PROMOTING THE SENSE OF COHERENCE IN PARASUICIDAL PATIENTS

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ABSTRACT

Parasuicide is a common occurrence in today's society. WHO has made suicide prevention a prioritised area in Europe. Patients who have attempted suicide are at increased risk of further suicide attempts. Nurses have an obligation to support vulnerable populations in society. Researchers have found that this area of nursing care is challenging since parasuicidal patients generally are lacking hope. This literature review was aimed at illuminating nursing actions that could help parasuicidal patients endure their suffering and strengthen their sense of coherence in order to stay in treatment. The paper was based on 11 qualitative studies. Seven of the studies originated from Scandinavia, two originated from the United Kingdom and two from Taiwan. A deductive method was used. All articles were screened for nursing actions relating to Travelbee's concept of suffering. The result was presented in terms of comprehensibility, manageability and meaningfulness, the components of Antonovsky's sense of coherence concept. Comprehensibility increased when nurses were radiating and installing hope, being honest and open in dialogues, and acknowledged the parasuicidal patient as a responsible and autonomous human being. Manageability increased when nurses created a non-judgmental atmosphere and emphasised the seriousness in a suicide attempt. Nurses have to take basic nursing needs and narrative input into consideration when planning care together with parasuicidal patients. The essence of nursing actions that strengthen meaningfulness was to confirm and recognise the parasuicidal patient as a suffering and valuable human being. Nursing parasuicidal patients takes courage. Nursing actions were mostly aimed towards strengthening the parasuicidal patient's sense of comprehensibility and manageability in order for the patient to stay in treatment to create feelings of meaningfulness.

CONTENT

INTRODUCTION

Nurses have an obligation to support vulnerable populations in society (1). Patients who have attempted suicide suffer and can not see another way to end their misery. If a way to ease their suffering was presented many would chose to live. It is therefore ethical to prevent patients from committing suicide in hope of improving their quality of life. In doing so lays a responsibility to help the patient to find a better way of dealing with distress (2).

Attempted suicide is a common occurrence in today's society. About 1400 people per annum commit suicide (3) and between 20 to 40 percent of the Swedish population suffer from a mental illness during their lifetime (4). Between 10 to 15 percent of the Swedes will be diagnosed with a mental illness that may require treatment (5). Providing good nursing care to patients who have attempted suicide is a huge challenge. In nursing it is important to care for the human being in a way that considers all its individual needs.

Parasuicidal patients are cared for in both psychiatric and somatic wards in Sweden. It is therefore likely that nurses working in many different fields will care for suicidal patients. We are interested in how the sense of coherence concept can be used as a framework for nursing care in enabling parasuicidal patients to live through their suffering.

The theoretical perspectives are presented first followed by a historical review and a summary of the present research.

The concept of suffering

Suffering can be defined as (6):

> *"an experience which varies in intensity, duration and depth (…) A feeling of displeasure which ranges from simple transitory mental, physical or spiritual discomfort to extreme anguish, and to those phases beyond anguish, namely, the malignant phase of despairful "not caring" and the terminal phase of apathetic indifference (6, p.62)."*

Nursing theorist Joyce Travelbee (6) states that all humans suffer and that suffering is a part of the human nature. Suffering can not be foreseen or avoided and it differs in intensity and duration. Distress is the cause of suffering. Most people who consciously experience emotions will try and find ways to ease distress to lessen their suffering. People who do not seek such alleviation of distress are mostly inspired by religious beliefs or think of suffering as a source of meaning (6).

Sources of Suffering

All suffering is caused by feelings of distress. There are many different sources of distress. In general something happens to one self or a loved one that changes one's emotional state; it could be a death, an illness or a separation. A loss of something of individual importance, like a job or a home, which is directly linked to one's feeling of identity, is also a common cause of anguish. In addition to this inner causes of distress such as loneliness or feelings of religious inadequacy will cause suffering. A person must have at least one interpersonal relationship to experience meaningfulness in his/her life. Lack thereof can cause an overwhelming amount of suffering. Non-involvement

and turning towards one-self could be reactions to loneliness and meaninglessness; such feelings will put the person in a vulnerable position. Not caring about the world or people around one self is a severe condition, but even in this state suffering can not be avoided (6).

The sense of coherence

The sense of coherence is (7):

> *"a global orientation that expresses the extent to which one has a pervasive, enduring though dynamic feeling of confidence that 1. the stimuli deriving from one's internal and external environments in the course of living are structured, predictable, and explicable; 2. the resources are available to one to meet the demands posed by these stimuli; and 3. these demands are challenges, worthy of investment and engagement (7, p.19)."*

The sense of coherence concept was founded by Aaron Antonovsky, a medical sociologist, in 1979. During a study of climacterium in women he discovered that a lot of his subjects were emotionally healthy. This was surprising since they had spent time in concentration camps during the holocaust. Antonovsky became interested in this phenomenon. He started researching how a person is able to live through such horror and distress and still stay reasonably healthy. The outcome of his studies resulted in the sense of coherence concept. A concept that concludes how different factors influence the way people manage stressful life events. This concept consists of three themes, comprehensibility, manageability and meaningfulness (7).

