudes, moralistic attitudes, and less understanding and empathy with individual with suicidal behavior were predominant. The literature has revealed that suicidal behavior is considered reprehensible, optional, surrounded by negative attitudes, misunderstanding, and considered a transgression because it conflicts with the principles of life and the ethics of health professionals Contradicting these findings the main terms used in this study to represent suicidal behavior were associated with mental distress, despair, or hopelessness. Empathic understanding and attitude towards the individual with suicidal behavior seem to be important conditions for prevention and need to be addressed in the health professionals' education. Suicidal thoughts throughout life were more frequent among individuals who had contact with someone with suicidal behavior, which may be related to the phenomenon of contagion [13]. It is important to talk carefully about suicide with students with professional and academic experiences related to the subject, and to investigate suicide risk in a detailed manner among potentially vulnerable students, as suicidal thoughts are relatively common throughout life which [14,15]. and the risk of suicide tends to fluctuate [16,17]. Other Brazilian research conducted with nursing students did not find associations between prior contact with individual at risk for suicide and attitudes related to suicide. However, the literature shows that, in the university population, the contact with suicide cases can facilitate the occurrence of suicidal thoughts, fears, worries and feelings of vulnerability which [18]. Studies suggest that negative feelings and attitudes toward suicidal behavior are associated with a lack of professional preparation and may impair the quality-of-care [19 – 20]. These results corroborate with the results of this investigation, in which negative feelings towards the individual with suicidal behavior were more intense when the students had lower self-perception of professional competence.

Result.

It was found that 9.9% of the students had suicidal thoughts in the previous 90 days and, in the bivariate analysis, the variables economic class, sexual orientation, religious practice, suicide attempts in the family and among friends, alcohol consumption and depressive symptoms were associated with suicidal ideation. In the multivariate analysis sexual orientation, suicide attempts in the family and the presence of depressive symptoms remained as associated factors. In accordance with these were find, it was seen that nursing students might think of suicide when they cannot cope with college and family, friendship problems and that psychiatric symptoms, such as somatization, psychotic symptoms and anxiety disorder, are influential on suicide thought. Although the finding that depressive symptoms are not influential on suicide thought might be related with the fact that the students within the scope of the research

did not have a disorder to be diagnosed as major depression, the fact that factors such as anger expression-in, interpersonal insensitivity, decrease in hostility are influential on suicide thought can bring us to the interpretation of the students with a low school profile, family discord, introverted personality, inability to express themselves and preference of loneliness as a risk group for suicide. It is also recommended that psycho-education groups be formed to particularly help students who have difficulty in controlling and

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expressing anger by equipping them with anger management and expression skills, that educational seminars and programmed be prepared on suicide and its causes and offered to all teaching staff at the university, that more effective counselling services be offered to students through providing information, that students who have poor grades, are withdrawn and have difficulty in communicating be observed more closely, counselling and assistance be provided and when necessary they be sent for expert support, that an adaptation programmed be organized for first-year university students to help them cope with relationship problems and difficulties they experience, and that units be formed where students can receive support and assistance when necessary to recognize and prevent suicidal tendencies. All these activities preventing suicide attempts should be arranged by psychiatry and community mental health nurses and applied as part of a programmed. Conducting similar research with clinic samples would be beneficial for improving the standards of psychiatry nursing practices in preventing suicide attempts.A total of 384 nursing students participated in the study. The ages ranged from 20 to 39 years, with a mean of 22.6 years. The participants' socio-demographic and educational characteristics are presented in Table 1.

Socio-demographic and educational characteristics of the nursing students (n=384) Table-1

Variable	Number	Percentage
Sex		
Female	281	73.17%
Male	103	26.8%
Attended mental health classes.		
Yes	306	73.6%
No	50	13.2%
Missing	28	7.29%
Attended suicide prevention classes.		
Yes	225	58.5%
No	123	32.02%
Participated in suicide prevention events.		
Yes	221	57.5%
No	166	43.2%
Reading material on suicide prevention.		22.91%
Yes	88	42.1%
No	162	
Previous contact with someone at risk of suicide.		
Yes	188	48.G%
No	155	40.36%
Marital Status	Number- Yes	Number No

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Single	83	21.7%	301	78.3%
Married	G3	24.2%	2G1	75.8%
Economic class	Number-	Yes	Number	No
C1, C2 and D-E	166	43.2%	218	56.8%
A, B1 and B2	112	2G.1%	272	71.G%
Live alone	Number-	Yes	Number	No
Yes	12	11.5%	G2	88.5%
No	51	G.6%	331	85.G%
Sexual orientation				
Homosexual	00	00%	00	00%
Bisexual	00	00%	00	00%
Heterosexual	13	11.6%	52	G.7%
Years of the course	Number	Yes	Number	Yes
1st and 2nd years	3G	G.4%	340	88.5%
3rd, 4th and 5th years	24	10.7%	204	8G.3%

Table 1 presents the associations of the demographic, socioeconomic and academic variables with the presence of suicidal ideation. It was observed that the Nursing students included in the lower socioeconomic levels (C1, C2, DE) presented a higher prevalence of suicidal ideation in relation to those classified in the levels, B1 and B2.**(Table 2).**

The highest scores on the SBQ-R were obtained in Factor 4, "right to suicide", and the lowest scores were obtained on Factor 1, "negative feelings", which indicate, respectively, more comprehensive and less positive attitudes of the students in relation to the person with suicidal behavior.

