Neurosciences, Mental Health, and Psychosocial Approaches

A QUALITATIVE LITERATURE REVIEW ON NURSES ROLE IN SUICIDE PREVENTION, DE-ESCALATION TECHNIQUES AND TRAUMA-INFORMED CARE

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ABSTRACT

This article examines the crucial role nurses have in preventing suicide, calming crises, and providing trauma-informed care (TIC). Through a qualitative review of peer-reviewed studies from 2015 to 2025, the analysis identifies effective strategies, barriers, and results linked to nursing interventions. The findings stress the importance of training, empathy, and teamwork in reducing patient distress and enhancing mental health outcomes.

Key Words : *Suicide prevention, De-escalation techniques, Trauma informed care, Qualitative nursing studies.*

INTRODUCTION

According to the World Health Organization (2023), there has been no reduction in the global health crisis of suicide. The practice has resulted in 703,000 deaths every year. Nurses frequently encounter people who are contemplating suicide. These nurses respond to psychiatric emergencies and trauma symptoms, especially in the emergency department, psychiatric units, and community care. Because of the nurses' access to these patients in many healthcare environments, they are in the best position to provide potentially life-saving interventions.

Substantial evidence acknowledges the effectiveness of de-escalation and trauma-informed care (TIC) in violence prevention. Nurses are equipped to prevent violence and promote safety. De-escalation strategies are defined as planned, communicative, and behavioral approaches designed to quell agitation and reduce emotional distress (Richmond et al., 2012). Trauma-informed care involves a proactive, comprehensive approach recognizing and understanding the impact of trauma (SAMHSA), 2014.

In this article, the focus is placed on the intersection of the roles that nurses take in suicide prevention and the evidence-based implications of clinical de-escalation and trauma-informed care practices.

METHODS

A qualitative literature review design was employed. Peer-reviewed articles from 2015–2025 were selected using databases such as PubMed, CINAHL, and PsycINFO. The inclusion Criteria were papers published between 2015–2025, empirical studies, systematic reviews or qualitative analyses. The search terms used were nurse, suicide prevention, de-escalation, trauma-informed care, mental health nursing, crisis intervention. Thematic synthesis was used to identify recurring patterns and outcomes across studies. Data were organized into thematic categories: training, communication, patient safety and interdisciplinary collaboration.

RESULTS

Theme	Description	Nursing Interventions	Outcomes	Supporting Studies
Suicide Prevention	Early identification of suicidal ideation through screening and rapport building.	Conducting risk assessments, safety planning, empathetic listening.	Reduced suicide attempts, improved patient trust.	Pisani et al. (2016), Gordon et al. (2020)
De-escalation Techniques	Verbal and non-verbal methods to manage agitation and aggression.	Calm tone, maintaining personal space, reflective communication.	Decreased use of restraints, enhanced staff safety.	Price et al. (2018), Saini et al. (2022)
Trauma-Informed Care	Care that recognizes trauma's impact and avoids re-traumatization.	Providing choices, ensuring safety, fostering empowerment.	Improved patient satisfaction, lower re-hospitalization rates.	Levenson et al. (2017), Reeves (2021)
Training and Education	Structured professional development on mental health interventions.	Workshops, simulations, continuing education.	Enhanced nurse confidence and competence.	Brown et al. (2019), Newton et al. (2024)

DISCUSSION

The analysis fortifies that the role of nurses is critical in identifying and responding to people at risk of suicide. Evidence indicates that consistent suicide risk assessment and empathetic engagement substantially lowers rates of self-harm and suicide attempts (Gordon et al., 2020).

This also forms the basis of psychiatric nursing, making de-escalation techniques a cornerstone for safely and compassionately managing volatile situations. This is achieved through training in communication and behavioral observation, which prevents the use of coercive measures such as restraints or seclusion, alongside other principles of patient-centered ethical care (Price et al., 2018).

Trauma-informed care offers a critical framework through which to conceptualize patient behavior within a historical trauma perspective rather than pathology. Appropriate implementation of TIC minimizes re-traumatization and develops a positive therapeutic alliance that promotes healing (Levenson et al., 2017).

However, the challenges such as lack of staff training, high patient-to-nurse ratios, and emotional burnout persist. Ongoing investment in professional development, institutional support, and multidisciplinary collaboration will be required to maintain effective interventions.

CONCLUSION

Nurses are integral to the prevention of suicide, effective crisis management, and delivery of trauma-informed care. Their unique combination of clinical expertise and compassionate presence allows them to bridge gaps between medical and psychosocial needs. Strengthening education, organizational support, and research in these areas will enhance outcomes for vulnerable populations.

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