



Perception of Suicide Among Undergraduate Nursing Students: A Mixed-Methods Exploration on Maladaptive Ideation

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KEYWORDS

Suicidal ideation, stress, coping mechanisms, social support, nursing students, mental health.

ABSTRACT

Suicidal ideation among nursing students is a pressing global issue, exacerbated by academic and clinical stressors. In Indonesia, underreported suicide rates and limited institutional support necessitate urgent investigation (WHO, 2024; Setiyawati et al., 2024). This study examines the prevalence, perceptions, and predictors of suicidal ideation among undergraduate nursing students, focusing on stress, coping mechanisms, and social support. A mixed-methods design was employed, combining quantitative surveys ($N = 172$) with qualitative interviews and focus group discussions (FGDs) at Universitas Advent Indonesia. Stratified random sampling ensured representation across academic years, and data were analyzed using Somers' D correlation and ordinal logistic regression (Creswell & Plano Clark, 2018). Quantitatively, 27.9% of students were at very high risk for suicidal ideation, with maladaptive coping (51.2%) and low social support (15.1%) significantly correlating with higher risk ($*p < 0.05$). Qualitatively, students described isolation and institutional support gaps. The study underscores the need for targeted mental health programs, adaptive coping training, and enhanced peer support systems in nursing education to mitigate suicide risks (Yunitasari et al., 2023).

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INTRODUCTION

Suicide, a leading public health issue, claims over 726,000 lives annually, according to the World Health Organization (Organization, 2022). University students, including nursing students, are at heightened risk due to unique stressors, including demanding academic environments, clinical exposure, and personal challenges. Alarming, up to 22.3% of university students globally report lifetime suicidal ideation or attempts (Marthoenis M., 2022).

In Indonesia, while the overall suicide rate is categorized as low compared to some other countries, its rates have been rising over the past three years. A 2024 analysis revealed significant underreporting, with an estimated rate of 303% to 859.10% underreporting rate for suicides (Setiyawati D., 2024). The study also found that rural suicides occurred 4.47 times more frequently than urban suicides, and hanging and self-poisoning were the most common methods (Leavey et al., 2016; Onie et al., 2024). This statistic is legible as historical data shows Indonesia's suicide rate increased from 1.6-1.8 per 100,000 in 2001 to 24 per 100,000 in subsequent years (Wirasto, 2012). Provinces with the highest suicide rates include Bali, Riau Islands, and Yogyakarta.

Despite seemingly low official rates, recent reports indicate an increase in suicidal behaviour, particularly among youth (Setiyawati D., 2024). Research indicates that 38% of Indonesian college students engage in self-injurious behaviour, with 21% of those also reporting suicide attempts (Handayani et al., 2024; Iswanti et al., 2024). Weaker negative mood regulation expectancies, depression, and childhood neglect are associated with increased self-harm and suicide attempts (Tresno

F., 2012). Media coverage of student suicides in Indonesia during 2023-2024 was found to be suboptimal, potentially motivating similar actions (Nugroho D. P., 2024). Among Indonesian adolescents, 4.75% reported suicidal ideation and 2.46% attempted suicide within a 12-month period (Putra I. G. N. E., 2019).

Transitioning to university life presents significant challenges for young adults, often marked by academic pressures, personal responsibilities, and social changes. These stressors can elevate the risk of mental health issues during a critical developmental phase (Mirza A. A., 2021). Studies suggest that university students face comparable, if not higher, risks of psychopathology compared to the general population, with emergent adulthood representing a peak period for mental disorders (Duffy M. E., 2019). Among nursing students, the demands of clinical placements, exposure to patient suffering, and emotional labor compound these challenges, with depression prevalence ranging from 34% to 64% globally.

A study found a 22.8% prevalence of suicidality, with depression, hopelessness, loneliness, and low resilience identified as significant risk factors (Fitriawan A., 2023). Another study highlighted the intrapersonal dimension as the most influential catalyst in progressing from suicidal ideation to action (Yunitasari E., 2023). Self-harm behaviours were also prevalent, with 34.3% of nursing students engaging in self-harm and 30.5% experiencing suicidal ideation (Shafira A. N., 2022). These findings align with earlier research indicating that 38% of Indonesian college students had deliberately injured themselves, with 21% of those also reporting a suicide attempt (Tresno F., 2012).