Age, scores on SBQ-R * factors, and suicidal thoughts throughout life (n = 384), Age (Average)- 22.6

Negative Feeling	Risk- 11.4%	No Risk- 88.6%
Self-Perception of professional competence	Risk- 8.85%	No Risk- G1.1%
Right to Suicidal (0-54)	Risk- 7.6%	No Risk- G2.4%
Suicidal Thoughts	Risk- G.G.%	No Risk- G1.1%

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* SBQ-R - Suicide Behavior Questionnaire Revised.

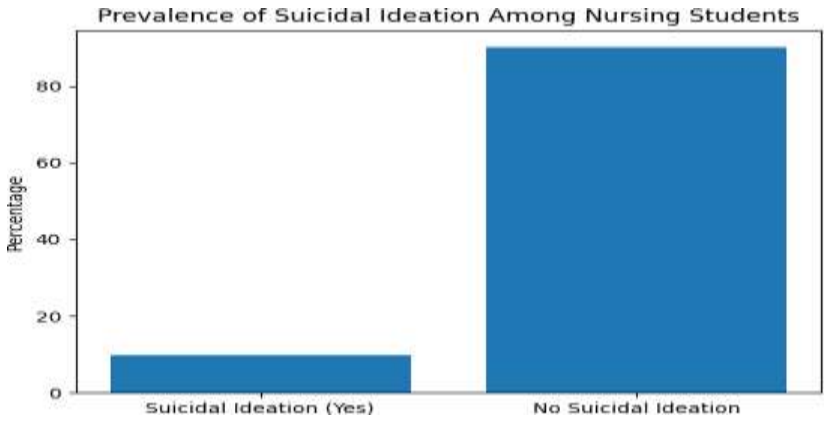
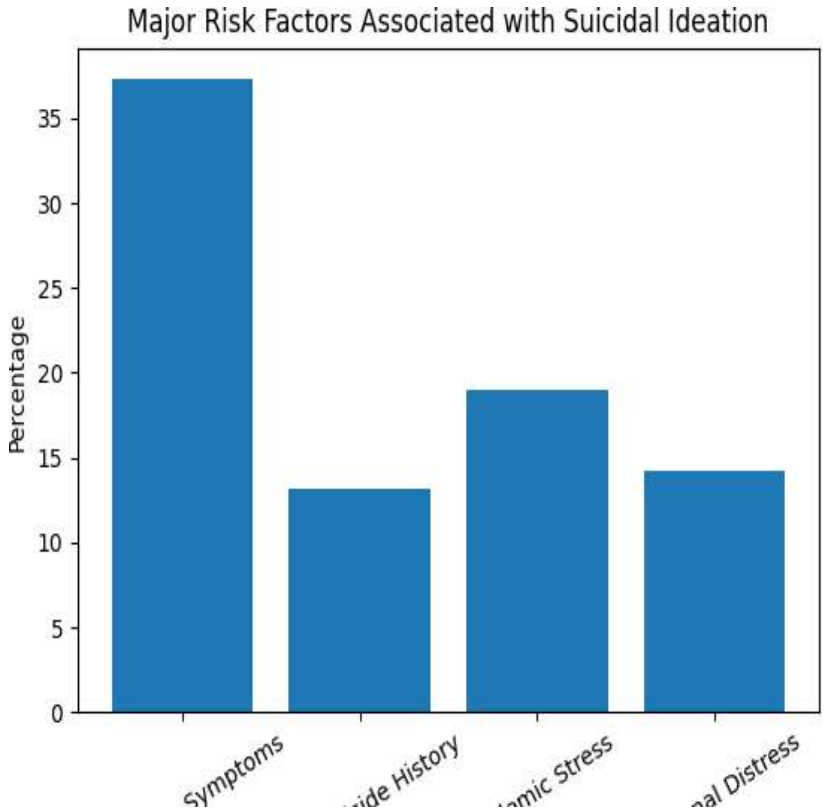


Chart 1 shows the prevalence of suicidal ideation among nursing students.

Chart 2 presents the major psychological and social risk factors.



