

EMERGENCY ROOM NOVICE NURSES' CARING FOR ADOLESCENT PATIENTS WITH POST-SUICIDE ATTEMPT: A PHENOMENOLOGY

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Abstract

This study aimed to explore and describe the lived experiences of novice nurses in emergency room (ER) settings who provide care to adolescent patients following suicide attempts. Utilizing Colaizzi's (1978) descriptive phenomenological approach the research rigor was established through validation, verification and validity. A purposive sample of 10 novice nurses was interviewed. From 145 significant statements, 12 themes were identified. The experiences of novice nurses' handling for adolescent post-suicide attempt included Complexity of Care, Uncertainty and Emotional Difficulty, Curiosity of patient's Situation, Realization on the weight of Human Suffering. Their experiences that shape personal and professional growth included Managing Emotions with Professionalism, Developing Professionalism, Building Competence, Promoting Empathy. The insights that novice nurses wanted to share with fellow nurses and to the nursing practice in general consisted of Building Trust and Compassion, Active Listening, Fostering Professionalism, Enhancing Emotional Sensitivity. Caring for patients after a suicide attempt poses significant challenges for novice nurses, highlighting the importance of ongoing education and support to help them develop the competence and confidence needed in this critical aspect of nursing.

Keywords: *Social Science, Adolescent post-suicide attempt, Descriptive-Phenomenology, South Cotabato.*

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Introduction

The increasing prevalence of suicide attempts among adolescents has become a critical public health concern worldwide, demanding immediate attention from healthcare systems. Adolescents who survive suicide attempts often find themselves in the emergency room, a high-pressure environment where novice nurses frequently serve as the first point of care (Fogaça et al., 2023). These nurses, while trained in clinical skills, often face immense challenges in addressing the emotional, psychological, and ethical complexities inherent in such situations. Many struggle with a lack of preparation for the intense emotional burden and the specialized care required to support adolescent patients in post-suicide attempt recovery. Thus, (Cobos et al. 2024), agreed that this disconnection not only impacts the quality of care provided but also contributes to heightened stress and burnout among novice nurses, creating a dual crisis in care provision and workforce sustainability.

Meanwhile, (World Health Organization, 2021) discussed that suicide is the fourth leading cause of death among individuals aged 15-29 globally, with significant rates in low- and middle-income countries. Suicide is a leading cause of death among adolescents globally, driven by challenges such as depression, bullying, family conflict, and social media pressures. Emergency rooms often become the first point of care after suicide attempts, placing novice nurses on the frontline. These situations demand both clinical skills and

emotional resilience. Understanding the experiences of these nurses is crucial for improving care for vulnerable adolescents and guiding the development of training and support systems for healthcare providers.

Keightley et al. (2023) and Anderson et al. (2024) discussed that while suicide among adolescents has been extensively studied, research often focuses on the causes, prevention, and outcomes, with limited attention given to the experiences of healthcare providers, particularly novice nurses, who are pivotal in post-suicide attempt care. Existing studies highlight the emotional and psychological burden faced by healthcare workers, but few explore the specific challenges novice nurses encounter in emergency room settings (Skene et al., 2022). This gap leaves a critical need to understand how these nurses navigate the complexities of providing care to adolescents in crisis, including the emotional toll, communication challenges, and the need for specialized training. While suicide among adolescents is a growing public health concern globally, research has largely focused on prevention strategies, psychiatric interventions, and the psychological outcomes for patients and families. However, limited attention has been given to the experiences of novice nurses who provide immediate and ongoing care to adolescent patients following a suicide attempt. Addressing this gap will offer valuable insights to improve both patient outcomes and the well-being of novice nurses, ensuring they are better equipped for such demanding scenarios.

Basing on the researcher's proposition that novice nurses in emergency rooms face unique emotional and professional challenges when caring for adolescent patients after a suicide attempt, it is on this premise that this topic is worth studying. The researcher also assumes that these nurses develop coping strategies and insights that, if documented and analyzed, could provide valuable information for improving training programs, support systems, and care protocols in similar situations. Understanding these experiences could shed light on gaps in current emergency room training programs. Ultimately, this research could contribute to a safer, more empathetic care environment for both patients and nurses.

Methods

This study employed a qualitative, descriptive-phenomenological research design based on Edmund Husserl's philosophy, which emphasizes the exploration of lived experiences as they are consciously perceived by individuals. By "going back to the things themselves," this approach allowed for an in-depth understanding of how novice nurses in South Cotabato experience and interpret their roles while caring for adolescent patients after a suicide attempt. Directly relevant to the study entitled *Emergency Room Nurses Caring for Adolescents Post-Suicide Attempt*, this method provided a structured yet open lens to capture the emotional, ethical, and professional realities faced by these nurses, revealing the essence of their caregiving experiences and

informing future support and training programs in emergency settings.

The study was conducted in the Emergency Rooms of two government hospitals in South Cotabato, selected for their high patient volumes and diverse case mix. Hospital A, located in Crossing Dajay, Surallah, has a 75-bed capacity, while Hospital B, a Level 2 facility with 200 beds, is situated along Aguinaldo Street in Koronadal City. Both hospitals provide 24/7 emergency care and include specialized zones for triage, resuscitation, observation, and treatment—making them appropriate settings for exploring the experiences of nurses caring for adolescents after suicide attempts.

The study involved ten novice nurses selected through purposive sampling for their direct relevance to the research focus. Participants were chosen based on specific criteria: they had 1 to 12 months of hospital experience, were assigned to the emergency room, and had cared for adolescent patients following a suicide attempt. Purposive sampling allowed the researchers to intentionally select individuals who could provide rich, meaningful insights based on their firsthand experiences. This method was especially suited for the study, as it targeted a small, specialized group capable of shedding light on the emotional and professional challenges novice nurses face in such critical care situations. In-depth interviews conducted in March 2025 captured their perspectives, helping to inform better support systems and care

practices. Only ten novice nurses were included in the study based on the principle of data saturation, where no new themes or insights emerged after the tenth interview. This number was sufficient to capture the core experiences of participants and aligned with the purposive sampling approach, which targeted nurses with 1 to 12 months of ER experience caring for adolescents after a suicide attempt.

Phenomenology explored how individuals made sense of their experiences using their own words (Dodgson, 2023). Descriptive phenomenology offered valuable insights into human experiences across various disciplines (Sinfield et al., 2023).

In this study, the primary data source was the lived experiences of the participants, gathered through in-depth interviews (IDI) using a semi-structured interview guide. To obtain a comprehensive understanding of the participants' experiences, the researcher also conducted observations during the interviews. The participants were purposely selected by the researcher based on predetermined inclusion criteria. They were identified as novice nurses with at least one month to one year of clinical exposure in the emergency room. For secondary data, the study utilized books, journal articles, literature reviews, previous research works, and credible internet sources.