Comprehensibility

By comprehensibility Antonovsky (7) means:

> *"the extent to which one perceives the stimuli that confront one, deriving from the internal and external environments, as making cognitive sense, as information is ordered, consistent, structured, and clear, rather than noise-chaotic, disordered, random, accidental, inexplicable (7, p.16)."*

For life to be comprehensive and understandable it needs to include a level of predictability. People validate their surroundings and existence through a system of rational arguments. If something unforeseen happens man seek an explanation through reason and intelligence. If no explanation can be found man tends to blame bad luck or argue that he was a victim of unpredictable circumstances that can not be blamed on anyone. People with a low sense of comprehensibility tend to believe that bad things happen to them for a reason and that unpleasant things will continue to haunt them over time (8).

Manageability

Manageability describes (7):

> *"the extent to which one perceives that resources are at one's disposal which are adequate to meet the demands posed by the stimuli that bombard one (7, p.17)."*

All individuals have personal recourses and attributes that help them manage life. This includes personality traits, level of intelligence and sense of self. Their social context is defined by family, friends and the social groups that they belong to. This sets the limits

of their worldview. In life it is important to have a sense of belonging to other people and a place in a social context. Sometimes health care professionals can constitute as a social network for a patient who has no one else. To make life manageable man needs someone to turn to and a sense of self esteem. Spirituality and religion can also make the stressors of everyday manageable (8). A stressor is defined as (9):

> *"a demand made by the internal or external environment of an organism that upsets its homeostasis, restoration of which depends on a nonautomatic and not readily available energy-expending action (9, p.72)."*

Meaningfulness

Antonovsky (7) defined meaningfulness as:

> *"the extent to which one feels that life makes sense emotionally, that at least some of the problems and demands posed by living are worth investing energy in, are worthy of commitment and engagement, are challenges that are "welcome" rather than burdens that one would much rather do without (7, p.18)."*

The feeling of meaningfulness is an important part in achieving a sense of coherence. Antonovsky (8) concluded that to experience meaningfulness people have to show an emotional involvement and feel strongly about something or someone in their life. Participation in society or a feeling of belonging in a social context also influences the sense of meaningfulness in life (8). Lack of meaningfulness or a feeling of meaninglessness weakens the sense of coherence.

Theme dynamics

The dynamics of the relationship between the three themes are closely linked together. Manageability is strongly linked to high comprehensibility and is unlikely to be high on its own. Although the reverse of the equation is not necessarily true. All the components of the sense of coherence concept are important for mans´ well being. However, the theme of meaningfulness outstands the others. People who can not find meaningfulness in life are unlikely to stay well for a long period of time despite experiencing both comprehensibility and manageability (7).

The relevance of the sense of coherence concept

The validity of the sense of coherence concept has been thoroughly examined and researched (10). In nursing parasuicidal patients it is important to acknowledge feelings of hope and meaning as well as and the lack there of. It is only by doing so that we can create a healing atmosphere that supports the patients to find the inner strength to continue life (11).

Nursing care of parasuicidal patients is aimed at treasuring life and strengthen the patients own recourses to manage stressors (12). According to Beskow (13) researchers need to find ways to understand feelings of coherence and meaning and how they can be sustained in critical life situations such as after suicide attempts. Nursing care of parasuicidal patients can be enhanced if a patient centred perspective, which focuses on identifying patients' own resources when dealing with distress, is used. The sense of coherence concept is therefore a meaningful perspective in nursing research (14). Carrigan (15) established that stressors and crises have a major impact on suicidal actions. Nurses must be aware of this when planning patient care.

Attempted suicide in the past and present

Parasuicide**:**

> *"An act with non-fatal outcome; in which an individual deliberately initiates a non-habitual behaviour that, without intervention from others will cause self-harm, or deliberately ingests a substance in excess of prescribed or generally recognised therapeutic dosage, and which is aimed at realising changes which the individual desired via the actual or expected physical consequences (16, p.99)."*

Suicide attempt**:**

> *"A situation in which a person has performed an actually or seemingly life threatening behaviour with the intent of jeopardizing his life, or to give the appearance of such intent but which has not resulted in death (17, p.10)."*

We have chosen to use attempted suicide and parasuicide as equal synonyms in this paper. With the distinction that we use attempted suicide in general terms and parasuicide specifically in a hospital setting.

Suicidality is a term that describes the ideas and plans to end one's life, attempted suicide and completed suicide (17). Suicidality has always been a part of human behaviour. Since antiquity philosophers have argued the human right to end one's own life. During the Dark Ages suicide became a sin worse than murder in the eyes of the Christian church (18). In Sweden people who committed suicide were buried outside the grave yard as they were not regarded as worthy of a grave in holy soil or a place in heaven. Suicide was a criminal act until 1864 and the church did not remove their sanctions until 1908. It was common practice to bury people who had committed suicide in the presence of the closest family only. Until a few decades ago suicide was often seen as a shameful act (19).

In Christianity, Islam and Judaism the idea to end ones life is frowned upon even today. However in the Western culture suicidality is nowadays seen as a state of mental illness. Its causes are therefore no longer viewed as much as a sign of moral weakness as they are of a medical, psychological and social problem. Today the discussion whether suicide is ethically wrong or a basic human right is still vibrant (20).

The World Health Organisation (WHO) concludes that globally completed suicide in women has been at a constant level since the 1950s. Amongst men this number has increased by more than fifty percent (21). In Sweden the number of completed suicides has decreased by one third since the 1980s. There seems to be no great difference between men and women in this trend. The number of patients hospitalised after attempting suicide was in the year of 2003 about 7500. This number is far from conclusive given that it only reveals the amount of patients who sought medical assistance and were found in need of admittance to hospital. About two thirds of all suicide attempts are done by women. Men are more likely to succeed in committing suicide; of the 1400 people that died through suicide in the year of 2003 two thirds were men (3).

