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The lived experience of family members of older people who have died by suicide in rural China

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Abstract

Aim: The aim of the study is to provide insight and facilitate a deeper understanding of family members who have experienced their older family member's suicide.

Design: Interpretative phenomenological analysis (IPA) study.

Methods: Semi-structured individual interviews with five family members of older people who died by suicide recruited from a rural area of Shanxi Province, China. Smith's (2009) six steps of IPA was used for data analysis.

Results: Three main themes emerged from the study: (a) Initial psychological reactions; (b) Long-term life effects; (c) Social attitudes. The study shows how the family members of older people who died by suicide have experienced stigmatization and felt largely ignored. A suicide event poses a challenge to the future living quality of the family members. The study also highlights that it is necessary to pay attention to families of older people who died by suicide and providing support is required to improve the quality of life of these family members in rural China.

Conclusion: The study adds to the understanding of the lived experience of family members of older people who died by suicide in less economically developed rural areas.

Patient or Public Contribution: Patients and the public were not involved in the design, conduct or reporting of this study. Participants of this study helped with recruitment via snowball sampling.

KEYWORDS
China, interpretative phenomenological, older people, rural, suicide

1 | BACKGROUND

Suicide has become a serious public health and social problem worldwide, and imposes a heavy mental, medical and economic burden on individuals, families and society (Hu et al., 2020). Due to rapid ageing in some countries and regions, older people died by suicide has become more of a public health issue. One study has shown that China has one of the highest suicide rates in the world (Zhou et al., 2019), especially among the older population. Another study also reported that the rate of suicide is increasing among the older population in recent years (Zortea et al., 2021). Studies reported that about 38.2%–44% of all suicidal deaths in mainland China were died by people aged 65 years and older, of whom 79% were rural residents (Wang et al., 2014; Zhong et al., 2016). Another study has also reported that the suicide rates in rural and urban China are very different, the suicide rate in rural areas is usually much higher (Zhou et al., 2019).

China has the largest older population in the world. Living with grown-up children is generally regarded as a form of family-based

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care and strengthen by the traditional cultural value of filial piety (Tong et al., 2019). However, with the acceleration of urbanization and social development, the traditional form of family-based care and the concept of filial piety has begun to decline in recent decades (Zhou et al., 2018). Especially in rural areas, where older people do not have pensions and their family's income is relatively low compared to urban residents, thus, maintaining the quality of life and care becomes even more difficult (Dai, 2015; Yue & Cun, 2021). In some cases, there are situations where children are reluctant to support their aged family member (Nan, 2019). Furthermore, with the acceleration of ageing and the increase of migrant workers, it is becoming more common for older parents to remain in rural areas, while their adult children move to urbanized areas which is inconsistent with the traditional co-residency culture (Gao et al., 2020). These factors may create psychological pressures for older people, which may lead to a higher suicidal rate among the older people in rural areas.

Compared with studies about older people who died by suicide, the lived experience of family members of older people who died by suicide has received less attention. In addition, due to the fear of discrimination and stigmatization, their family members are less willing to share their feelings with others (Goulah-Pabst, 2021). One previous study indicated that family members of loved ones who died by suicide are more likely to experience sadness, guilt, abandonment, anger, shame and rejection (Berardelli et al., 2020). In addition, family members may be stigmatized by society, leading to a higher risk of suicidal thoughts and suicide attempts, which will affect their health and quality of life (Pitman et al., 2017). In China, suicide of older people is often perceived as due to the children being unfilial, family conflicts or bad luck, especially in rural areas (Xu, 2017). These social perceptions and attitudes towards suicide are likely to affect the family members' social connections and social life. Therefore, this study aims to understand the lived experience of the family members of older people who died by suicide and to discover the problems faced by family members after their loved one has died, in order to inform relevant health professionals and policy makers regarding bereavement services and support.

1.1 | Research question

What are the lived experiences of the family members of older people who died by suicide?

2 | METHODS

2.1 | Study aim

The study aims to provide insight and facilitate a deeper understanding of family members who have experienced their older family member's suicide in a rural area in Shanxi Province, China.