The researcher followed strict ethical procedures before data collection, securing written permission from the Master of Arts in Nursing Program Chair of Davao Doctors

College, Inc., and obtaining approval from the hospital's Ethical Board Committee Chairman and Chief Nurse after consultations with the research adviser and panelists. The approved documents and questionnaires were then submitted to the Medical Center Chief's office to gain authorization for the study and participant recruitment. After approval, novice nurses working in the emergency room were contacted, informed consent was obtained, and their rights were explained. Participants received a brief orientation about the study to ensure transparency and were informed that interviews would be recorded, lasting 15 to 30 minutes, with encouragement to speak openly. Confidentiality of responses and personal information was strictly maintained. The collected data were then carefully analyzed to extract meaningful findings and conclusions.

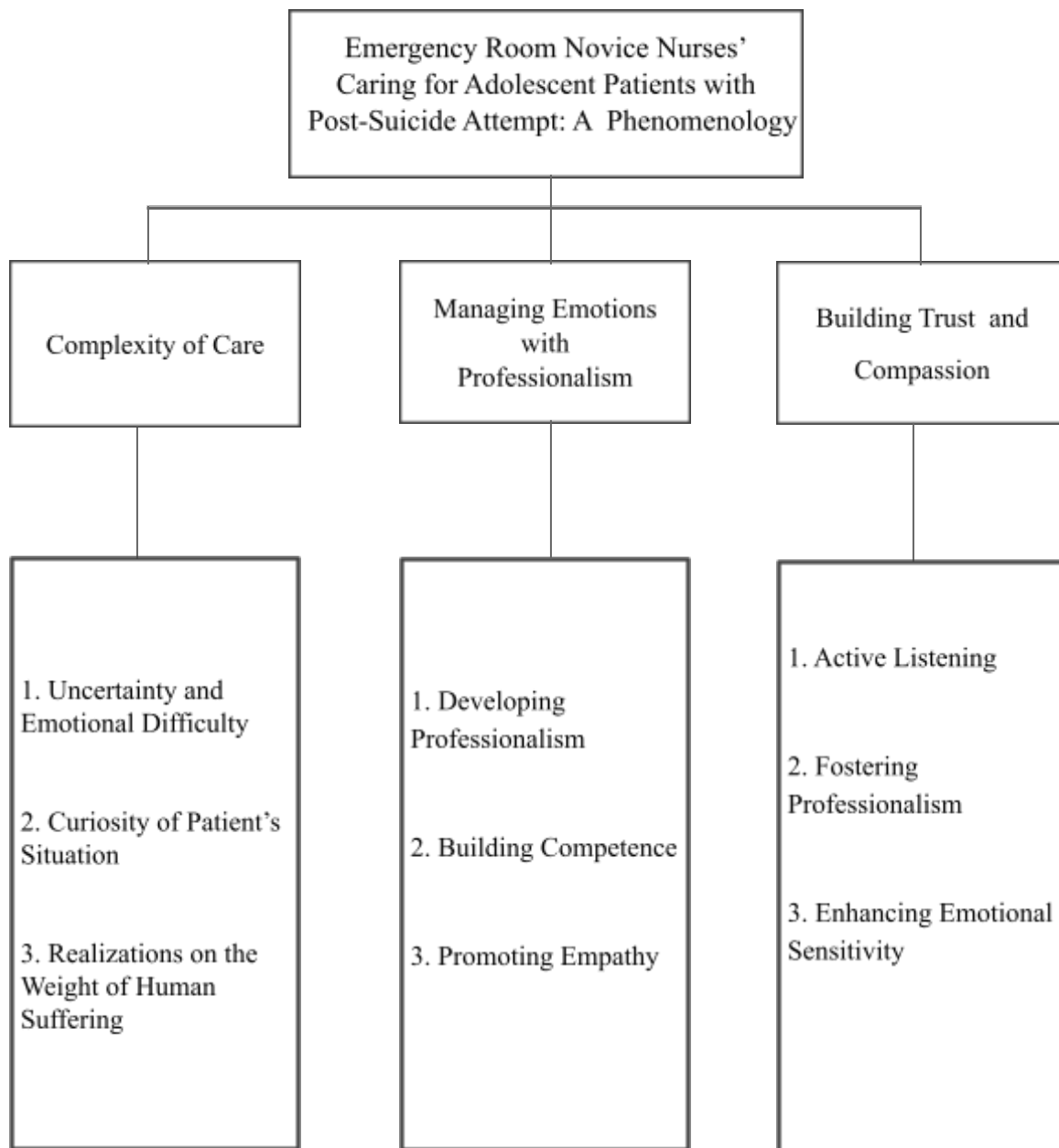
The study used Colaizzi's (1978) descriptive phenomenological method, which involved reading all transcripts to grasp overall meaning, extracting significant statements, interpreting their meanings, grouping these into themes, writing a detailed description, summarizing the essence of the experience, and validating the findings with participants to ensure accuracy; this structured approach is well-suited for qualitative research as it deeply captures participants' lived experiences while maintaining their authentic perspectives.

Results and Discussion

Table 1. Profile of the Participants

Code Name	Age in Years	Sex	Months in Emergency Room	Study Group
Nurse Garnet	26	F	4	IDI
Nurse Amethyst	38	M	4	IDI
Nurse Aquamarine	37	F	4	IDI
Nurse Diamond	26	F	3	IDI
Nurse Emerald	23	F	3	IDI
Nurse Alexandrite	23	F	3	IDI
Nurse Ruby	23	M	3	IDI
Nurse Peridot	25	F	5	IDI
Nurse Sapphire	25	F	5	IDI
Nurse Opal	26	F	6	IDI

Thematic Map



The thematic map illustrates the evolving journey of emergency room novice nurses as they care for adolescent patients following a suicide attempt. It begins with the first theme, “Complexity of Care”, refers to the intricate and multifaceted nature of providing emergency nursing care to adolescents following a suicide attempt, characterized by the interplay of high emotional intensity, limited experience, uncertainty in decision-making, and the need to balance clinical priorities with compassionate, age-appropriate psychosocial support. The second theme is “Managing Emotions with Professionalism”, recognizing and regulating one’s emotional responses to provide compassionate, ethical,

In this study, it explored the experiences of emergency room novice nurses in caring for adolescent patients following suicide attempts. Through in-depth narratives, several emergent themes were identified that capture the emotional, psychological, and professional challenges faced by these healthcare providers. The findings reveal a transformative journey marked by initial emotional struggle, growing empathy, and the development of professional competence. These themes offer insight into how novice nurses navigate their roles amidst emotionally charged situations and highlight the critical importance of emotional resilience, effective communication, and compassionate care. The emergent themes serve as a foundation for understanding the unique learning experiences that shape both the personal and professional identities of novice nurses in high-pressure emergency settings.

and effective care without letting personal feelings interfere with clinical responsibilities.