In the past five years there has been a significant increase in the number of suicide attempts amongst people aged between 15 and 24. Suicide is the most common cause of death in men aged 15 and 44 in Sweden today and the second in women in the same age

group (3). Internationally suicide is a common cause of death amongst young adults of both sexes (22). The statistics tell us that the risk of committing suicide is higher around menopause amongst women and around retirement amongst men (3). In Europe suicides are most common in the elderly population amongst both sexes. This has also been the recent trend in Sweden (12). The primary risk factors for attempting suicide are mental illness and previous suicidal attempts (23). People with increased risk are those with depression, substance abuse, stress related disorders, personality disorders, schizophrenia and other mental illnesses (24). There is a greater risk of new suicide attempts during the two years following a previous attempt. This risk decreases with time. Researchers have found that between 90 and 96 percent of all people who commit suicide can be diagnosed with a mental illness after their death. In Sweden most of the people who commit suicide have been in contact with health services and social services (12).

Social consequences of attempted suicides

A third of the Swedish population will consider committing suicide sometime in their lifetime. Ten percent have had suicidal thoughts in the past year (24). WHO has made suicide prevention a prioritised area in Europe (25, 26). WHO concludes that people in the European countries are exposed to many stressful factors in their lives. Social problems such as unemployment, health and safety and substance use increases anxiety levels and this can lead to suicide attempts (26).

Suicidality creates psychological suffering for the patient and his/her family and friends (27). After a suicide attempt the family of the patient needs help, and contact with health professionals, to try and understand what happened. The patient often needs help with improving communication with his/her narratives. Guilt, shame and feelings of not being good enough is common within families of parasuicidal patients (28).

Suicide attempts have socio-economical consequences and are expensive for the nation. Hospitalisation and inpatient care, follow-up care and sick-leave must be budgeted for. In addition to this relatives and other people close to the parasuicidal patient may also require sick-leave and therapy. Especially if the patient has done more than one suicide attempt (24).

Implications for nursing

Health care providers are part accountable for diminishing risks of further suicide attempts of patients hospitalised for parasuicide (12). Nurses are responsible for providing holistic care (1) and creating a caring relationship based on respect and trust (24). Even if a patient is admitted to a somatic ward post a suicide attempt it is the primary nurse's obligation to consider all nursing needs including their mental distress. Parasuicidal patients have a great need to discuss and reflect upon their actions immediately and can not wait for a psychiatric consult (29). Patients who have attempted suicide are vulnerable and experience feelings of shock over what happened. Parasuicidal patients are likely to be offended by health care personnel as many lack confidence in other people (28).

Swedish nurses ability to care for this patient group vary between individuals and different wards (2). All patients have basic nursing care needs and may require assistance with nutrition, sleep and rest (24, 28). Patients who have attempted suicide

experience a low level of hope. It requires lengths of time to build hopes and dreams about the future and takes both energy and effort. In an inpatient setting it is more realistic to try to create hopeful situations in the present time, in example, to create hope for the patient to sleep for six hours without waking at night or hope of having a meaningful conversation with a relative. By caring for parasuicidal patients in a personal and culture appropriate way nurses can boost their patients' sense of value and confirm their place in the social context (11).

AIM

By analysing previous nursing research we aim to illuminate nursing actions that can help parasuicidal patients endure their suffering and strengthen their sense of coherence in order to stay in treatment.

METHOD

Literature searches were undertaken from 060404-061113. Cinahl, SweMed+ and PubMed/Medline databases were searched for articles. The key words used in searches are presented in figure 1. In addition, the key words; hope, participation, comprehensibility, meaningfulness, manageability, engagement, complicity, human to human, relations, social context, guilt, suffering, spirituality, self esteem and acknowledge were utilised. All key words were used in different combinations and could be found 'anywhere' in the text. Articles that concerned specific patient groups, i.e. cancer, pediatrics, HIV/AIDS etc., were excluded. Articles were retrieved when their abstract was concordant with our aim. The searches that articles, used in our result, were chosen from are presented in figure 1. Key words were altered depending on the database searched. In Cinahl and SweMed+ we used the thesaurus to find key words to maximise the search results.

Figure 1.

Date	Database	Limits	Key Words	Results	Used
20060614	PubMed Medline	none	holistic nursing care psychiatric	34	40
20061109	PubMed Medline	none	parasuicide nursing caring relations	27	32, 33
20061109	PubMed Medline	none	parasuicide nursing shame	6	35, 38
20061109	PubMed Medline	10years	parasuicide nursing confirmation	2	31
20061109	PubMed Medline	10years	parasuicide nursing holistic	10	37
20061109	PubMed Medline	10years	parasuicide nursing meaning	13	41
20061113	Cinahl	peer reviewed 10years	suicide, attempted stress nursing	79	36

20061113	SweMed+	10years	delaktighet	16	34
20061113	SweMed+	10years	andlighet	21	39

The limits in Cinahl were set to peer reviewed and articles published after 1996. In the later PubMed/Medline searches a limit was set to articles published in the last 10 years, this limit was also used in SweMed+. We felt comfortable using a 10 year time constraint since we had previously searched PubMed/Medline without limits and felt confident that there would be enough relevant studies published in this time frame.