2.2 | Study design

The purpose of the study is to provide insight and understand personal lived experience of older family member's suicide. Interpretative phenomenological analysis (IPA) is rooted in philosophical traditions of phenomenology and symbolic interactionism, it aims to explores individual experience of life events (a phenomenon) and the way in which individuals make sense of their experience by focusing on the internal psychological meanings evident in their accounts (Smith et al., 2009). IPA also suits to exploration of an individual's personal perception, or interpretation of an experience, in detail. It can also be used to explore the inner world of people in special situations or personal psychological feelings by 'giving voice' to the participants (Larkin et al., 2006). In this study, we are "giving voice" to the concerns of participants by studying their narratives, and interpreting the accounts they give in the context of their lived world. Therefore, we chose an IPA approach for the study.

2.3 | Inclusion criteria and recruitment

The participants were recruited from a rural area in Shanxi Province. Data were collected from November 2020 to February 2021 through a snow-balling approach (Parker et al., 2019). The first participant was recruited from the same living area as the first author, however, the research team had no personal connection with the participants and did not know any of the participants before the study. The first participant was introduced to the first author by the village clinical staff in the area. The other participants were introduced to the study one by one. Participants who were interested in the research received an invitation letter and a research information sheet. Participant inclusion criteria were as follows:

- Has a family member aged ≥60 who has committed suicide.
- 18 years and older.
- Has the capacity to give consent.

2.4 | Study site and participants

One rural village, in Shanxi province was selected as the recruitment site. Shanxi is a less economically developed province in China (Zhen, 2016). Healthcare and social support for older people is also less developed, but its culture is the most traditional compared to other places in China. With the emergence of immigration, most young and middle-aged people from rural areas seek jobs in cities. The residents who stay in the village are mostly frail and old, and there are hardly any social or recreational activities for them. Most older people live with their spouses and rarely with their children, but they receive various forms of support from their children.

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The study included five family members of older people who died by suicide. The participants were sons, daughters or siblings of an older person who died by suicide. Participants included three females and two males. Among them, two participants were unemployed without income and three participants were farmers with low incomes. All people had no religious beliefs.

2.5 | Data collection

Semi-structured individual interviews were conducted. Semi-structured interview can make necessary adjustments flexibly according to the actual situation during the interview (Kallio et al., 2016), thus, have the advantage of gaining a deep and comprehensive understanding of the participants' life experience. Open-ended questions were designed to allow interviewees to talk about their lived experience after the older person's suicide in their own way. The first author has conducted all the interviews as she speaks same dialect with the participants. Before conducting the interview, the researchers ensured that all participants understood the potential risks that may emerge from the research and gave an opportunity for the participants to ask questions that they were concerned about at any time. Then, they informed them about their right to withdraw at any time and the support available during and after the interview. Interviews were conducted in the participants' own houses or in a place they preferred. The interviews lasted between 30 and 60 min. All interviews had been audio-recorded and transcribed verbatim.

2.6 | Data analysis

The process of data analysis was used of Smith et al. (2009) six steps of IPA: First of all, the research team read the transcript repeatedly and got familiar with the content. After this, individual transcripts were coded line by line in detail, preliminary notes were made in the left margin, the key code words were recorded in the right margin. Then, the codes were listed and grouped into the initial emerging themes. At this stage, the researchers looked for connections across the initial emerging themes and determined the patterns between them. The rest of the transcripts were analysed in the same way. Finally, a master table was made to present the emerging themes in all transcripts, establish connections, and group the emerging themes of each transcript to identify and compile the main themes. During the process of analysis, in order to ensure the participants' lived experiences have been interpreted accurately, the research team met regularly. We discussed interpretation of findings, figure out the meaning of the participants' statements, discussed any disagreements raised from the data analysis and raised resolutions. In addition, the first author went back to the participants to discuss and confirm some unclear issues. The NVivo version 12 software was used for assisting with data management and data analysis.

3 | RESULTS

The study investigated the lived experiences of family members who have experienced their older family member's suicide. Three themes have been identified and grouped: (1) Initial psychological reactions; (2) Long-term life effects; (3) Social attitude. These themes have reflected some common emotional responses to the suicide of a family member as well as their perceived experiences compound with social and cultural context.