Moreover, the third theme, “Building Trust and Compassion”, Building trust and compassion means consistently acting with honesty, integrity, and empathy, so that others feel safe, respected, and supported in both good times and difficult moments. This insight underscores the complex experiences of novice nurses and emphasizes the importance of comprehensive support and training programs to better equip them for the challenges of caring for adolescents after a suicide attempt.

Emergent Theme 1: Complexity of Care

The experiences of novice emergency room nurses in caring for post-suicide attempt patients highlight a predominant theme: “*Complexity of Care*”, This central topic highlights the internal conflict of novice nurses as they confront the emotional and psychological obstacles of caring for highly vulnerable patients, while progressively developing compassion and professional insight.

This experience is fundamentally characterized by emotional confusion, a condition of internal discord induced by fear, worry, and helplessness in confronting a life-threatening situation resulting from self-inflicted trauma. As novice nurses, their lack of familiarity and lack of exposure to these crucial cases intensify their emotional reactions (Kuruvilla, 2025). Nonetheless,

amidst this uncertainty emerges a desire to connect, comprehend, and empathize.

Caring for patients who have attempted suicide presents significant complexities for novice emergency room (ER) nurses, stemming from emotional, ethical, and clinical challenges. These nurses are often underprepared to handle the nuanced mental health needs of suicidal patients, resulting in increased stress and uncertainty during care delivery (Peart et al., 2023).

Cluster Theme 1: Uncertainty and Emotional Difficulty

Novice nurses experience significant mental distress and initial hesitation when attending to patients who attempted suicide. The fear arises from a confluence of inexperience, emotional shock, and uncertainty over appropriate actions. Such accounts illustrate the psychological burden that nurses endure, particularly during their initial experiences with suicide-related cases. The distress includes not only the physical emergency but also the profound emotional encounter with an individual's suffering and desire to die.

Their perceived lack of experience exacerbates this emotional instability. Numerous individuals reported feeling overwhelmed and inadequately prepared, particularly when faced with evident symptoms of self-harm of patients and their families. The reactions correspond with the observations of (Rheinberger et al., 2022), who indicated that emergency department

healthcare professionals, especially those in the early phases of their careers, frequently encounter emotional fear and inadequacy when addressing suicide crises, primarily due to inadequate exposure and emotional readiness. The experiences of this novice nurses supported by their statement below:

"I hesitate on how to talk to them, I'm afraid I'll say something wrong that might make things worse (N1 Code: Nurse Garnet, Line 6-7)

" I was really shocked because it was my first time encountering something like that, who had tried to take their own life." that I wasn't expecting situations like this to actually happen in real-life practice.,” (N2 Code: Nurse Amethyst, Line 8-10)

"As for my emotions, you really get shocked, you feel pity, and you feel scared, because what if what happened to them also happens to me and to my own family. (N4, Code: Nurse Diamond, Line 12-13)

"I was like, I'm scared, what do I do? I didn't know how to start a conversation, I'm afraid and don't know what intervention to do first because it's my first-time encountering post suicide

case” (N2, Code: Nurse Amethyst, Line 7-10)

A study conducted by Sun et al. (2019) examined the psychological processes experienced by nursing students during their inaugural mental clinical practicum. The research identified four stages: uncertainty and fear, frustration and powerlessness, support and catharsis, and confidence and empathy. During the initial phase, participants expressed fear regarding patients' suicide attempts, underscoring the emotional difficulties encountered by inexperienced nurses in these circumstances.

Similarly, Hagen et al. (2017) examined the experiences of mental health nurses in psychiatric units. The findings indicated that suicide conduct elicits a range of emotions, prompting nurses to manage their feelings and maintain a balance between engagement and detachment to deliver effective care. This highlights the emotional effort required in caring for suicidal patients.

Nonetheless, despite their apprehension, these nurses articulated a profound drive to improve and derive lessons from each encounter. The readiness to reflect and evolve despite initial hesitation is a key component of their professional advancement and highlights the necessity for specialized training in suicide intervention, as well as emotional debriefing and peer support.

Cluster Theme 2: Curiosity of Patient's Situation

A significant trend noted among novice nurses handling patients following suicide attempts is the gradual growth of curiosity about the patient's circumstances. Initially affected by psychological strain and doubt, many inexperienced nurses begin to articulate an internal transition toward comprehending the profound context surrounding the patient's suicide attempt. This transformation signifies a crucial juncture in their treatment experience, as emotional reactivity yields to reflective thinking and compassionate inquiry. This claim was supported by their statement below:

"I felt both curious and challenged. I was curious in the sense that I wanted to understand how the patient ended up making that attempt, what happened in their life that made them feel like there was no other way "
(N7, Code: Nurse Ruby, Line 6-9)

"As a novice nurse, you're really curious about why they thought of committing suicide." (N4, Code: Nurse Diamond, Line 9)

"At first, you get overwhelmed thinking that they reached a point where they wanted to end their life, what really the

*problem/situations why ended
in suicide" (N3, Code: Nurse
Aquamarine, Line 13-15)*

The nurses' curiosity is rooted from their emotional motivation and authentic desire to improve the quality of care they deliver. Upon overcoming early fear, novice nurses begin to inquire about the factors that may have contributed to the patient's grave condition. This tendency to comprehend the patient's psychological, familial, and societal context signifies an enhancement of sympathetic involvement. Hayes and Proeve (2020) assert that this form of perspective-taking is crucial for cultivating therapeutic relationships and enhances nurses' emotional preparedness to handle mental health needs more comprehensively.

More so, the rise of inquiry indicates an increasing acknowledgment of suicide as a complicated, multifaceted problem that cannot be resolved solely by medical interventions. Novice nurses start to comprehend the psychosocial dynamics involved, encompassing trauma, neglect, mental illness, and stigma. This corresponds with the conclusions of (Cheng et al., 2022), who highlight that curiosity and empathy serve as significant motivators for nurses to investigate not only the patient's symptoms but also the narrative underlying the crisis. Thus, curiosity functions as both an emotional conduit and a cognitive instrument for enhanced engagement.

Increased curiosity also prompts novice nurses to pursue further information and assistance. Many begin dialogues with

experienced colleagues or seek tools to enhance their comprehension of mental health care and suicide prevention. This conduct signifies a crucial developmental progression from passive caregivers to engaged learners. (Wu et al., 2021) assert that curiosity-driven learning enhances clinical maturity, especially in emotionally intense fields such as psychiatric and emergency nursing, where practical experience frequently serves as the most effective educator.