Another 2023 study reported 68.5% of students in Bandung experienced suicidal ideation, with female students showing higher scores than males (Atqiya A., 2023). Fourth-year students exhibited the highest suicidal ideation scores, with family issues being the primary trigger. A 2024 study on help-seeking attitudes among final-year students with suicidal ideation in Bandung Raya showed moderate help-seeking attitudes, with academic problems considered most severe.

Research on nursing students in rural East Java identified six themes influencing the transition from suicidal ideation to action, with intrapersonal factors being most influential (Yunitasari E., 2023). Nursing students were found engaging in various self-harm behaviours, including self-harm (34.3%), suicide attempts (8.1%), and suicide ideation (30.5%) (Shafira A. N., 2022). These figures highlight that even a seemingly low national average can obscure higher rates within specific vulnerable groups. This is concerning in a country where mental health stigma and limited institutional support hinder timely interventions (Pratiwi D., 2019).

Suicide ideation is a significant public health issue that has garnered attention across various fields, including education and healthcare (Fitriana E., 2022). Among undergraduate nursing students, the mental health challenges are often intensified due to the demanding nature of their studies and clinical experiences. Identifying the extent to which these students experience suicidal thoughts can inform appropriate interventions and support mechanisms.

This study seeks to address knowledge gaps by examining the prevalence, perceptions, contributing factors, and support mechanisms associated with suicidal ideation among undergraduate nursing students, utilizing a mixed-methods approach to gather both quantitative and qualitative insights, with the ultimate aim of informing targeted interventions and improving mental health support to reduce risks (Ivankova, N., & Wingo, N., 2018). This study advances existing research by employing a mixed-methods approach to simultaneously quantify the prevalence of suicidal ideation among Indonesian nursing students and qualitatively explore their lived experiences, a methodological integration rarely applied in this context (Ivankova & Wingo, 2018). Unlike prior studies focusing solely on stress or social support, this research uniquely identifies maladaptive coping mechanisms as

a critical exacerbating factor, with 51.2% of students relying on such strategies, significantly correlating with higher suicidal risk (Somers' D = 0.175, *p* = 0.01). Additionally, it reveals institutional gaps in mental health support through qualitative narratives, highlighting the unmet need for tailored interventions in Indonesian nursing education—a setting previously underrepresented in global literature (Setiyawati D., 2024; Yunitasari E., 2023). The stratified sampling across academic years further enhances generalizability, addressing limitations in prior single-institution studies (Creswell J. W., 2018).

METHOD

This study employs a mixed-methods research design to explore the prevalence and perception of suicide among undergraduate nursing students. The total population consists of 308 undergraduate nursing students at Universitas Advent Indonesia, with a subset selected for participation. Stratified random sampling ensures proportional representation across academic years, enhancing generalizability and reducing bias. Multiple validated research instruments are used to assess suicidal ideation, mental health perceptions, and associated stressors.

RESULT AND DISCUSSION

Descriptive Analysis of Variables

The descriptive analysis of the variables in this study aims to observe the frequency distribution and percentage of the research respondent variables, namely perceived stress (X1), coping mechanisms (X2), and social support (X3) as independent variables, and suicidal ideation among undergraduate nursing students (Y) as the dependent variable.

Table 1. Distribution Results of Variables

Variable	Count (N=172)	Percentage
Suicidal Ideation (Y)	Low risk	79 (45,9%)
	Moderate risk	31 (18,0%)
	High risk	14 (8,1%)
	Very high risk	48 (27,9%)
Perceived Stress (X1)	Low stress	26 (15,1%)
	Moderate stress	104 (60,5%)
	High stress	42 (24,4%)
Coping Mechanisms (X2)	Adaptive	52 (30,2%)
	Situational	32 (18,6%)
	Maladaptive	88 (51,2%)
Social Support (X3)	Low support	26 (15,1%)
	Moderate support	69 (40,1%)
	High support	77 (44,8%)

Based on the table above, out of 172 respondents, for the variable suicidal ideation among undergraduate nursing students (Y), most respondents fall under the low-risk category, totalling 79 individuals (45.9%), followed by the very high-risk category with 48 individuals (27.9%), then the moderate-risk category with 31 individuals (18.0%), and the high-risk category with 14 individuals (8.1%). This indicates that although most respondents are at low risk, there are several respondents who exhibit suicidal ideation tendencies at moderate to very high levels.