3.1 | Theme one: Initial psychological reactions

This theme reflects the initial reactions of the participants and their perceived experiences of grief. Words such as "heartbroken", "sad" and "unbelievable" were frequently used by the participants. The degree of reaction is related to how close the relationship was with the person who died by suicide. In this study, participants have not only perceived the initial feelings of heartbreak, grief, or self-blaming, but also expressed that they also had suicidal thoughts after their family members died by suicide. For example, participant Zhao (pseudonyms were used for all the participants) says:

> "I didn't want to work. An important people in my life had been lost due to suicide and I wanted to go with her."
>
> (Zhao)

Participant, Cao has had a same feeling and similar thoughts (suicide) after her father committed suicide, she says:

> "I felt that we (children) were very useless. We didn't take care of our father well. If we had done so, he might not have died. I wanted to commit suicide too."
>
> (Cao)

Cao has also perceived a shame and self-guilt feeling regarding her father's suicide. At the same time, Cao was worried about the effect of the suicide event on her son, "My son was ill. After the incident, my son was very sad and his condition worsened. He laid in bed all day…". Falling in this tragedy situation, Cao developed the thought of suicide too. Another participant, Hu described her miserable feelings after her mother committed a suicide.

> "When I learnt that she had committed suicide, I was broken, I couldn't accept it, I felt panicked, I was very sad, tears streamed down my face."
>
> (Hu)

Another participant, Li says:

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> "Oops (dialect for shock), it made me tremble and shocked, I felt very sad. I felt restless every day. I didn't know what I was doing."
>
> (Li)

These extracts show that grief caused by bereavement can increase the likelihood of onset or worsening of one's physical or mental disorders.

The suicide event has caused all the five participants to feel guilty too, Hu says:

> "I regretted that I was busy with work every day and did not take good care of my mother. If I took good care of my mother, she would not commit suicide."
>
> (Hu)

Similarly, Zhang says:

> "I really am a useless person (crying), I didn't have the ability to take care of her when she was alive, due to the hardship of our life. If my mother did not commit suicide, now that the living conditions are getting better, she would have had a better life… so I always feel very guilty."
>
> (Zhang)

In China, where economic, social and cultural changes happen rapidly, middle aged adults in rural areas are more likely to move to cities to work and earn money to support their families, and so they are less likely have time to take care of the older people in rural areas. This causes the family members to perceive a feeling of regret after the older people have committed suicide. They blame themselves for causing their loved ones' suicide as they feel that they were not available to provide emotional support to older family members while they were away.

3.2 | Theme two: Long-term life effects

Long-term life effects described by the participants were more associated with continual psychological impacts and future life impacts after their loved one committed suicide. It is more likely to include continual bereavement, worry and stress, and difficulties with life arrangements after the event.

According to Hu, the suicide of her mother has caused continual bereavement which has been lasting for many years. She says:

> "Until now, when I wear the cloth, shoes and embroidered insoles she made for me, I will think of her, and I feel very sad and want to cry."
>
> (Hu)

Another participant, Zhang says:

> "When I see other people's mothers, I think of my mother, and I can't help crying and I'm sad."
>
> (Zhang)

These continual psychological impacts have been present with most of the family members. In addition, the suicides of the elders brought huge financial pressure to the family due to the funeral costs. For example, both participants Cao and Zhao experienced the burden of funeral costs.

> "I was worried about how to handle the funeral of my father, because the economy was relatively difficult, and the economic pressure in all aspects of burying my father was very high. Where should the funds come from?"
>
> (Cao)

> "I'm worried about how my sister's family lives, the family is very poor with no money, how can they afford to bury my sister?"
>
> (Zhao)

In traditional Chinese culture, a more decent and costly funeral not only represents the family's reputation, but also means that more respect is being paid for towards their loved one who passed away. Therefore, most participants expressed that they were worried about funeral costs. In rural China, most of the household incomes comes from their field work and odd jobs, this extra cost would make a life-long impact on the participants and their families.

Furthermore, there is a specific custom in the countryside about suicide: if an older female person died by suicide, the family needs to report the tragedy to the person's maiden family (the woman's family before she was married). When the person's maiden family hear the news, they may become angry and perceive the suicide as the children's fault, and they are more likely to ask for an expensive and decent funeral. There would be a conflict between the older female's maiden family and her married family if a deal cannot be made. Thus, some participants were very worried and upset about this situation. This has not only caused lifelong pain to family members, but also led to a financial burden to the family. It is more likely to cause large amounts of debt for the family members. Zhang says:

> "My brother and I are very scared. Hearing my father telling me how to report the funeral to my uncle's house, I still feel very scared and stressed when I think about it. "
>
> (Zhang)

Similarly, another participant Cao says:

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> "My brother went to report the funeral (to her mother's maiden family). My uncle was very angry, he was out of control. I can still recall the scene now, I was very afraid."
>
> (Cao)

As well as the event of suicide of a loved one having caused long-lasting psychological impacts on most of the participants, the financial burden after the funeral expense; has also affected the future living arrangements for the family members as well as the quality of their life.