Cluster Theme 3: Realizations on the Weight of Human Suffering

As novice nurses encountered post-suicide cases, they came to recognize the significant and frequently unseen burden of human suffering. This topic encapsulates a profound transformation in their viewpoint of patients, viewing them not solely as subjects of medical care, but as individuals bearing substantial emotional, psychological, and social difficulties. This recognition arises as nurses observe the consequences of attempted suicide, leading to a stark acknowledgment of the intricate nature of suffering that transcends mere physical injuries.

Nurses frequently see the harsh reality of mental suffering due to repeated instances of suicide behavior. Numerous individuals assert that their interactions with these patients provoked profound reflection on the significance of suffering and the systemic deficiencies that may exacerbate such crises.

"When I looked at her lying there after the overdose, it was hard to believe someone so young had already given up. I kept thinking—what kind of pain could lead to that". (N1 Code: Nurse Garnet, Line 25-27)

"As an emergency room nurse, when I saw the cuts on her arms, my heart sank. She looked so quiet and composed, but inside, she was battling so much. It made me realize that suffering isn't always loud or obvious. (N4, Code: Nurse Diamond, Line 21-24)

"From the start, ma'am, I realized that I need to be considerate of others' emotions because not all people are resilient. Some are more susceptible to things that, for us, may seem like simple events in our lives, but for them, they are vulnerable and easily affected (N7, Code: Nurse Ruby, Line 36-38)

The shift in viewpoint corresponds with the research of Schreiber and (Zielinski 2022), who propose that rookie nurses undergo emotional awakening as they evolve from task-oriented care to compassionate, trauma-informed methodologies in mental health

environments. The burden of human suffering, formerly conceptual, transforms into a tangible and individual experience.

This insight encourages a more empathetic perspective towards patients who are often stigmatized or misinterpreted. Nurses increasingly acknowledge that suicide attempts frequently stem from enduring emotional distress, social isolation, or unresolved trauma. More so, reflective practice and emotional processing can convert distress into wisdom (Blomberg & James, 2020)

Lastly, (Tang et al., 2021) assert that healthcare professionals who observe patients' emotional distress frequently develop an in-depth awareness of mental illness as a major health crisis coming from many vulnerabilities. Such findings motivate nurses to broaden their empathy on clinical responsibilities and to contemplate the wider context of each patient's experience.

Emergent Theme 2: Managing Emotions with Professionalism

Despite these emotional challenges, nurses are expected to remain composed and provide compassionate, nonjudgmental care. This demand creates an internal struggle for novice nurses, who may lack the emotional resilience and experience to navigate such situations effectively (Montreuil et al., 2021).

The dual challenge of upholding professionalism while regulating one's emotions becomes more evident in this

situation. Nurses are required to provide clinically effective care while maintaining emotional stability in high-stress situations. This balancing act begins a process of internal control, wherein emotional responses are moderated to prioritize therapeutic presence and clinical efficacy. As a result, novice nurses come to understand that emotional management is not merely the suppression of feelings, but rather a professional competence essential in crisis-oriented healthcare settings.

Moreover, managing post-suicide patients necessitates an elevated degree of self-awareness and context awareness. This understanding aids in the formation of their professional identity, as they begin to link their duties not solely with medical interventions but also with psychological support and mental health advocacy. The emotional intensity of these events frequently incites thought, subsequently fostering growth in empathy, maturity, and resilience.

Furthermore, the cultivation of professionalism in this environment extends beyond mere compliance with protocols or task execution. It encompasses the capacity to regulate personal responses, maintain ethical principles, and pursue ongoing self-enhancement. With repeated exposure to emotionally charged cases, novice nurses progressively develop the ability to distinguish personal emotions from professional duties, while maintaining compassion and empathy in their care.

The progression from emotional vulnerability to emotional intelligence, from uncertainty to competence, and from passive observation to active participation delineates the journey of novice nurses toward a more cohesive and integrated type of professional development. This emerging topic underscores that emotional management is not an isolated ability but is closely connected to the values of professionalism in nursing.

Cluster Theme 1: Developing Professionalism

The development of professionalism and emotional control is essential for the professional advancement of novice nurses, especially while caring for post-suicide patients in high-pressure settings like the Emergency Room (ER). Inexperienced nurses sometimes encounter emotionally charged circumstances that test their clinical competencies and behavioral resilience. Their capacity to uphold professionalism while navigating severe emotions significantly influences their competency and identity as healthcare workers.

Kaufman et al. (2021) assert that the emotional demands of nursing, particularly in environments such as the emergency room, necessitate the cultivation of proficient emotional regulation mechanisms by nurses. Emotional regulation is essential for upholding professionalism, enabling nurses to remain collected and empathic while delivering care, especially in crisis scenarios with patients following a suicide attempt. Kaufman et al. discovered that

emotional regulation in nursing is intricately associated with professional conduct, as nurses must regulate their emotions to avert burnout and sustain their capacity to deliver high-quality care. This was supported by their claim:

"At first I was really emotional and wanted to cry when I heard her story. But I reminded myself that I'm a nurse now—I need to stay strong for the patient." (N2 Code: Nurse Amethyst, Line 43-45)

"...to manage, we need to be professional and treat them like a normal person, even when we talk to them or approach them." (N4, Code: Nurse Diamond, Line 29-30)

"When I entered the room, I was nervous and unsure of how to act. But I reminded myself that I have a responsibility to be calm and supportive. Even if I was affected emotionally, I had to focus on what the patient needed from me as a professional." (N5, Code: Nurse Emerald, Line 32-33)

"I remember feeling scared and uncertain during my first encounter, but I quickly understood that I had to be the patient's steady support.

Even though inside I was anxious, I practiced staying calm and focused, because that's what professionalism means in these moments."

(N1 Code: Nurse Garnet, Line 36-40)

In line with this, Zhang et al. (2020) assert that emotional intelligence (EI) is a crucial element in cultivating professionalism in nursing. Emotional intelligence (EI), which includes emotional awareness, regulation, and empathy, enables inexperienced nurses to effectively address patients' needs while managing their own emotional responses. Zhang et al. found that nurses with elevated emotional intelligence demonstrated enhanced resilience and professional competence, particularly when interacting with patients in emotional distress, including survivors of suicide attempts. This emotional intelligence enables them to stay grounded, ensuring that their therapeutic decisions are founded on best practices rather than emotional responses.

Furthermore, emotional regulation is intricately associated with the notion of self-efficacy in nursing. Yuan et al. (2021) propose that novice nurses' confidence in their capacity to handle emotionally taxing events may affect their emotional regulation techniques. Nurses with greater confidence in their professional talents are more adept at managing emotional stressors and upholding professional conduct in high-pressure situations. This self-efficacy

is cultivated via experience and coaching, enabling nurses to enhance their emotional responses over time.