Analysis of the Relationship Between Variables

In this study, correlation analysis between independent and dependent variables was conducted using the Somers' D statistical technique. This method was selected based on the characteristics of the data, all of which are ordinal scale. Therefore, Somers' D was used to evaluate the extent of the relationship between stress, coping mechanisms, and social support with the level of suicidal ideation among respondents. The results of the Somers' D test are presented in the table below.

Table 2. Analysis of Variable Relationships

		Suicidal Ideation (Y) (N=172)										Sig, (p-value)	
		Low Risk		Moderate Risk		High Risk		Very High Risk		Total			Value
		n	%	n	%	n	%	n	%	n	%		
Perceived Stress (X1)	Low stress	21	12,2%	1	0,6%	0	0,0%	4	2,3%	26	15,1%	0,434	0,000*
	Moderate stress	52	30,2%	27	15,7%	8	4,7%	17	9,9%	104	60,5%		
	High stress	6	3,5%	3	1,7%	6	3,5%	27	15,7%	42	24,4%		
	Total	79	45,9%	31	18,0%	14	8,1%	48	27,9%	172	100%		
Coping Mechanisms (X2)	Adaptive	37	21,5%	3	1,7%	1	0,6%	11	6,4%	52	30,2%	0,175	0,01*
	Situational	10	5,8%	6	3,5%	4	2,3%	12	7,0%	32	18,6%		
	Maladaptive	32	18,6%	22	12,8%	9	5,2%	25	14,5%	88	51,2%		
	Total	79	45,9%	31	18,0%	14	8,1%	48	27,9%	172	100%		
Social Support (X3)	Low support	5	2,9%	0	0,0%	1	0,6%	20	11,6%	26	15,1%	-0,304	0,000*
	Moderate support	29	16,9%	17	9,9%	9	5,2%	14	8,1%	69	40,1%		
	High support	45	26,2%	14	8,1%	4	2,3%	14	8,1%	77	44,8%		
	Total	79	45,9%	31	18,0%	14	8,1%	48	27,9%	172	100%		

*: Significance at $\alpha=5\%$

Based on the analysis of the relationships between variables using the Somers' D test, the results indicate that there is a statistically significant relationship between perceived stress (X1), coping mechanisms (X2), and social support (X3) with suicidal ideation (Y) at a significance level of $\alpha = 5\%$.

Analysis of the Interaction Between Variables

In this study, the interaction test between stress, coping mechanisms, and social support in predicting suicidal ideation among undergraduate nursing students was conducted using ordinal logistic regression analysis. Ordinal logistic regression is a statistical method used to describe the relationship between a dependent variable (response) and one or more independent variables, where the dependent variable consists of more than two ordinal-scaled categories (Hosmer & Lemeshow, 2000).

This model is suitable for use because, in this study, the suicidal ideation variable is categorized into four risk levels (low, moderate, high, very high) that are sequential, and all analysed independent variables are also ordinal-scaled. The results of the multivariate analysis using ordinal logistic regression in this study are as follows.

Table 3. Interaction Test Results

	Parameter Estimate				Sig.Test of Parallel Lines	Sig.Goodness-of-Fit (Deviance)
	Estimate	Sig.	95% Confidence Interval			
			Lower Bound	Upper Bound		
X1*X2*X3	0,043	0,555	-0,100	0,186	0,497	0,235