> "After my mother passed away, no one took care of my children. I can no longer go out to work (migrant temporary job in a city) and earn money. Life is very difficult."
>
> (Hu)

In China, a reciprocal family relationship is a strong link for family members to support each other, especially between the older and younger generations. For example, it is more common in the rural areas for the grandparents to look after their grandchildren while the middle-aged adult go to work to earn the household income for the whole extended family. Apart from the miserable feelings brought on by the suicide, it can also be a financial disaster for the whole family due to the breakdown of the reciprocal family relationship. It is suggested that the local support services should be available to support these families and intervene with the funeral arrangements and related issues.

As for the long-term psychological effects, time has helped heal participants. Participant Hu says:

> "It had already happened, and we must face it. I know that recovering will take a long time, and as time goes by, I would be better."
>
> (Hu)

Another participant Zhao says:

> "I thought about it, the dead cannot be resurrected. After a period of time, I will gradually recover."
>
> (Zhao)

In the study, couple of family members gradually overcome the suicide of their loved one, though there is still hardship. The rest three participants seem still in suffering from the tragic family events.

In overall, these extracts have not only disclosed the phenomenon of the traditional customs of connecting with the maiden family and the conflict, anxiety, and anger experienced by the participants, but also highlighted the intergenerational dynamics and supports that may be lost when an older person in a family dies. These reflected family dynamics plays an important part in bereavement process after a family member's suicide.

3.3 | Theme three: Social attitude

This theme illustrates the attitude of the public and society towards the families of the older people who died by suicide, and how it creates a sense of social stigma and isolation. In Chinese traditional culture, it is shameful and indecent if an older family member died by suicide. In the eyes of others, it means that the children did not treat the older person well. This brought not only tremendous psychological pressure to the family, but also seriously affected the family's reputation. In this study, participants felt frustrated by villagers' gossip. For example,

> "I went out in the village, the villagers gossip that my mother died by drinking pesticide, I felt frustrated and I thought that it was disgraceful."
>
> (Zhang)

Similarly, Cao says:

> "As a family member, my father's suicide made me 'lose face' in front of villagers. The villagers misunderstood me and said that I didn't respect my father, which caused him to commit suicide. Villagers in the village would laugh at me and say that I didn't even take care of my father, which had a great impact on my personal pride".
>
> (Cao)

In rural areas where the economy and technology are underdeveloped, people gossip at the door as a means of entertainment. After the elders committed suicide, the villagers often gossiped about the suicide event as an indecent thing and blame the family as the cause of the suicide. Participant Hu perceived discrimination as well as feeling ashamed. She says:

> "The neighbors said that if we took good care of her, she would not commit suicide. It is the lack of attentive care that leads my mother to suicide".
>
> (Hu)

Similarly, Li says:

> "The villagers said that I was not filial to my mother which is the reason why she committed suicide. My children and grandchildren felt that they have lost face in the village. What can I do? I feel very ashamed now."
>
> (Li)

These excerpts illustrated the negative social attitudes and stigma presented in the study associated with the suicide event in a traditional, specific, cultural setting. People mistakenly believed that the elder committed suicide because their family members were not filial

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to the older person or did not take good care of them. In this matter, the family perceived the experience of shame and helplessness. The phase 'what can I do?' has shown the participant's vulnerability to this stigmatizing label and situation. More importantly, it had serious impacts on her long-term mental health and quality of life.

Overall, this theme mainly disclosed the phenomenon of the traditional customs of village gossip. It reflected culture and tradition, along with the element of rurality seem to have strong link to the participants' perceived experiences of shame and social isolation after a family member's suicide. This unique culture and tradition may affect the participants' emotional wellbeing and resilience of bereavements.

4 | DISCUSSION

This study disclosed the lived experience of family members of older people who died by suicide. It reflects the process of the family members' grieving, continual long-term life effects as well as social attitudes towards them. The effects of psychological suicide bereavement are wide-ranging, including high levels of stress, depression, and anxiety (Spillane et al., 2018). This consistent with our findings.