The chosen articles are presented and summarised in appendix 1. We read all retrieved articles and excluded the one's that were irrelevant for our aim. The selected articles were reviewed using the instrument supplied by the Institute of Health and Care Sciences at Gothenburg University (30). The articles' scientific reliability was confirmed and evaluated.

In our first selection of the retrieved articles we excluded all articles that concerned specific parasuicidal patient groups and all articles that could not be applied to the sense of coherence and suffering concepts. In our second selection of material articles were excluded if they did not meet the scientific standard set by the Institute of Health and Care Science (30), were too old, or did not contribute to our results.

A deductive method was used when screening the articles for nursing actions relating to suffering and sense of coherence. Then we decided upon meaning units that included nursing actions which we believe can help parasuicidal patients endure their suffering and strengthen their sense of coherence in order to stay in treatment. The results are presented in terms of comprehensibility, manageability and meaningfulness. Underlying themes were constructed to create structure in the text. Suffering is present in all themes and all nursing actions will help parasuicidal patients endure suffering.

RESULTS

Comprehensibility

The need to inspire hope

Nurses who continuously communicated hope to parasuicidal patients showed that they had not given up on them. Installing hope in patients takes time and is not easy. However, it is important to keep on trying (31). One patient described this:

> *"I think that it is a good thing that another person tries to express hope, even if that feeling of quickly hope goes quickly away again (31, p.1038)."*

Parasuicidal patients who are experiencing hopelessness can be comforted in knowing that a nurse cares about them and that they are not alone (31, 32):

> *"The company, the presence of another who demonstrated care and concern, was crucial (32, p.798)."*

The need to create a healing environment

To many parasuicidal patients the ward environment is a safer place than the outside world. It is uncomplicated and feels more protective, as the shielded environment helps reduce the stressors of daily life (33). Continuity in staff makes it easier for parasuicidal patients to trust the health professionals since they do not have to endlessly repeat their

stories. It is central that the staff work together with the patient and that he/she is seen as a person with insight, who can participate in planning his/her own care (34).

During admittance parasuicidal patients are often at their most vulnerable state. It is key that the patient knows the purpose of conversations and the role of the health professional he/she is having them with. Failing to explain this to a parasuicidal patient could result in he/she opening up to the wrong person and this feeling of being exposed increases his/her suffering (35). The relationship between a nurse and a parasuicidal patient is dependant on honesty and openness (34). If, for example, the nurse can not keep a promise or if there is a change of plan, the nurse must inform the patient about this. In order to show respect and keep him/her involved in his/her care (34, 35).

The need for autonomy

Parasuicidal patients must be seen as responsible for their own lives. Nurses can help them to find ways to endure suffering and feelings of meaninglessness. The nurse can not take full accountability for the parasuicidal patient's decision to end his/her life. It is therefore the nurse's responsibility to communicate to the patient that he/she is liable for his/her own decisions (36).

In short one can conclude that comprehensibility is about radiating and installing hope, being honest and open in dialogues, and acknowledge the parasuicidal patient as a responsible and autonomous human being.

Manageability

The need to build a trustful and honest relationship

A way of connecting and engaging with parasuicidal patients is to show understanding and take interest in their stories (31, 32):

> *"The human warmth was crucial. They looked me in the eye; they listened. Just chatting, even if it was going off at a tangent was valuable. You know, when I say something, they didn't just move on to the next question (32, p.798)."*

Nurses can create a sense of security by using his/her body language, eye contact and a calm tone of voice (31). Sometimes a nurse's presence is enough to ease a parasuicidal patient's suffering and create a feeling of security (31, 37):

> *"My primary nurse is very kind to me. When I'm in a bad mood, she stays with me. I feel safer when someone is with me (37, p.279)."*

It is essential that the nurse can talk about feelings of suicidality with the parasuicidal patient without moralising or passing judgment (31, 35-37). Nurses should believe, that what their parasuicidal patients tell them is truth to them, and should not question its trustworthiness (33, 38). It is important that nurses accept their patients' feelings of suffering. It helps the parasuicidal patients to feel comfortable in being themselves (31):

> *"It was good to cry and let some of the feelings out. I was allowed to cry like the little child I used to be (31, p.1038)."*

Nurses have to be truthful and honest regarding the consequences of a suicide attempt, including what impacts it could have had on the next of kin, if it had been completed

(36). When a nurse emphasises the significance of a suicide attempt to a patient, he/she helps the patient to realise the seriousness in their situation (38):

> *"The fact that they took it so seriously felt justified but at the same time frightening, when realising what you have done. It felt quite good, too. She sort of left me no… I kept saying that I wanted to go home even though I didn't really want to and then she made the decision for me without forcing me (38, p.638)."*

On the other hand if the nurse is negligent about the parasuicidal patient's suffering it can promote the possibility of more attempts in the near future (38).

The need to create opportunity for participation

Nurses must take initiative and make contact with the parasuicidal patient (31):

> *"During the first day the nurses often came into my room for a chat and to enquire how I as doing, and if there was anything I wanted. It felt very safe that they came and made contact, that they took the initiative. You did not feel like a brick in the wall (31, p.1037)."*

Parasuicidal patients are autonomous persons who are responsible for their own actions (35, 36). They do however suffer tremendously and need help to find ways to manage their despair. Participation in making decisions about their care is a step towards strengthening the parasuicidal patient's connection to life (36). One way of doing this is to continuously keep asking the patient about his/her views and experience of the care provided (33). The nurse can make use of the surrounding in order to make a parasuicidal patient participate and opening up. Sometimes being accompanied out of the ward for some fresh air can be greatly appreciated by the patient. Talking outside sometimes feels easier and the patients feel like they can express themselves more freely (31):

> *"I have spoken to the nurses while I have been out walking (31, p.1037)".*

Basic needs

Nurses must consider that parasuicidal patients may need peace and quiet**.** The ward can be a noisy environment. There is also a risk of parasuicidal patients experiencing lack of privacy and deprivation of autonomy since they are often restricted from leaving the ward. Feeling trapped adds to their suffering (33). Some parasuicidal patients are too tired and shocked with their suicide attempt to participate fully and they may need a respite from demands (35). Occasionally they require help with basic nursing care such as personal hygiene, nutrition and sleep (31, 37).