Based on the results of the parallel lines test and Goodness-of-Fit (Deviance) in the table above, significance values of 0.497 and 0.235 were obtained, both greater than 0.05. This indicates that the ordinal logistic regression model used in this study is valid and appropriate, meeting model suitability assumptions. Furthermore, the significance value for the interaction between Stress, Coping Mechanisms, and Social Support (X1*X2*X3) is 0.555 (> 0.05). This means that there is no significant interaction between the three variables in predicting suicidal ideation. In other words, their combination does not provide a meaningful interactive effect on respondents' suicidal ideation tendencies. This is also supported by the 95% confidence interval (CI) results, ranging from -0.100 to 0.186. Since this range crosses zero, the interaction effect cannot be considered significant. If the entire CI were on one side of zero (either negative or positive), the effect would be deemed significant. In this case, because there is a negative lower bound and a positive upper bound, the relationship between variables is not statistically proven. Thus, hypothesis 4 (H4a) in this study, which states, "There are significant interactions between stress, coping mechanisms, and social support in predicting suicidal ideation among undergraduate nursing students," is rejected, as the data does not support a significant interaction between the three variables.

Table 4. Output SPSS

		Count	Column N %
Suicidal Ideation (Y)	Low risk	79	45.9%
	Moderate risk	31	18.0%
	High risk	14	8.1%
	Very high risk	48	27.9%
Perceived Stress (X1)	Low stress	26	15.1%
	Moderate stress	104	60.5%
	High stress	42	24.4%
Coping Mechanisms (X2)	Adaptive	52	30.2%
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Social Support (X3)	Low support	26	15.1%
	Moderate support	69	40.1%
	High support	77	44.8%

		Suicidal Ideation (Y)							
		Low risk		Moderate risk		High risk		Very high risk	
		Count	Table N %	Count	Table N %	Count	Table N %	Count	Table N %
Perceived Stress (X1)	Low stress	21	12.2%	1	0.6%	0	0.0%	4	2.3%
	Moderate stress	52	30.2%	27	15.7%	8	4.7%	17	9.9%
	High stress	6	3.5%	3	1.7%	6	3.5%	27	15.7%

		Suicidal Ideation (Y)							
		Low risk		Moderate risk		High risk		Very high risk	
		Count	Table N %	Count	Table N %	Count	Table N %	Count	Table N %
Coping Mechanisms (X2)	Adaptive	37	21.5%	3	1.7%	1	0.6%	11	6.4%
	Situational	10	5.8%	6	3.5%	4	2.3%	12	7.0%
	Maladaptive	32	18.6%	22	12.8%	9	5.2%	25	14.5%
Social Support (X3)	Low support	5	2.9%	0	0.0%	1	0.6%	20	11.6%
	Moderate support	29	16.9%	17	9.9%	9	5.2%	14	8.1%
	High support	45	26.2%	14	8.1%	4	2.3%	14	8.1%

Table 5. Somers' D Correlation Test: Perceived Stress (X1) * Suicidal Ideation (Y)

		Suicidal Ideation (Y)				Total
		Low risk	Moderate risk	High risk	Very high risk	
		Perceived Stress (X1)	Low stress	21	1	
	Moderate stress	52	27	8	17	104
	High stress	6	3	6	27	42
	Total	79	31	14	48	172

Directional Measures

		Value	Asymptotic Standard Error ^a	Approximate T ^b	Approximate Significance	
Ordinal by Ordinal	Somers' D	Symmetric	.434	.061	6.710	.000
		Perceived Stress (X1) Dependent	.395	.059	6.710	.000
		Suicidal Ideation (Y) Dependent	.481	.066	6.710	.000

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Table 6. Somers' D Correlation Test: Coping Mechanisms (X2) * Suicidal Ideation (Y)

		Suicidal ideation (Y)				Total
		Low risk	Moderate risk	High risk	Very high risk	
		Coping Mechanisms (X2)	Adaptive	37	3	
	Situational	10	6	4	12	32
	Maladaptive	32	22	9	25	88
	Total	79	31	14	48	172

Directional Measures

		Value	Asymptotic Standard Error ^a	Approximate T ^b	Approximate Significance

Ordinal by Ordinal	Somers' d	Symmetric Coping Mechanisms (X2) Dependent	.175	.068	2.570	.010
		Suicidal Ideation (Y) Dependent	.167	.066	2.570	.010
			.184	.071	2.570	.010