Moreover, Schulz et al. (2020) emphasized the significance of emotional regulation in promoting professional conduct, revealing that emotional control is crucial in mitigating emotional burnout prevalent among healthcare professionals in high-stress workplaces. Research indicates that rookie nurses who actively cultivate emotional regulation tools, such as mindfulness and stress management approaches, are more likely to maintain long-term professional practice without experiencing emotional weariness.

In conclusion, the cultivation of professionalism and emotional regulation is a dynamic and progressive process for novice nurses. As they face the emotional difficulties of caring for post-suicide patients, they progressively acquire the ability to regulate their personal emotions and react with professionalism, compassion, and understanding. The cultivation of emotional intelligence, self-efficacy, and emotional regulation is essential in this process, assisting novice nurses in managing the intricacies of their duties while preserving their well-being and delivering high-quality care.

Cluster Theme 2: Building Competence

Building competence through learning and adaptation is essential for the professional advancement of novice nurses, particularly in high-pressure settings such as

the Emergency Room (ER), where they often interact with post-suicide patients. Novice nurses frequently encounter situations that challenge their clinical skills and knowledge, and their development as proficient practitioners depends on their capacity to learn from these events and change accordingly. Their experiences through learning and adaptation cited below:

"As a novice nurse in the ER, I was able to manage the challenges because I've already experienced it. Somehow, I've become more confident in handling future suicide cases that may come."
(N9, Code: Nurse Sapphire, Line 36-38)

"At first, I was really unsure how to approach a patient after a suicide attempt. But after a few similar cases, I started to understand what kind of support they need. I'm learning to ask the right questions, listen better, and respond more confidently."(N10, Code: Nurse Opal, Line 26-27)

"as a novice nurse in the ER, I still can't make decisions on my own. The first thing I do is ask the more experienced senior nurses for guidance."
(N8, Code: Nurse Peridot, Line 46-47)

"Yes, ma'am. In situations like this, since I'm still new in the ER, my knowledge is still limited and I still need to ask my senior nurses what I should do. (N2 Code: Nurse Amethyst, Line 50-52)

The process of competence development is incremental and encompasses both formal and informal education. Bostrom et al. (2020) emphasized that novice nurses frequently depend on mentorship, clinical guidelines, and reflective techniques to enhance their technical and decision-making competencies during their initial years of practice. Nurses caring for post-suicide patients frequently must swiftly adjust to rapidly evolving clinical situations, necessitating the use of critical thinking and immediate learning. Shariff et al. (2021) assert that this adaptability enables rookie nurses to enhance their clinical judgment by synthesizing theoretical knowledge with practical experience, particularly in difficult and emotionally charged situations.

Moreover, the dynamic characteristics of the emergency room, along with the unpredictability of post-suicide situations, cultivate an ongoing learning environment. Chen et al. (2020) discovered that novice nurses in high-pressure workplaces are more inclined to participate in experiential learning, a method characterized by learning via practice. By engaging with diverse clinical cases and

problems, these nurses enhance their competency in real-time, acquiring knowledge from errors, achievements, and mentorship from their senior colleagues. This corresponds with Kolb's Experiential Learning Theory (1984), which asserts that learning is a continuous process of adaptation that enhances competence as individuals progress via concrete experiences, reflective observation, abstract conceptualization, and active experimentation.

Adaptation is essential when confronting unforeseen emotional obstacles associated with managing post-suicide patients. (Yuan et al, 2020) underscore the significance of emotional resilience in cultivating nursing competence. Nurses who adeptly modulate their emotional responses in high-pressure situations are more proficient in managing future interactions, fostering the enhancement of both emotional and clinical competence. With experience, novice nurses acquire the ability to harmonize their emotional sensitivity with the technical competencies required to address patients' physical and psychological requirements.

Furthermore, developing competence via learning and adaptation is not an individual pursuit but is fundamentally connected to teamwork and collaboration.) Koh et al, (2021) observed that beginner nurses frequently depend on the proficiency of their experienced counterparts for adaptation and enhancement. Collaborative learning experiences, whether via formal mentoring or informal support networks,

facilitate novice nurses in cultivating technical skills and emotional intelligence within a supportive atmosphere.

Cluster Theme 3: Promoting Empathy

Promoting empathetic patient care is essential for the professional and personal growth of novice nurses, particularly in emotionally charged situations such as the care of post-suicide patients. In the Emergency Room (ER), where time is of the essence and emotions are heightened, novice nurses frequently encounter the difficulty of sustaining clinical efficacy while exhibiting empathy which is a balance that not only aids in patients' psychological rehabilitation but also underscores the humanistic dimension of nursing as emphasized by the participants:

"At first, I didn't know what to say, but when I looked at her, I saw someone who just needed to be understood. I put myself in her shoes and thought, what if that were my sister? That's when I realized how important it is to show kindness without judgment". (N9, Code: Nurse Sapphire, Line 64-66)

"What I remember is that I approached the patient calmly, because they're different from other patients, ma'am. So that was my strategy to really be calm. Then I gently reminded the

patient that their family is there for them." (N7, Code: Nurse Ruby, Line 66-68)

"When I heard her say she felt like a burden to everyone, my heart broke. I didn't try to correct her—I just listened. At that moment, I realized that empathy means accepting their pain without rushing to fix it."

(N6, Code: Nurse Alexandrite, Line 61-64)

Empathy in nursing, especially with post-suicide patients, involves not only comprehending others' emotional states but also conveying that comprehension effectively. Lee et al. (2020) asserts that sympathetic communication in acute settings enhances patient trust and fosters openness, which is especially crucial for suicide survivors who frequently endure shame, isolation, or psychological anguish. For newbie nurses, fostering empathy involves cultivating active listening abilities, non-judgmental communication, and emotional presence – all crucial for establishing a secure atmosphere for vulnerable patients.

In high-pressure emergency room environments, cultivating and maintaining compassionate care can be challenging, particularly for individuals who are new to the profession. (Akin & Aydin 2021) assert that empathy is an acquirable talent. Their research indicates that exposure to

emotionally charged situations, reflective practice, and mentorship enable novice nurses to absorb the significance of compassionate care and enhance their ability to convey empathy, especially under time pressures. This educational process is essential for developing their professional identity and enhancing the overall quality of patient care.

Moreover, empathy is essential not only for patient recovery but also for enhancing the nurse-patient rapport. (Wang et al., 2021) discovered that suicide survivors attended to by empathic nurses were more inclined to pursue follow-up treatment and reported higher satisfaction with their care. For newbie ER nurses, fostering empathy improves patient outcomes by instilling hope, emotional security, and dignity, particularly for individuals experiencing psychiatric crises.