As one patient said:

> *"I am sure that I had gone right down to the baby stage. I could not manage to eat. People had to feed me. I only wanted to drink (31, p.1037)".*

Another patient stated:

> *"Feeling a little cleaner made me feel a little happier. I felt better (31, p.1037)."*

The need of spiritual care

Creating room for prayer and spiritual retreat can help parasuicidal patients find strength within themselves or in their spiritual beliefs (33). All patients do not express a need for

spiritual care (33, 39). Showing empathy and providing comfort to parasuicidal patients has a spiritual dimension (39, 40), sometimes it is enough just being there in a stressful moment to ease the patient's suffering (39). Spiritual needs are not necessarily the same as religious beliefs. Therefore a nursing assessment of spirituality must include the parasuicidal patients' existential needs of purpose and meaning (40).

The need to form a partnership with the next of kin
The next of kin to patients who have attempted suicide are under a lot of stress. They often suffer from sleep deprivation and feelings of helplessness since they feel inadequate in helping their suicidal family member (41). Nurses need to include the next of kin in the care of the parasuicidal patient. Depriving them of participation will have a negative effect on their well being and may increase their feelings of helplessness and suffering (41). For a partnership to form between a nurse and a next of kin of a parasuicidal patient the nurse must acknowledge their vulnerability and feelings of helplessness. By listening to the next of kin and making him/her visible and heard the nurse can create an atmosphere of comfort and trust and build a sense of communion (41).

In brief manageability is about creating a non-judgmental atmosphere where nurses emphasise the seriousness in a suicide attempt and help patients reflect on their own actions. Nurses must take basic nursing needs and the next of kin's input into consideration when planning care together with parasuicidal patients.

Meaningfulness
The need to be seen and confirmed
Nurses should take the time to listen and interact with patients discussing their difficulties and problems (31, 33). These talks should not be used in diagnostics or focus so much on solutions as they should be supportive (31). Being treated with friendliness in a respectful manner can ease feelings of guilt and shame after a suicide attempt (35). Parasuicidal patients need human to human contact, which confirms to them, that someone actually cares and that they are valuable as persons (31, 32):

> *"It is important that the nurses spent time with me; demonstrated that I was important, showed that I matter (32, p.797)."*

It is essential that these talks are uninterrupted (31, 35).

If the nurse does not communicate what he/she is doing with the parasuicidal patient or seems like he/she lacks interest, the parasuicidal patient will feel violated or diminished. This can create a sense of meaninglessness. These feelings can be accentuated if the parasuicidal patient believes that the nurse is more interested in, for example, his/her co-workers than in the parasuicidal patient. In which case the patient may see himself/herself as a burden (38):

> *"He had emergency duty the previous night so he was tired. It felt difficult, like being a burden. My being here is causing trouble (38, p.639)."*

The essence of nursing actions that strengthen meaningfulness is to recognise the parasuicidal patient as a suffering and valuable human being.

DISCUSSION

Methodical

A deductive method was used when screening the articles for nursing actions relating to suffering and sense of coherence. By working in a deductive way, we were able to explore the articles in the light of suffering and sense of coherence, to retrieve their essence. Working in this way enabled us to produce a paper with clinical usefulness. However, since our literature review has a general adult focus, it might not be applicable to specific patient groups or paediatrics. To our knowledge the sense of coherence concept has not been used in this context before can be a limitation to this literature review. However, we found that suffering and sense of coherence are relating concepts that interact and complement each other well. Suffering is an acknowledged area of nursing research and it proved invaluable in connecting the sense of coherence concept with a nursing perspective. In a future literature review we would chose to work with a similar method.

Parasuicide is a well researched and described area of nursing care. A few leading researchers have produced a great variety of materials. We did not find any published nursing research linking the sense of coherence concept with parasuicide. The literature in the background was enriching and helped constructing our aim.

The key words were well suited and gave a wide range of results. Only three databases were searched and this search could have been extended to include more databases. The used articles were mostly retrieved from the PubMed/Medline database. That was the first database searched and most of the articles were also presented in Cinahl. The quality and content of the retrieved articles were satisfactory. Nevertheless, there were some articles of interest, which were not available through the library. They may have added different perspectives to the results.

All of the articles used in the results are qualitative studies. It would be difficult to explore this area of nursing care in any other way. Two of the studies had based their results on a small number of respondents' opinions (34, 36). This might be a limitation of these studies. They were included because their findings were still of great significance and relevance as they brought new perspectives and conclusions that broadened the results.