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Table 7. Somers' D Correlation Test: Social Support (X3) * Suicidal Ideation (Y)

		Suicidal ideation (Y)				Total
		Low risk	Moderate risk	High risk	Very high risk	
Social support (X3)	Low support	5	0	1	20	26
	Moderate support	29	17	9	14	69
	High support	45	14	4	14	77
Total		79	31	14	48	172

Directional Measures

		Value	Asymptotic Standard Error ^a	Approximate T ^b	Approximate Significance	
Ordinal by Ordinal	Somers' d	Symmetric	-.304	.069	-4.314	.000
		Social support (X3) Dependent	-.291	.067	-4.314	.000
		Suicidal ideation (Y) Dependent	-.318	.071	-4.314	.000

a. Not assuming the null hypothesis.

b. Using the asymptotic standard error assuming the null hypothesis.

Table 8. Logistic Regression

Goodness-of-Fit			
	Chi-Square	df	Sig.
Pearson	100.785	74	.021
Deviance	82.437	74	.235

Link function: Logit.

Test of Parallel Lines^a

Model	-2 Log Likelihood	Chi-Square	df	Sig.
Null Hypothesis	145.010			
General	137.636 ^b	7.373 ^c	8	.497

The null hypothesis states that the location parameters (slope coefficients) are the same across response categories.

a. Link function: Logit.

Test of Parallel Lines ^a				
Model	-2 Log Likelihood	Chi-Square	df	Sig.
b. The log-likelihood value cannot be further increased after maximum number of step-halving.				
c. The Chi-Square statistic is computed based on the log-likelihood value of the last iteration of the general model.				

Insights from Interviews and Focus Groups

In addition to the statistical analysis, qualitative data were collected through semi-structured interviews and focus group discussions (FGDs) to gain deeper insights into the experiences of undergraduate nursing students regarding stress, coping mechanisms, social support, and suicidal ideation. These qualitative findings were analysed using NVivo software to identify recurring themes and patterns.

Semi-Structured Interview Results

Table 9 presents the summarized results from the semi-structured interviews with 12 participants. These interviews explored how students perceive and manage stress, the availability of social support, and their thoughts related to suicidal ideation.

Table 9. Interviews Result

Participant ID	Gender	Year	Stress	Coping Style	Social Support	Suicidal Ideation	Responses
P1	Female	1st	Moderate	Adaptive	High	Low	"I feel stress mostly from adapting to a new environment. But I've found good friends who help me study, so I don't feel overwhelmed."
P2	Male	2nd	Moderate	Adaptive	High	Low	"I handle stress by exercising and talking to my sister. She's a nurse, so she understands. I've never felt suicidal because I always focus on my goals."
P3	Female	3rd	High	Situational	Moderate	Moderate	"Clinical practice is overwhelming. Some days, I feel I'm handling it well; other days, I break down. My stress depends on how tough the week is."
P4	Male	4th	High	Maladaptive	Low	Very High	"I feel like I'm never good enough. No

Participant ID	Gender	Year	Stress	Coping Style	Social Support	Suicidal Ideation	Responses
							<i>matter how hard I work, I feel like a failure. I've thought about ending everything multiple times."</i>
P5	Female	1st	Low	Adaptive	High	Low	<i>"I have friends and family who support me. Nursing is challenging, but I know I can do this."</i>
P6	Male	2nd	High	Situational	Moderate	Moderate	<i>"I don't always know how to cope, but I try different things. Some weeks, I do well. Other weeks, I feel stuck."</i>
P7	Female	3rd	High	Maladaptive	Low	High	<i>"I often isolate myself when I feel overwhelmed. Even when people try to help, I push them away."</i>
P8	Male	4th	Moderate	Adaptive	High	Very High	<i>"People always tell me they're here for me, but it doesn't help. My mind just goes to dark places, and I can't stop it."</i>
P9	Female	1st	Moderate	Situational	Moderate	Moderate	<i>"I talk to my peers, but sometimes I feel alone. Nursing is tougher than I expected."</i>
P10	Male	2nd	High	Maladaptive	Low	High	<i>"I don't think anyone understands what I'm going through. I pretend to be fine, but I'm struggling."</i>
P11	Female	3rd	Very High	Maladaptive	Low	Very High	<i>"There are days I just want to disappear. I've tried reaching out for help, but I don't think anyone truly gets it."</i>
P12	Male	4th	High	Situational	Moderate	Moderate	<i>"I feel pressured, but I try to focus on the positives. Some days are better than others."</i>

The qualitative findings from semi-structured interviews and focus group discussions (FGDs) provide a deeper, humanized perspective on the statistical results. By exploring students' personal narratives, the analysis highlights how stress, coping mechanisms, and social support influence suicidal ideation in different ways.