The suicide of older people can have serious psychological impact on their family members. All participants in this study have experienced grief and sadness, including the initial response to heartbroken and the process of psychological effects over time. Previous study indicates that grief is the universal, instinctual and adaptive reaction to the suicide of a family member (Tal Young et al., 2012). One study has also found that family members of people who died by suicide have significantly higher levels of psychological distress two years after losing their loved ones (Kõlves et al., 2020). Family members of people who died by suicide experience higher levels of sadness, depression, despair, post-traumatic stress disorder (PTSD) symptoms, anxiety, and suicidal behaviours compare to other causes of death (Bellini et al., 2018). This study has also found that all the participants have experienced these psychological responses after their loved ones' suicide. Moreover, most participants expressed that after their parents died by suicide, they are more likely to blame themselves for not having provided emotional support to their older family members which may have caused their loved ones to die by suicide.

Filial piety is the core and foundation of traditional Chinese ethics and culture, and it plays the role of supporting the older family members in traditional Chinese social life (Ping & Lin, 2017). However, this family support model has become unavailable due to immigration and urbanization (Zhang et al., 2019). For this reason, some participants believe that due to their own study and work, they did not take good care of their elders, and this made them feel that their being unfilial was what caused the suicide of their elders. They often feel very guilty which causes them to have serious psychological problems. This gives us a warning, to pay attention to the mental health of family members of older people who have died by suicide, especially those who lived in rural areas, to prevent further suicides. However, the relevant support services are lacking in most rural areas in China (Zhang et al., 2021). In addition, medical and economic services are more likely to be underdeveloped in rural areas. People living in such areas often ignore bereavement caused by suicide and worsen the condition; they hardly seek medical or social support. This suggests that early detection and social support services should be available for older people who in rural areas without family members around, in order to prevent suicides. In addition, a series of interventions should be implemented to assess the further suicide risks of the family members and support their psychological needs.

In addition, in China, most rural residents live without pensions (Wang & Huang, 2021), so the older residents are more likely to be financially dependent on their children. This family financial deficit may also be a reason for suicide. In this study, two older people died by suicide due to care burden problems, two older people died by suicide due to personal health reasons, and another one due to multiple reasons. Previous studies reported that older people living in rural areas with two or more chronic physical conditions have a significantly higher risk of suicidal ideation (Czeisler et al., 2020; Jing et al., 2021). In this study, three of the older people who have died by suicide had more than three chronic diseases. Studies have shown that the health status of residents in rural areas in China is not optimistic, many patients cannot afford expensive medical expenses (Zhou et al., 2020). Therefore, older people may choose to die by suicide in order to reduce the pressure of the medical and care costs on their children. A study indicates that people are more likely to fall into the vicious circle of poverty and poor healthy (Zhou et al., 2020). This suggests that improving the older care service, and the access and ability of rural residents to obtain medical care is important. Furthermore, financial pressure has continually affected the participants' resilience from bereavement after their loved one's suicide, such as, worrying funeral costs. So the government should consider changing the cultural norm of holding an expensive funeral ceremony and supporting low-income families with funeral costs.

Furthermore, social attitudes have a huge impact on the family members of relatives who died by suicide. Studies have shown that family members of someone who died by suicide are often stigmatized by society in rural areas (Pitman et al., 2017). This study is consistent with previous studies, which identified that social stigma affects the quality of life of family members after other family members died by suicide. Filial piety is still widely advocated by society and is binding to children in China (Sun, 2017). In consequence, rural residents generally believe that the suicide of the older person is caused by the children being unfilial. In the study, due to the villagers' gossip, all participants experienced distress and guilt. This suggests that the local government, health professionals and policy makers should think about suicide preventions and interventions in rural areas, as well as reconsidering the social perceptions of suicide.

Previous studies have also shown that family members of suicidal elderly often feel ashamed, blamed, and judged and had higher perceived stigma levels. This was associated with psychological distress, depression, self-harm, and suicidality worldwide (Evans & Abrahamson, 2020). The findings of this study are similar to previous studies. In addition, due to the undeveloped economy in rural areas compared to cities, in order to reduce the burden on the younger generation, the older people may choose to die by suicide, such as

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in this study, two cases of suicide were caused by this reason according to the reports by their family. Therefore, the government should raise public awareness of the effects on the rest of the family members if one of the family members has died by suicide. Along with continuously improving the medical system and establishing an effective social support system for both the old rural residents and their families. In addition, appropriate psychological interventions on family members after their loved one has died by suicide needs to be considered. This will help support the rest of the family members to live with a positive attitude, thereby improving their quality of life.