The article by Talseth et al. (31) was included, despite being less recent (1999), since we found that it is a key work that is often referred to in this field. Most of the selected material has a Nordic perspective. Two of the articles originate in Taiwan (33, 37). The Taiwanese studies are transferable to Swedish conditions because they do not focus on specific cultural behaviours. Some of the articles (31, 33, 35, 37, 38, 41) were written by the same author or research team and some of them were based on the same research material (33, 35, 37, 38). However, only two articles from each author or research team were included in the selected material. The articles based on the same research material added different perspectives and conclusions. They were therefore included.

All articles but one (36) stated that they had gained approval from local research ethics committees. Vatne (36) has an ethical discussion in her article but does not state that her study gained approval from a research ethics committee.

The findings are concordant in many aspects. The article that has a narrative perspective (41) was included because social relations are a fundamental part of manageability (8). The sense of coherence concept proved useful and was easy to apply to the selected articles. The most challenging part was to separate and divide nursing actions into themes since they often interlinked with each other. Many of the nursing actions retrieved from the articles were applicable to more than one component of the sense of coherence concept.

By working as a pair we feel that we complemented each other well and brought different thoughts and ideas into this literature review. It was helpful to share perspectives when retrieving our material and writing the result. We have learnt to compromise and negotiate during the research process and we feel that this has enhanced the finished paper.

Result

It takes courage to nurse parasuicidal patients. Nurses must find their inner strength to ask necessary but unpleasant questions and to actively listen to the patient's answer (24, 31, 32, 39). When it comes to life and death situations we are at our most vulnerable state (28). Nursing patients, who were so driven by their suffering that they attempted suicide, brings out personal feelings in the nurse. Nurses need to recognise these feelings but still stay professional in the meeting with the patient. Since parasuicidal patients require immediate care and can not wait for psychiatric evaluation or transfer to a psychiatric ward (29), all nurses must be prepared to confirm and listen to their patients' suffering (24, 39, 40).

The concept of suffering

All parasuicidal patients experience suffering (6). It is a nursing challenge to connect with the patient and help him/her find ways to endure the suffering to be able to get well (24, 31, 32). Nurses have to remember that many parasuicidal patients are easily offended and lack trust in others (28). They ought to incorporate this into their care. If the patient's suffering can not be managed, other nursing actions will have less impact and may not give the result the nurse was hoping for. It is therefore of utter importance that the nurse recognise and confirms the patient's suffering. Suffering must be viewed as a part of the parasuicidal patient. Finding ways to help the patient endure the suffering must be incorporated into all aspects of nursing care.

Comprehensibility

Nurses can strengthen parasuicidal patients' level of hope and comprehensibility by not losing his/her own hope in them (31, 32). By radiating hope and positive thinking the nurse can reflect hope to the patient, if only for a short period of time. This could break the circle of negative thoughts and allow the patient to feel better. As Vråle (11) concluded: creating hope takes time and effort. When caring for parasuicidal patients nurses should focus on the presence and try to encourage the patients to find hopeful situations during the day. Using a wide time frame when trying to install hope in patients will be confusing and incomprehensible.

To help parasuicidal patients comprehend their situation nurses must be honest with them to establish a truthful relationship (24, 36, 38). Nurses ought to realise that the patient is responsible for his/her own actions. The nurse can never take full

responsibility for his/her patient's actions even though nurses are responsible for keeping their patients safe (13, 35, 36). By strengthening the patient's autonomy and self esteem nurses can build a caring relationship with the patient and emphasise the responsibility for the patient to make his/her own decisions. This relationship can only be truthful and honest if the patient participates in making his/her own decisions (33, 34, 36). The nurse needs to respect the patient's choice of whom he/she prefers to open up to or not. However, the nurse must continue to show interest and seek contact with the patient and can not lay this responsibility on the patient.

By creating routines together with the patient the feeling of predictability and influence will increase and this will help make the ward environment a bit more comprehensible (11, 33, 34, 36).

Manageability

To provide good nursing care for parasuicidal patients nurses should reflect upon their own views and feelings about suicidality and show a non-judgemental attitude towards their patients. It is a difficult task to explain the seriousness of a suicidal attempt without passing judgement or generate feelings of shame (31, 35-37). Since parasuicide is a medical, social and psychological problem (20) nurses ought to understand the complexity of the situation and try to take all aspects into consideration when talking to the patient about the suicide attempt. Nurses should support their patients' reflections upon their situation without giving guidance or advice. The nurse being there and listening quietly can help the patient to endure his/her suffering (39, 40). It is important to be supportive without being intrusive since it is the patient who needs to re-establish his/her sense of self (28, 31, 32).

Parasuicidal patients have basic and physical nursing needs just like any other patient group (24, 28, 31, 35, 37). It is essential that these needs are met if the patient is to find ways to endure his/her suffering. The patients can not cooperate in treatment if they are tired or under-nourished. Nurses have a primary responsibility to meet those needs and if this area of nursing care is neglected all other treatment will be compromised.

Nurses must create opportunities for parasuicidal patients to participate in their care (33, 34, 36). Staff continuity will make the patient feel more secure and at home in the ward. Communication about the care plan and scheduled activities with the patient will enable the patient to have more input and therefore feel more involved in his/her planned care. Participation is a key element of manageability (8).

The patient will need help in meeting his/her next of kin (27, 28, 41). Nurses play an important role in helping parasuicidal patients with keeping in touch with their surroundings and social groups (11). The next of kin to parasuicidal patients suffer too (24, 27, 41). They need to feel a sense of communion with the nurse and experience a felling of participation in the care to be able to manage the situation. Both the patient and the next of kin are dependent on the nurse's support to manage their feelings of grief and guilt (28, 38).