Focus Group Discussion (FGD) Findings

The FGDs were categorized into four groups based on suicidal ideation risk levels: Low, Moderate, High, and Very High. Key themes from each group are summarized below.

Table 10. Focus Group 1: Low Suicidal Ideation Risk

Participant ID	FGD Theme: Stress & Coping	FGD Theme: Social Support	FGD Theme: Suicidal Ideation
P1	"I manage stress by talking to my friends. Studying together helps a lot, and we share notes."	"I feel supported by my classmates and family. If I ever feel down, they always check on me."	"I don't think about suicide much. It's stressful, but I know I can handle it."
P2	"I exercise to deal with stress. It clears my head and keeps me motivated."	"My sister is also a nurse, so she gives me a lot of advice. It really helps."	"I have never had suicidal thoughts. I believe every struggle has a solution."
P5	"I stay positive and focus on my studies. I make schedules so I don't fall behind."	"I get emotional support from my parents, and they remind me why I chose this path."	"I've never felt suicidal. I think as long as you have people who believe in you, things will be okay."

Participants in the low-risk category demonstrated adaptive coping strategies and strong social support, which served as protective factors against severe distress and suicidal ideation.

Table 11. Focus Group 2: Moderate Suicidal Ideation Risk

Participant ID	FGD Theme: Stress & Coping	FGD Theme: Social Support	FGD Theme: Suicidal Ideation
P3	"Clinical workload makes me stressed, but I try to take it one day at a time."	"I sometimes feel supported, but not always. Some professors are very understanding, others not so much."	"There are times I feel like giving up, but I tell myself it's temporary."
P6	"I feel stressed, but I try to manage with music and short breaks. Some days are worse than others."	"My friends help me a lot, but sometimes I don't talk to them about my struggles."	"I've had thoughts of giving up before, but I never acted on them."
P9	"Adapting to nursing school is stressful. There's a lot of pressure to do well."	"I rely on my classmates for support, but I don't always feel like I can be open about my feelings."	"Sometimes I feel hopeless, but I push through because I want to graduate."

Participants in the moderate-risk category reported fluctuating stress levels, inconsistent coping mechanisms, and mixed social support experiences. Their suicidal ideation was occasional but not persistent.

Table 12. Focus Group 3: High Suicidal Ideation Risk

Participant ID	FGD Theme: Stress & Coping	FGD Theme: Social Support	FGD Theme: Suicidal Ideation
P7	"I isolate myself when I'm stressed. I don't like talking about my problems."	"I feel like I have no one to talk to. Even if I do, they don't understand."	"Sometimes I think about ending things, but I try to distract myself with schoolwork."
P10	"I don't know how to handle stress properly. I either overwork myself or shut down completely."	"I don't feel understood by anyone, even when they say they care."	"There are nights I just cry myself to sleep and wonder if I should keep going."
P12	"I have panic attacks sometimes, especially before exams or clinical duties."	"My social support is weak because I don't reach out, even when people try to help."	"I've thought about suicide before, but I'm scared of what it would do to my family."

Participants in the high-risk category exhibited maladaptive coping strategies, social withdrawal, and chronic distress, leading to frequent suicidal ideation but no reported attempts.