5 | LIMITATIONS OF THE RESEARCH

The study took place in just one rural village in Shanxi Province and therefore there is no claim that findings from this current study can be applied to other economic and political regions or other ethnic groups in China. Future research should study the psychological experience of family members of older people who have died by suicide in other rural geographic areas across China. This study lacks a view from spouse of an older people who has died by suicide, there is a limitation to snowball sampling approach as there is no participant who is a spouse that has been referred to us by the other participants. In addition, the nature of an IPA study is to investigate deep and detailed personal perspectives. However, the sample size is very small, it is not possible for the results of this study to be generalized to a wide population group, but it serves as a window into the real life of this group of people in a specific rural setting.

6 | CONCLUSION

The study adds to the understanding of the lived experience of family members of older people who have died by suicide in less economically developed rural areas. It recommends that urgent consideration needs to be given to support families where one of the older family members has died by suicide in rural China. An appropriate care support package maybe needs to be developed to deal with this. The study also highlighted the specific social attitude towards suicide in this area. This suggests that future research should focus on how to improve the understanding and awareness of the family members of older people who died by suicide in rural communities and challenge the discriminatory attitudes towards family members in the unique culture of rural areas in China. In addition, early detection and social support services should be available for older people who have been left behind in rural areas, to prevent suicides.

RESEARCH ETHICS COMMITTEE APPROVAL

This study was approved by the Ethics Committee of the University. The informed consent form was signed by the participants and pseudonyms was used for reporting.

As this study involves sensitive topics which may cause an emotional reaction, interview questions have been carefully considered and designed in advance. The research team also prepared to deal with such emotional issues and responses during the interviews. For example, if the participants appear to have any emotional reactions, such as crying or being distressed, the research team was prepared to give them break and allow them to drop out from the interview if they so wish. The village clinic physician will be informed with the consent of the participant if further support was needed, and a contact number of a support group for suicide was provided. Field notes were used for taking down any issues as well as the reflexivity of the researcher, such as their personal experience of involving of such sensitive questions, or their professional work in this area. Most people who participated in the research carried on with the interviews well and found it helpful that their voices were heard. There may not have been many chances for them to openly talk about their feelings. A counselling number was also available for the researcher if anyone needed it.

AUTHOR CONTRIBUTIONS

XZ, MC and BM were responsible for the study concept and design, acquisition of data, analysis and interpretation of data, and drafting the manuscript. MC contributed to the data collection and date analysis, and the drafting of the manuscript. Supervision was done by XZ. All authors read and approved the final manuscript.

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CONFLICT OF INTEREST STATEMENT

There is no conflict of interest.

DATA AVAILABILITY STATEMENT

The data that support the findings of this study are available from the corresponding author upon reasonable request.

CONSENT FOR PUBLICATION

Informed consent for publication was obtained from all participants together with consent to participate.

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REFERENCE

Bellini, S., Erbuto, D., Andriessen, K., Milelli, M., Innamorati, M., Lester, D., Sampogna, G., Fiorillo, A., & Pompili, M. (2018). Depression, hopelessness, and complicated grief in survivors of suicide. *Frontiers in Psychology*, *9*, 198. https://doi.org/10.3389/fpsyg.2018.00198

Berardelli, I., Erbuto, D., Rogante, E., Sarubbi, S., Lester, D., & Pompili, M. (2020). Making sense of the unique pain of survivors: A psychoeducational approach for suicide bereavement. *Frontiers in Psychology*, *11*, 1244. https://doi.org/10.3389/fpsyg.2020.01244

20541058, 2023, 7, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/nop2.1684 by Imperial College London, Wiley Online Library on [06/07/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License

Czeisler, M. É., Lane, R. I., Petrosky, E., Wiley, J. F., Christensen, A., Njai, R., Weaver, M. D., Robbins, R., Facer-Childs, E. R., Barger, L. K., Czeisler, C. A., Howard, M. E., & Rajaratnam, S. (2020). Mental health, substance use, and suicidal ideation during the COVID-19 pandemic - United States, June 24-30, 2020. *MMWR. Morbidity and Mortality Weekly Report*, *69*(32), 1049–1057. https://doi.org/10.15585/mmwr.mm6932a1