Meaningfulness

Patients with suicidal ideation, including patients who have attempted suicide, often have a sense of experienced meaninglessness in their life. Patients can find it difficult to talk about these feelings since they are closely connected to the decisions to end ones

life (11). Nurses must accept and acknowledge that their patients suffer with the lack of meaningfulness and that this is unlikely to change in the near future. The sense of meaning does not always have to been seen in the light of the future, creating an atmosphere of personal belonging on the ward is important for the feeling of meaningfulness (33).

Feelings of shame and guilt are common after an attempted suicide (35). Nurses can help ease such feelings by treating the patient in a respectful manner (24, 31, 32, 35). By caring for a parasucide patient in a personal and culture appropriate way and put the patient's believes and ideals in focus nurses can boost their patient's sense of value and confirm their place in the social context (11). It takes time and interest to confirm a parasuicidal patient. To give confirmation is a nursing responsibility and a key factor in promoting recovery (11, 24, 31, 35, 37, 38). It is important for the patient to be seen for who he/she is and feel accepted as a valuable human being. This can only be done by recognising and confirming parasuicidal patients in their suffering.

The sense of coherence

Nursing actions that strengthen the parasuicidal patient's sense of coherence are mostly aimed towards comprehensibility and manageability. This is not surprising since it is easier to make a situation comprehensible and manageable than meaningful. By strengthening parasuicidal patients' feelings of comprehensibility and manageability they are more likely to endure suffering and stay in treatment. If the patient participates in treatment he/she will have the opportunity to create feelings of meaningfulness.

Clinical relevance and further research

The findings in this literature review can be used as guidance for nurses in clinical practise. The results need to be confirmed and evaluated by clinical research that aims to find nursing actions that strengthen parasuicidal patients' sense of coherence.

The tools to give good nursing care to parasuicidal patients are provided in the Bachelor of nursing program. However, the need to confirm and see this patient group needs to be highlighted. Nurses must have the courage to be present in the meeting and believe in themselves when nursing this challenging patient group.

Conclusions

Nursing parasuicidal patients takes courage. This courage is needed in building an open and honest relationship with these patients. Not moralising or passing judgment is essential for providing good nursing care. Nursing actions are mostly aimed towards strengthening the parasuicidal patient's sense of comprehensibility and manageability in order for the patient to stay in treatment to create feelings of meaningfulness. The essence of nursing care is to recognise and confirm the parasuicidal patient as a suffering and valuable human being.

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SUMMERY OF ARTICLES

Reference number:	31
Author(s):	Talseth A-G, Lindseth A, Jacobsson L, Norberg, A.
Title:	The meaning of suicidal psychiatric in-patients' experiences of being cared for by mental health nurses
Journal:	Journal of Advanced Nursing
Published:	1999
Country of origin:	Norway
Aim:	To illuminate the meaning of suicidal psychiatric in-patients' experiences of being cared for by mental health nurses, as narrated interviews.
Method:	This is a qualitative study that used a phenomenological-hermeneutic method inspired by Ricoeur's philosophy to analyse data. Tape-recorded interviews were carried out by the first author.
Sample:	21 psychiatric in-patients who had thought about, expressed a wish or attempted suicide narrated their experiences of being cared for by mental health nurses. They were selected from five psychiatric hospital wards in Norway.
Number of references:	35

Reference number:	32
Author(s):	Cutcliff J. R, Stevenson C, Jackson S, Smith P.
Title:	A modified grounded theory study of how psychiatric nurses work with suicidal people
Journal:	International Journal of Nursing Studies
Published:	2006
Country of origin:	United Kingdom
Aim:	To determine if Psychiatric/Mental Health nurses provide meaningful caring response to suicidal people, and if so how.
Method:	A qualitative Glaserian grounded theory study. 20 semi-structured interviews were conducted.
Sample:	Theoretical sampling was used. A total of 20 participants who had made a serious suicide attempt or felt that they were on the cusp of doing so were asked to participate. All respondants were over 18 years old and had received emergency psychiatric help in the community, as an in-patient or at a day hospital in the United Kingdom.
Number of references:	31

Reference number:	33
Author(s):	Sun F-K, Long A, Boore J, Tsao L-I.
Title:	Patients and nurses' perceptions of ward environmental factors and support systems in the care of suicidal patients.
Journal:	Journal of Clinical Nursing
Published:	2006
Country of origin:	Taiwan
Aim:	To present and discuss the findings that emerged from a qualitative study exploring nurses and patients' views of the acute psychiatric ward (the context) and the type of care received (the intervening conditions).
Method:	Qualitative research using the grounded theory approach.
Sample:	Theoretical sampling. 15 patients who had either suicidal ideas or had attempted suicide and 15 psychiatric nurses were interviewed and observed at three different Taiwanese hospitals. The nurses had a minimum of 6 months experience of nursing suicidal patients. The patients had had suicidal ideation for 2 weeks previous to data collection or had done a previous suicide attempt(s).
Number of references:	33

Reference number:	34
Author(s):	Kiessling T, Kjellgren K. I.
Title:	Patients' Experiences of Participation in Care
Journal:	Vård i Norden
Published:	2004
Country of origin:	Sweden
Aim:	To describe how patients experience their participation in care and various factors that have an influence on their participation.
Method:	A qualitative phenomenological study. Eight interviews were undertaken.
Sample:	Strategic selection. Eight patients at a surgical ward were asked to participate in the study. All patients had previous experience of being hospitalised and spoke Swedish.
Number of references:	34