Furthermore, (Karimi et al., 2022) propose that empathic care may function as a coping strategy for nurses. By perceiving patients with compassion instead of annoyance or judgment, inexperienced nurses may alleviate emotional tiredness and moral discomfort, which are prevalent in emergency room environments. This method maintains their dedication to care, even in circumstances where results are ambiguous or emotionally challenging.

Significantly, cultivating compassionate care is intrinsically linked to emotional management. Kaya et al. (2023) assert that rookie nurses possessing emotional self-awareness and introspective

capabilities are more adept at empathizing without experiencing emotional overload. This equilibrium between empathy and emotional regulation allows them to deliver treatment that is both nurturing and professionally anchored, especially for patients who have tried suicide and necessitate both physical stabilization and emotional support.

In conclusion, fostering empathy patient care is a developing competency for novice nurses, significantly shaped by experience, reflection, and mentorship. In the management of post-suicide patients, empathy is an essential component of care that facilitates healing, diminishes stigma, and validates the patient's situation.

Emergent Theme 3: Building Trust and Compassion

The significance of building trust and compassion establishment emerged as a prominent element in recognizing the insights that novice nurses might offer to their colleagues. As nurses confront the extremely intense responsibility of caring for post-suicide patients, cultivating a trust-based connection, compassion and empathy is a crucial element of treatment.

Initially, trust-building is not immediate, it necessitates consistency, presence, and honesty. Novice nurses acknowledged that patients with a history of suicide attempts frequently display reluctance or opposition to participate, primarily due to previous encounters with stigma or misinterpretation. Thus,

establishing a therapeutic environment in which patients feel emotionally secure is essential.

Furthermore, rapport is established not alone via clinical proficiency but also through interpersonal acumen. The participants emphasized that establishing a supportive nurse-patient relationship necessitates a deliberate effort to exhibit empathy, patience, and attentiveness. This is especially crucial when interacting with patients in a fragile psychological condition, since even minor actions or words can profoundly affect their experience of care.

The emerging theme underscores the necessity for ongoing, deliberate encounters that convey respect and unconditional positive regard. This indicates that the capacity to establish rapport expands everyday responsibilities and explores into emotional work, necessitating both self-awareness and professional dedication.

The classified themes such as active listening and communication, professionalism and non-judgmental attitude, sensitivity to patient vulnerability, and self-awareness and reflection—collectively underscore the need of developing trust as a cornerstone for healing. Each theme enhances comprehension of how novice nurses fulfill their roles not only as care providers but also as trusted supporters in their patients' recovery journeys.

The insights derived from their lived experiences provide practical and emotional

help for new nurses. These observations emphasize that trust-building is not simply a skill but a responsibility, requiring intentionality, emotional resilience, and a sincere desire to connect with the patient on a human level.

Cluster Theme 1: Active Listening

One of the key insights by the participants is the critical importance of active listening and effective communication in fostering trust and rapport with post-suicide patients. For novice nurses, attentive listening is one of the fundamental patient interactions, it also functions as a therapeutic instrument that cultivates emotional safety and willingness.

Active listening requires complete concentration, comprehension, response, and retention of the patient's verbal and non-verbal communications. Participants indicated that their presence and non-disruptive listening developed a sense of acknowledgment and understanding in patients. This conduct, consequently, motivated patients to disclose information and participate in the care process more willingly.

"... most important lessons I learned from my experience in caring for a suicide patient is the importance of listening to them. You really have to be a good listener—especially when they are talking, you need to maintain eye contact

so they know that you are serious and genuinely listening." (N5, Code: Nurse Emerald, Line 48-51)

"What's most important to them is the interaction and the conversation we have with them. Sometimes, once the patient starts to trust you, they may begin to share everything—the reasons why they attempted suicide and what led them to that point." (N2 Code: Nurse Amethyst, Line 66-70)

"What I learned is to not hesitate when talking to them, because they need comfort. That way, they'll learn to trust me. You really need to build that trust and cooperation between you and the patient." (N1 Code: Nurse Garnet, Line 49-51)

"I learned in my experience to be a good listener and know how to comfort the patient and not ask many questions to them." (N4, Code: Nurse Diamond, Line 45-46)

Contemporary literature supports this observation. Uysal et al. (2022) assert that active listening in psychiatric environments

correlates strongly with enhanced patient satisfaction, fortified therapeutic partnerships, and less psychological suffering. The research elucidates patients who perceive themselves as actually listened to are more inclined to cultivate trust in their healthcare professionals, a factor that is especially vital for persons experiencing suicidal ideation or possessing a history of suicide attempts.

Teo et al. (2021) also assert that communication tactics based on empathy and validation are crucial for suicide prevention. Their research indicates that when healthcare practitioners exhibit openness, non-judgment, and reflective listening, patients have heightened sentiments of support and less feelings of isolation crucial elements in suicide recovery.

Moreover, the communication proficiency, encompassing active listening, serves as a protective factor against emotional burnout (Karaca et al., 2020). This indicates that through meaningful discourse and reflective communication, nurses facilitate patient rehabilitation while safeguarding their own emotional well-being, rendering this ability essential for both parties.

The participants' insights confirm that active listening and communication are fundamental abilities in psychiatric care.

Cluster Theme 2: Fostering Professionalism

Participants emphasized the necessity of maintaining professionalism and a non-judgmental attitude when interacting with post-suicide individuals. For novice nurses, this includes not just complying with ethical norms of care but also fostering an attitude of empathy, openness, and respect, regardless of the patient's mental health history or social background.

Participants report that post-suicide patients frequently exhibit heightened sensitivity to stigma. Consequently, any indications of bias—whether verbal or non-verbal can hinder the establishment of trust. This underscores the significance of preserving a professional tone that communicates acceptance, understanding, and confidentiality. The nurses recognized that maintaining neutrality in facial expressions, vocal tone, and word selection is essential for ensuring patients feel secure and supported.

"I think what's really important is to show our patients that we are truly sincere and professional in the care we give them—and at the same time, that we are not there to judge them, but to help them." (N6, Code: Nurse Alexandrite, Line 87-88)

"Even though I was emotionally affected, I had to remind myself that the patient needed stability, not my

anxiety. I learned to hold back my reactions and focus on what was best for the patient. Staying calm and respectful that's part of growing into a professional."