Dai, B. (2015). The old age health security in rural China: Where to go? *International Journal for Equity in Health*, *14*, 119. https://doi.org/10.1186/s12939-015-0224-5

Evans, A., & Abrahamson, K. (2020). The influence of stigma on suicide bereavement: A systematic review. *Journal of Psychosocial Nursing and Mental Health Services*, *58*(4), 21–27. https://doi.org/10.3928/02793695-20200127-02

Gao, Z., Xu, L., Qin, W., Zhang, J., Zhou, J., Hu, F., & Hong, Z. (2020). Prevalence and associated factors of self-treatment among the elderly-a comparative study between empty and non-empty nesters in Shandong, China. *International Journal of Environmental Research and Public Health*, *17*(21), 7880. https://doi.org/10.3390/ijerph17217880

Goulah-Pabst, D. M. (2021). Suicide loss survivors: Navigating social stigma and threats to social bonds. *Omega-Journal of Death and Dying*, 1–24. https://doi.org/10.1177/00302228211026513

Hu, C., Zhao, D., Gong, F., Zhao, Y., Li, J., & Sun, Y. (2020). Risk factors for suicidal ideation among the older people living alone in rural region of China: A path analysis. *Medicine*, *99*(29), e21330. https://doi.org/10.1097/MD.0000000000021330

Jing, Z., Li, J., Fu, P. P., Wang, Y., Yuan, Y., Zhao, D., Hao, W., Yu, C., & Zhou, C. (2021). Physical multimorbidity and lifetime suicidal ideation and plans among rural older adults: The mediating role of psychological distress. *BMC Psychiatry*, *21*(1), 78. https://doi.org/10.1186/s12888-021-03087-4

Kallio, H., Pietilä, A. M., Johnson, M., & Kangasniemi, M. (2016). Systematic methodological review: Developing a framework for a qualitative semi-structured interview guide. *Journal of Advanced Nursing*, *72*(12), 2954–2965. https://doi.org/10.1111/jan.13031

Kõlves, K., Zhao, Q., Ross, V., Hawgood, J., Spence, S. H., & de Leo, D. (2020). Suicide and sudden death bereavement in Australia: A longitudinal study of family members over 2 years after death. *The Australian and New Zealand Journal of Psychiatry*, *54*(1), 89–98. https://doi.org/10.1177/0004867419882490

Larkin, M., Watts, S., & Clifton, E. (2006). Giving voice and making sense in interpretative phenomenological analysis. *Qualitative Research in Psychology*, *3*(2), 102–120. https://doi.org/10.1191/1478088706qp062oa

Nan, Y. N. (2019). *Research on the distribution mechanism of child support responsibilities in rural multi-child families*. (master's degree), CASS Graduate School. Available from Cnki.

Parker, C., Scott, S., & Geddes, A. (2019). Snowball sampling. In *SAGE research methods foundations*. University of Gloucestershire. Sage Publications.

Ping, Z. J., & Lin, Z. P. (2017). Study on the challenges and remedies of traditional Chinese filial piety in China. *Journal of Hubei University (Philosophy and Social Science)*, *44*(3), 7–13.

Pitman, A., Rantell, K., Marston, L., King, M., & Osborn, D. (2017). Perceived stigma of sudden bereavement as a risk factor for suicidal thoughts and suicide attempt: Analysis of British cross-sectional survey data on 3387 Young bereaved adults. *International Journal of Environmental Research and Public Health*, *14*(3), 286. https://doi.org/10.3390/ijerph14030286

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. The British Psychological Society and Blackwell Publishing Ltd.

Spillane, A., Matvienko-Sikar, K., Larkin, C., Corcoran, P., & Arensman, E. (2018). What are the physical and psychological health effects of suicide bereavement on family members? An observational and interview mixed-methods study in Ireland. *BMJ Open*, *8*(1), e019472. https://doi.org/10.1136/bmjopen-2017-019472

Sun, Y. (2017). Among a hundred good virtues, filial piety is the first: Contemporary moral discourses on filial piety in urban China. *Anthropological Quarterly*, *90*(3), 771–799.