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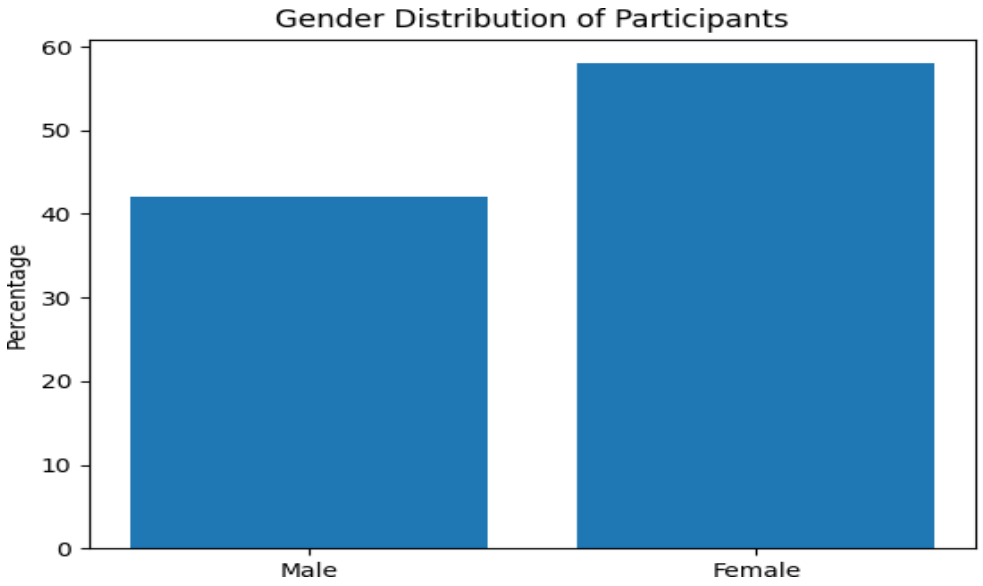

Chart 3 the gender distribution of the participants.

(Table 3). The students were asked to indicate a word representing suicidal behavior. The terms were grouped, and most students associated suicidal behavior with mental distress (66.4), despair/hopelessness (85.9%).

Table 3.
Terms used by nursing students to represent suicidal behavior (n = 384),

Findings Variable	Number	Percentage
Mental Distress	255	66.4%
Despair/Hopelessness	330	85.G%
Dead/End	01	0.2%
Escape/Exit/Freedom	10	G.0%
Judgement (courage, cowardice, irresponsibility)	03	2.7%
Others	10	G.0%

DOI: https://doi.org/10.5281/zenodo.19125861

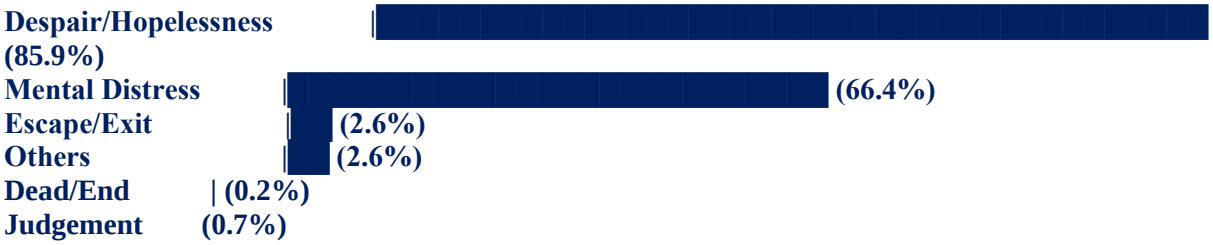

Figure : Terms Used Bar Chart

Conclusion

In this study, most nursing students had contact with someone at risk of suicide, attended mental health classes, but had not attended classes, scientific events, courses or lectures on suicide prevention, nor had they read materials on the subject. The students represented suicidal behavior mainly in terms associated with mental suffering, despair, or hopelessness. We hypothesized that attitudes related to suicidal behavior would be associated with sex, age, exposure to different educational strategies (classes, laboratory and scientific events), previous reading material about suicide, and personal experiences (contact with someone who attempted suicide and suicidal thoughts). The most negative attitudes were identified among women, people who had not read suicide prevention materials, and individuals with perceived unpreparedness to deal with suicidal behavior. Suicidal thoughts throughout life were more frequent among people who had contact with someone with suicidal behavior, and students who previously had thought about suicide showed more understanding attitudes toward suicidal behavior. Further studies should investigate these variables in different contexts. In addition, investigations are needed to develop and investigate different strategies for academic qualification and prevention of suicidal behavior. Previous contact with someone at risk of suicide was associated with suicidal thoughts throughout life, but not with better attitudes related to suicidal behavior, suggesting that contact with the suicidal person could be mediating, and complemented by other strategies for support, supervision, and education. In addition, it is important to monitor the students' mental health for the development of appropriate supportive actions.

Recommendation

Professionals often also feel unprepared for managing suicidal behavior and express the need for additional training. In this sense, it is important to investigate disparities related to educational exposure on suicide prevention in some contexts, despite the relevance of this topic. Qualified education and support for students and health professionals is impor tant for improving suicide prevention and is associated with more favorable attitudes related to suicidal behavior. In the present study, only the reading materials on suicide were associated with better attitudes, which may be related to the size of the sample, the characteristics of the training strategies accessible to the students investigated, or the characteristics and individual experiences of those who are interested to read on the topic. This Literature presented a variety of outcomes in relation to attitudes about suicidal behavior and socio demographic factors. In this study, an association was identified only between the female sex and the most negative attitudes (anger, detachment and powerlessness) related to the individual with suicidal behavior. This is a subject that requires further investigation. However, a Noor E Samad Nursing college student revealed that a greater distance may be considered as an alternative for self-protection against emotional overload related to contact with suicidal behavior.

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