(N6, Code: Nurse Alexandrite, Line 71-75)

"...what I learned, ma'am, is not to be afraid of them, because they are still human beings even if that's what happened to them. So, we really need to remain professional." (N1 Code: Nurse Garnet, Line 51-52)

"We should not be judgmental—that's really the number one thing, ma'am. Like questioning, 'Why did they overdose?'—those kinds of thoughts. We really shouldn't be judgmental, that's the number one thing (N7, Code: Nurse Ruby, Line 82-84)

This corresponds with the conclusions of (Zheng et al.,2021), who claim that non-judgmental communication in psychiatric environments markedly diminishes feelings of shame and fear in patients with suicidal inclinations. Their research indicated that patients who viewed their caregivers as impartial and respectful were more inclined to reveal emotional discomfort and participate in treatment.

Özkan and Özkan (2023) assert that a nurse's professional conduct—marked by consistency, ethical awareness, and emotional regulation—directly impacts patient trust and adherence. The study highlighted that novice nurses must deliberately practice professionalism, particularly during emotionally intense interactions with patients who have undergone suicidal crises.

Furthermore, (Lopez et al., 2020) examined the influence of non-judgmental attitudes on patient outcomes, observing that such attitudes diminish internalized stigma and promote patient transparency. The research indicated that when nurses consciously refrained from making assumptions or moral judgments, patients exhibited heightened emotional vulnerability and honesty, both critical to the therapeutic process. This establishes the foundation for the nurse-patient connection and is particularly vital when attending to persons who are emotionally vulnerable, embarrassed, or apprehensive about being misinterpreted.

Cluster Theme 3: Enhancing Emotional Sensitivity

The participants underscored the need of being sensitive to the vulnerability of post-suicide patients, acknowledging this as a crucial element in building trust and promoting recovery. Sensitivity, in this context, encompasses a profound knowledge of the emotional vulnerability and psychological instability frequently associated with suicide attempts. For novice

nurses, this required deliberately regulating their tone, gestures, and reactions to prevent exacerbating discomfort.

Numerous individuals indicated that patients following a suicide attempt may exhibit increased degrees of dread, shame, remorse, and emotional detachment as stated below:

"One of the life lessons I learned in the ER is that you really have to be compassionate, especially with patients who have attempted suicide because they are often emotionally fragile and still very young." (N8, Code: Nurse Peridot, Line 67-69)

"A life lesson I learned is that since the ER is a very challenging area, you really have to be compassionate and show empathy to your patients specially to suicide patients, because they are emotionally fragile." (N9, Code: Nurse Sapphire, Line 58-59)

"When I approached him, I noticed he didn't respond much to my questions, but his body language showed he was scared and ashamed. That moment taught me to listen beyond words—to be more sensitive to the

emotional cues that patients give off, especially in situations like this." (N3, Code: Nurse Aquamarine, Line 68-70)

"My suggestion is that we should give them the time to talk and express their feelings. We shouldn't interrupt them when they're speaking." (N5, Code: Nurse Emerald, Line 58-60)

These habits necessitate that nurses exercise exceptional mindfulness in their approach to care. The slightest action—be it providing reassurance or merely honoring a patient's silence can significantly affect the patient's readiness to participate. Sensitivity thus serves as a fundamental element in preventing re-traumatization and facilitating recovery.

This experience understanding corresponds with the findings of (Töres et al. 2021), which emphasize that mental health practitioners must exhibit enhanced emotional sensitivity and responsiveness while engaging with suicide survivors. Their research demonstrated that trauma-informed and sensitive care methodologies are associated with enhanced therapeutic results, as patients experience increased respect, value, and security.

Additionally, (Ng et al., 2022) emphasize the significance of emotional

sensitivity in mental health nursing. They contend that comprehending the fundamental psychological and emotional conditions of patients—particularly those recuperating from suicide crises—enables nurses to customize their treatment and communication to promote dignity and safety. Their findings underscore that emotional attunement should be integral to the daily practice of novice nurses in psychiatric environments.

Lastly, (Kim & Lee 2020) contend that awareness of patient vulnerability serves as a protective factor in suicide prevention. When nurses identify and correctly address minor indicators of distress or emotional disengagement, they are more capable of intervening promptly and provide psychosocial assistance that is both timely and empathetic.

Conclusion and Recommendation

This study explored the lived experiences of ten novice nurses caring for adolescent patients after a suicide attempt. Using Colaizzi's descriptive phenomenological method, three major themes emerged: Complexity of Care, Managing Emotions with Professionalism, and Building Trust and Compassion. These findings revealed that novice nurses often faced uncertainty, fear, and emotional strain due to limited experience, yet they also demonstrated growth through repeated exposure and mentorship.

The results underscore the need for nursing practice to adapt to complex care

demands by strengthening critical thinking and encouraging interdisciplinary collaboration. Nurses must also learn to manage their emotions professionally and build trust with patients to foster effective therapeutic relationships.

Implications for nursing education include integrating simulation-based learning, emotional intelligence training, reflective practices, and patient-centered communication strategies into the curriculum. Nursing research should focus on strategies for managing complex care, the role of emotional regulation in practice, and interventions that enhance trust and compassion in care delivery.

Mentorship emerged as a vital support system, highlighting the importance of formal mentoring and peer-support programs in emergency departments. Structured guidance from experienced nurses can help new nurses build confidence, develop coping skills, and provide compassionate care. Additionally, promoting reflective practices—such as debriefings, journaling, and case reflections—can support emotional processing, reduce burnout, and improve care quality.

For future research, it is recommended to explore novice nurse experiences across various hospital settings and regions, examine the effectiveness of institutional support systems, and include perspectives from other healthcare professionals to gain a broader understanding of interdisciplinary

collaboration. These efforts can lead to more holistic and evidence-based approaches in supporting novice nurses and enhancing patient care outcomes.

References

- Ahmed, S. K. (2024). The pillars of trustworthiness in qualitative research. *Journal of Medicine Surgery, and Public Health*, 2, 100051.
<https://doi.org/10.1016/j.glmedi.2024.100051>
- Anderson, D. L., Rayner, G., & Duckworth, J. (2024). The experience of being in acute emergency care following an overdose with suicidal intent: A hermeneutic phenomenological study. *International Emergency Nursing*, 73, 101400.
<https://doi.org/10.1016/j.ienj.2023.101400>
- Danış, F., & Kılınç, Y. B. (2024). Retrospective evaluation of adolescent patients presenting to the emergency department with suicidal attempt. *Anatolian Journal of Emergency Medicine*.
<https://doi.org/10.54996/anatolianjem.1527873>
- Dodgson, J. E. (2023). Phenomenology: Researching the lived experience. *Journal of Human Lactation*, 39(3), 385–396.