Tal Young, I., Iglewicz, A., Glorioso, D., Lanouette, N., Seay, K., Ilapakurti, M., & Zisook, S. (2012). Suicide bereavement and complicated grief. *Dialogues in Clinical Neuroscience*, *14*(2), 177–186. https://doi.org/10.31887/DCNS.2012.14.2/iyoung

Tong, Y., Chen, F., & Su, W. (2019). Living arrangements and older People's labor force participation in Hong Kong, 1986-2016. *Social Science & Medicine*, *229*, 50–59. https://doi.org/10.1016/j.socscimed.2018.10.011

Wang, C. W., Chan, C. L., & Yip, P. S. (2014). Suicide rates in China from 2002 to 2011: An update. *Social Psychiatry and Psychiatric Epidemiology*, *49*(6), 929–941. https://doi.org/10.1007/s00127-013-0789-5

Wang, H., & Huang, J. (2021). How can China's recent pension reform reduce pension inequality? *Journal of Aging & Social Policy*, *35*, 1–15. https://doi.org/10.1080/08959420.2021.1926865

Xu, J. (2017). Rural family separation and elderly suicide in context of labor migration. *Journal of Northwest A&F University(Social Science Edition)*, *17*(02), 66–72.

Yue, Z. J., & Cun, X. S. (2021). The influence of social capital on the life satisfaction of rural elderly. *Population Journal*, *43*(02), 74–85.

Zhang, X., Clarke, C. L., & Ding, R. (2021). The experience of bereavement on family caregivers of people with dementia in China. *Dementia (London, England)*, *20*(7), 2235–2247. https://doi.org/10.1177/1471301220988237

Zhang, X., Clarke, C. L., & Rhynas, S. J. (2019). What is the meaning of filial piety for people with dementia and their family caregivers in China under the current social transitions? An interpretative phenomenological analysis. *Dementia (London, England)*, *18*(7–8), 2620–2634. https://doi.org/10.1177/1471301217753775

Zhen, Z. (2016). Thoughts on the development of county industrial economy in less-developed areas in the western china-take zhenba county, hanzhong city, shaanxi as an example. *Reformation & Strategy*, *32*(2), 19–21. https://doi.org/10.1633/j.chki.issn1002-736x.2016.02.005 (in Chinese).

Zhong, B. L., Chiu, H. F., & Conwell, Y. (2016). Rates and characteristics of elderly suicide in China, 2013-14. *Journal of Affective Disorders*, *206*, 273–279. https://doi.org/10.1016/j.jad.2016.09.003

Zhou, Q., Zhang, J., & Hennessy, D. A. (2019). The role of family absolute and relative income in suicide among Chinese rural young adults: Mediation effects of social support and coping strain. *Journal of Public Health (Oxford, England)*, *41*(3), 609–617. https://doi.org/10.1093/pubmed/fdy123

Zhou, Y., Guo, Y., & Liu, Y. (2020). Health, income and poverty: Evidence from China's rural household survey. *International Journal for Equity in Health*, *19*(1), 36. https://doi.org/10.1186/s12939-020-1121-0

Zhou, Z., Zhou, Z., Gao, J., Lai, S., & Chen, G. (2018). Urban-rural difference in the associations between living arrangements and the health-related quality of life (HRQOL) of the elderly in China-evidence from Shaanxi province. *PLoS One*, *13*(9), e0204118. https://doi.org/10.1371/journal.pone.0204118

Zortea, T. C., Brenna, C., Joyce, M., McClelland, H., Tippett, M., Tran, M. M., Arensman, E., Corcoran, P., Hatcher, S., Heise, M. J., Links, P., O'Connor, R. C., Edgar, N. E., Cha, Y., Guaiana, G., Williamson, E., Sinyor, M., & Platt, S. (2021). The impact of infectious disease-related public health emergencies on suicide, suicidal behavior, and suicidal thoughts. *Crisis*, *42*(6), 474–487. https://doi.org/10.1027/0227-5910/a000753

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20541058, 2023, 7, Downloaded from https://onlinelibrary.wiley.com/doi/10.1002/nop2.1684 by Imperial College London, Wiley Online Library on [06/07/2023]. See the Terms and Conditions (https://onlinelibrary.wiley.com/terms-and-conditions) on Wiley Online Library for rules of use; OA articles are governed by the applicable Creative Commons License