Reference number:	35
Author(s):	Wiklander M, Samuelsson M, Åsberg M.
Title:	Shame reactions after suicide attempt
Journal:	Scandinavian Journal of Caring Sciences
Published:	2003
Country of origin:	Sweden

Aim:	To extract and analyse the interview data concerning experiences of shame, which were reported spontaneously by the majority of the respondents in the interview study.
Method:	Secondary data analyses. Thirteen interview transcripts that contained shame descriptions were analysed by qualitative methods with respect to shame reactions.
Sample:	21 parasuicidal patients in a specialised psychiatric ward in Sweden were asked to participate in an interview study regarding the care they had been given. 18 patients agreed. The interviews with five women and eight men, aged 22-53, were analysed again in this study.
Number of references:	25

Reference number:	36
Author(s):	Vatne M.
Title:	Psychiatric Nurses' Understanding of their Responsibility Working with Suicidal Patients.
Journal:	Vård I Norden
Published:	2006
Country of origin:	Norway
Aim:	To illuminate how psychiatric nurses' understand their responsibility whilst working with suicidal patients.
Method:	A qualitative hermeneutic study. Four in-depth interviews guided by Kvales' principles.
Sample:	Strategic selection. Four Norwegian psychiatric nurses with 7-14 years experience of psychiatric nursing were selected.
Number of references:	34

Reference number:	37
Author(s):	Sun F-K, Long A, Boore J, Tsao L-I.
Title:	Nursing people who are suicidal on psychiatric wards in Taiwan: action/interaction strategies.
Journal:	Journal of Psychiatric and Mental Health Nursing
Published:	2005
Country of origin:	Taiwan
Aim:	To develop a suicide care theory that could help nurses to improve suicide prevention and care.
Method:	A qualitative grounded theory study. Data was collected through observation and semi-structured interviews.
Sample:	Theoretical sampling was used. 15 patients who had either suicidal ideas or had attempted suicide and 15 psychiatric nurses were interviewed and observed at three different Taiwanese hospitals. The nurses had a minimum of 6 months experience of nursing suicidal patients. The patients had had

	suicidal ideation for 2 weeks previous to data collection or had done a previous suicide attempt(s).
Number of references:	29

Reference number:	38
Author(s):	Samuelsson M, Wiklander M, Åsberg M, Saveman B-I.
Title:	Psychiatric care as seen by the attempted suicide patient.
Journal:	Journal of Advanced Nursing
Published:	2000
Country of origin:	Sweden
Aim:	To elucidate the attempted suicide patients' experiences of receiving specialized inpatient psychiatric care.
Method:	The first author introduced a set of guidelines on how to care for parasuicidal patients at a psychiatric ward in Sweden. A total of 23 parasuicidal patients were hospitalised at the ward during 1996. In-depth interviews were undertaken with 18 of the patients. The qualitative data analysis was inspired by Burnard.
Sample:	21 Swedish speaking parasuicidal patients in a specialised psychiatric ward in Sweden were asked to participate in an interview study regarding the care they had been given. 18 patients agreed.
Number of references:	31

Reference number:	39
Author(s):	Lundmark M.
Title:	Spiritual Care- Defenition of the Concept and Difficulties Providing It According to Swedish Nursing Staff
Journal:	Vård i Norden
Published:	2005
Country of origin:	Sweden
Aim:	To investigate how nursing staff on a Swedish oncology clinic describes the concept spiritual care and to find out which difficulties they see in providing spiritual care.
Method:	A qualitative study that used a questionnaire to collect data. The questionnaire consisted of 17 closed questions and 2 open questions. It had been submitted to trial in a test study.
Sample:	The questionnaire was handed out to all care staff at four oncology wards in Sweden. 73% of those who had been given the questionnaire submitted an answer. 68 people answered in total. 60% of the respondents were nurses.
Number of references:	36

Reference number:	40
Author(s):	Greasly P, Chiu L.F, Gartland R.M.
Title:	The concept of spiritual care in mental health nursing.
Journal:	Journal of Advanced Nursing
Published:	2001
Country of origin:	United Kingdom
Aim:	To clarify the issue of spiritual care in the context of mental health nursing.
Method:	A series of nine focus groups were conducted to obtain the views of service users, carers and mental health nursing professionals about the concept of spirituality and the provision of spiritual care in mental health nursing.
Sample:	Five groups of service users that met on a regular basis were approached and asked to participate in the study. An in-patient focus group was created at a forensic unit. One group consisted of carers who belonged to a local organisation. Two groups consisted of nurses from two different wards.
Number of references:	42

Reference number:	41
Author(s):	Talseth A-G, Gilje F, Norberg A.
Title:	Being Met- A Passageway to Hope for Relatives of Patients at Risk of Committing Suicide: A Phenomenological Hermeneutic Study.
Journal:	Archives of Psychiatric Nursing
Published:	2001
Country of origin:	Norway
Aim:	To illuminate the meaning of relatives' lived experiences of being met by mental health care personnel during the care of their family member at risk of committing suicide.
Method:	A qualitative phenomenological hermeneutic study. 15 audio tape-recorded interviews were conducted.
Sample:	The authors asked 23 psychiatric inpatients at risk of committing suicide's permission to contact a family member of their choice to interview for the study. 15 patients agreed. Their relatives were contacted in writing and asked to participate in the study. Fluency in the Norwegian language was a requirement to participate in the study.
Number of references:	24