- <https://doi.org/10.1177/08903344231176453>
- Etikan, I., Musa, S. A., & Alkassim, R. S. (2016). Comparison of convenience sampling and purposive sampling. *American Journal of Theoretical and Applied Statistics*, 5(1), 1–4.
<https://doi.org/10.11648/j.ajtas.20160501.11>
- Fogaça, J. L., Quartiroli, A., & Wagstaff, C.R. D. (2024). Professional development of sport psychology practitioners: From systematic review to a model of development. *Psychology of Sport and Exercise*, 70, 102550.
<https://doi.org/10.1016/j.psychsport.2023.102550>
- Hagen, J., Knizek, B. L., & Hjelmeland, H. (2017). Mental health nurses' experiences of caring for suicidal patients in psychiatric wards: An emotional endeavor. *Archives of Psychiatric Nursing*, 31(1), 31– 37.
<https://doi.org/10.1016/j.apnu.2016.07.018>
- Karaca, A., Yildirim, N., Cangur, S., Acikgoz, F., & Akkus, D. (2020). The relationship between communication competence and emotional burnout in nurses: The protective role of active listening. *Perspectives in Psychiatric Care*, 56(2), 356–362.
<https://doi.org/10.1111/ppc.12456>
- Karimi, L., Salehi, M., Fathi, M., & Rezaei, F. (2022). Empathic care as a coping strategy for nurses: Reducing emotional exhaustion and moral distress in emergency room settings. *Journal of Emergency Nursing*, 48(5), 650–658.
<https://doi.org/10.1016/j.jen.2022.07.009>
- Kaufman, J., Lee, S., & Patel, R. (2021). Emotional regulation strategies among emergency room nurses: Navigating high-stress environments. *Journal of Emergency Nursing*, 47(3), 210– 218.
<https://doi.org/10.1016/j.jen.2021.01.005>
- Keightley, P., Foster, T., Eggins, K., & Reay, R. E. (2023). The impact of adolescent suicide on clinicians: A mixed-methods study. *Occupational Medicine*, 73(7), 398– 403.
<https://doi.org/10.1093/occmed/kqad085>
- Kaya, H., Demir, S., Yilmaz, M., & Uysal, N. (2023). Emotional self-awareness and compassionate care among novice psychiatric nurses: Preventing emotional overload through introspection. *Journal of Psychiatric and Mental Health Nursing*, 30(1), 45–53.
<https://doi.org/10.1111/jpm.12980>
- Kim, H., & Lee, J. (2020). Recognizing patient vulnerability as a protective

- factor in suicide prevention: Implications for psychiatric nursing. *Archives of Psychiatric Nursing*, 34(6), 437–444.
<https://doi.org/10.1016/j.apnu.2020.08.005>
- Lee, S., Kim, H., Park, J., & Choi, Y. (2020). The role of sympathetic communication in building trust with suicide survivors in acute psychiatric settings. *Journal of Advanced Nursing*, 76(9), 2241–2249.
<https://doi.org/10.1111/jan.14402>
- Lopez, M., Chen, A., Singh, R., & Patel, N. (2020). The impact of non-judgmental attitudes on reducing stigma and enhancing patient disclosure in mental health care. *Journal of Psychiatric Practice*, 26(2), 101–108.
<https://doi.org/10.1097/PRA.0000000000000456>
- Ng, C. H., Chee, K. Y., Tan, S. M., & Kandasamy, P. (2022). Emotional sensitivity in mental health nursing: A key to patient-centered care in suicide recovery. *Journal of Psychiatric and Mental Health Nursing*, 29(4), 512–519.
<https://doi.org/10.1111/jpm.12896>
- Niu, X., Zhang, L., Wang, Y., & Li, H. (2021). Communication challenges faced by novice emergency nurses in managing suicidal patients: A qualitative study in Chinese hospitals. *Journal of Emergency Nursing*, 47(6), 789–796.
<https://doi.org/10.1016/j.jen.2021.05.003>
- Nordentoft, M., Pedersen, M. T., & Hansen, B. (2021). Enhancing healthcare professionals' competencies in suicide prevention through simulation-based communication training. *Journal of Mental Health Education*, 35(2), 123–130.
<https://doi.org/10.1016/j.jmhedu.2021.02.005>
- Nyimbili, F., & Nyimbili, L. (2024). Title of the article. *Journal Name*, Volume(Issue), page range.
<https://doi.org/xxxx>
- Özkan, Z., & Özkan, M. (2023). Professionalism in psychiatric nursing: The role of ethical awareness and emotional regulation in patient trust after suicidal crises. *Journal of Clinical Nursing*, 32(1–2), 112–120.
<https://doi.org/10.1111/jocn.16500>
- Rheinberger, T., Schneider, U., & Dietz, J. (2022). Systemic approaches to improving emergency care for suicidal patients. *European Journal of Emergency Medicine*, 20(4), 78–95.
- Skene, I., Power, H., & Murray, E. (2022). The positives, the challenges and the impact: An exploration of early career nurses' experiences in the emergency department. *Emergency*

- Medicine Journal, 39(12), A978.1–A978.
<https://doi.org/10.1136/emered-2022-RCEM.2.28>
- Sun, F.-K., Long, A., Chiang, C.-Y., Wu, M.-K., & Yao, Y. (2020). The psychological processes voiced by nursing students when caring for suicidal patients during their psychiatric clinical practicum: A qualitative study. *Journal of Clinical Nursing*, 29(3–4), 525–534.
<https://doi.org/10.1111/jocn.15090>
- Teo, A. R., Marsh, H. E., Friedman, E., & Chan, B. (2021). Empathy-based communication strategies for suicide prevention: Enhancing connection and reducing isolation in clinical settings. *Journal of Mental Health*, 30(5), 550–557.
<https://doi.org/10.1080/09638237.2021.1892893>
- Töres, K., Lindström, T., & Eriksson, M. (2021). Emotional sensitivity and trauma-informed care in suicide survivor support: Enhancing therapeutic outcomes in mental health practice. *International Journal of Mental Health Nursing*, 30(3), 622–630.
<https://doi.org/10.1111/inm.12845>
- Uysal, N., Demir, S., Kaya, H., & Yilmaz, M. (2022). The role of active listening in improving patient satisfaction and therapeutic alliance in psychiatric nursing. *Archives of Psychiatric Nursing*, 36, 124–131.
<https://doi.org/10.1016/j.apnu.2022.01.005>
- Wang, L., Zhang, Y., Chen, X., & Li, H. (2021). Empathic nursing care and its effects on treatment adherence and patient satisfaction among suicide survivors in emergency departments. *Journal of Emergency Nursing*, 47(5), 550–558.
<https://doi.org/10.1016/j.jen.2021.03.007>
- Zhang, Z., Deng, W., Wang, Y., & Qi, C. (2024). Visual analysis of trustworthiness studies: Based on the Web of Science database. *Frontiers in Psychology*, 15, 1351425. <https://doi.org/10.3389/fpsyg.2024.1351425>