Table 13. Focus Group 4: Very High Suicidal Ideation Risk

Participant ID	FGD Theme: Stress & Coping	FGD Theme: Social Support	FGD Theme: Suicidal Ideation
P4	"I feel like nothing I do is good enough. I study hard but still feel like a failure."	"I have no real support. People say they care, but they don't actually do anything."	"There are days I don't want to wake up. I just feel exhausted by life."
P11	"I feel trapped in this course. I don't even know if I want to be a nurse anymore."	"No one really understands what I go through. People think I'm being dramatic."	"I've attempted self-harm before. I don't know how much longer I can keep pretending I'm okay."
P8	"People always tell me they're here for me, but it doesn't help. My thoughts won't change."	"I have high social support, but it doesn't fix the way I feel inside."	"I've thought about suicide multiple times. It's not about people not caring, it's about me not being able to see a way out."

Participants in the very high-risk category reported severe psychological distress, chronic suicidal ideation, and in some cases, previous suicide attempts. Unlike the high-risk group, these students expressed hopelessness and emotional exhaustion, with minimal belief in recovery.

Comparison with Quantitative Findings

The qualitative analysis reinforces the statistical results presented earlier in this chapter. Key observations are as follows.

1) Relationship Between Coping and Suicidal Ideation

The statistical analysis indicated that maladaptive coping is associated with higher suicidal ideation. This is supported by qualitative data where students with maladaptive coping styles expressed feelings of hopelessness and lack of direction.

2) Social Support as a Protective Factor

The quantitative results showed that higher social support correlated with lower suicidal ideation. The qualitative responses also demonstrate that students with strong social networks report feeling more resilient.

3) Clinical Stress and Suicidal Thoughts

Many upper-year students highlighted the intense stress from clinical practice, aligning with the statistical findings that stress levels increase with academic progression.

Summary of Findings

This study explored the prevalence, perceptions, and contributing factors of suicidal ideation among undergraduate nursing students at Universitas Advent Indonesia. The findings highlight critical mental health concerns and the relationships between stress, coping mechanisms, and social support.

1) Prevalence of Suicidal Ideation

The study found that 27.9% of students were classified as having very high risk for suicidal ideation, while 18% had moderate risk, 8.1% had high risk, and 45.9% fell into the low-risk category. These results indicate a concerning prevalence of suicidal thoughts among nursing students.

2) Perceived Stress and Suicidal Ideation

A statistically significant positive correlation was found between perceived stress and suicidal ideation. Higher stress levels were associated with a greater likelihood of experiencing suicidal thoughts.

3) Coping Mechanisms and Suicidal Ideation

Adaptive coping strategies, such as, such as problem-focused engagement, correlated with lower suicidal ideation. Conversely, maladaptive coping strategies, such as avoidance and emotional suppression, increased risk.

4) Social Support and Suicidal Ideation

A strong inverse correlation was observed between social support and suicidal ideation. Students who reported higher levels of social support from family, peers, and institutional resources experienced lower suicidal ideation, highlighting the protective role of a supportive environment.

5) Qualitative Findings

Students described various academic, clinical, and personal challenges that contributed to their emotional well-being. Many expressed the importance of peer support in managing stress and highlighted the potential benefits of increased accessibility to institutional mental health resources.

Recommendations for Future Research

To further expand on the findings of this study, future research should explore additional dimensions of mental health among nursing students. The following recommendations are proposed.

- 1) Expanding the research to multiple universities to improve generalizability.
- 2) Conducting longitudinal studies to assess how stress, coping mechanisms, and suicidal ideation change over time.
- 3) Implementing and evaluating targeted mental health interventions for nursing students.
- 4) Exploring additional factors such as personality traits, resilience, and institutional policies in relation to mental well-being.

CONCLUSION

This study highlights the critical need for enhanced mental health support for nursing students, emphasizing the strong links between stress, coping strategies, and social support, and calls for proactive institutional measures to foster a supportive academic environment that improves both student well-being and future healthcare quality. It stresses the importance of equipping students with effective

coping mechanisms, promoting open mental health discussions, and implementing evidence-based programs to reduce suicide risks and build resilience, while underscoring the need for collaboration among educators, policymakers, and healthcare professionals. Future research should evaluate the long-term impact of interventions like peer support programs and stress-management workshops, conduct cross-cultural comparisons to identify influencing factors, and employ longitudinal studies to track stress and resilience development, along with examining faculty training's role in early detection and support of at-risk students.

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