

Nurses at Risk: Nurse Suicide & Self-Care



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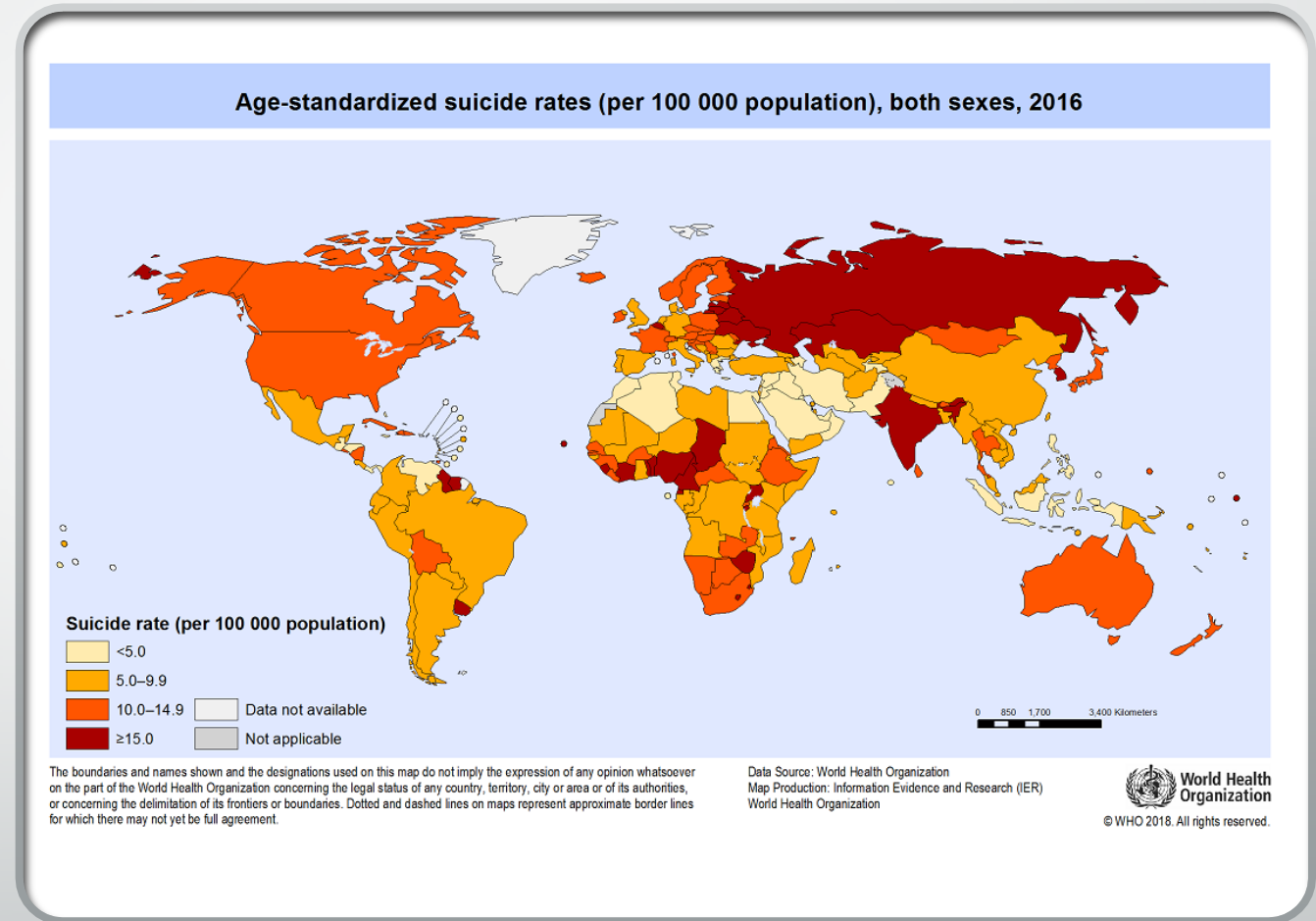
The speaker has no conflicts of interest to disclose.

Objectives

- Understand the current, available data and statistics for suicide globally, nationally and locally.
- Identify gaps in the reporting of suicide rates among nurses.
- Identify the risk or contributory factors that lead to stress, burnout-that may lead to nurse suicide.
- Identify self-care techniques which can be used daily to prevent stress and burnout.

Suicide Statistics: World

- According to the World Health Organization, somewhere in the world:
 - One person dies by suicide every 40 seconds.
 - Worldwide, more than 1,000,000 people die by suicide each year, with a global suicide rate of 16 per 100,000 in the population.

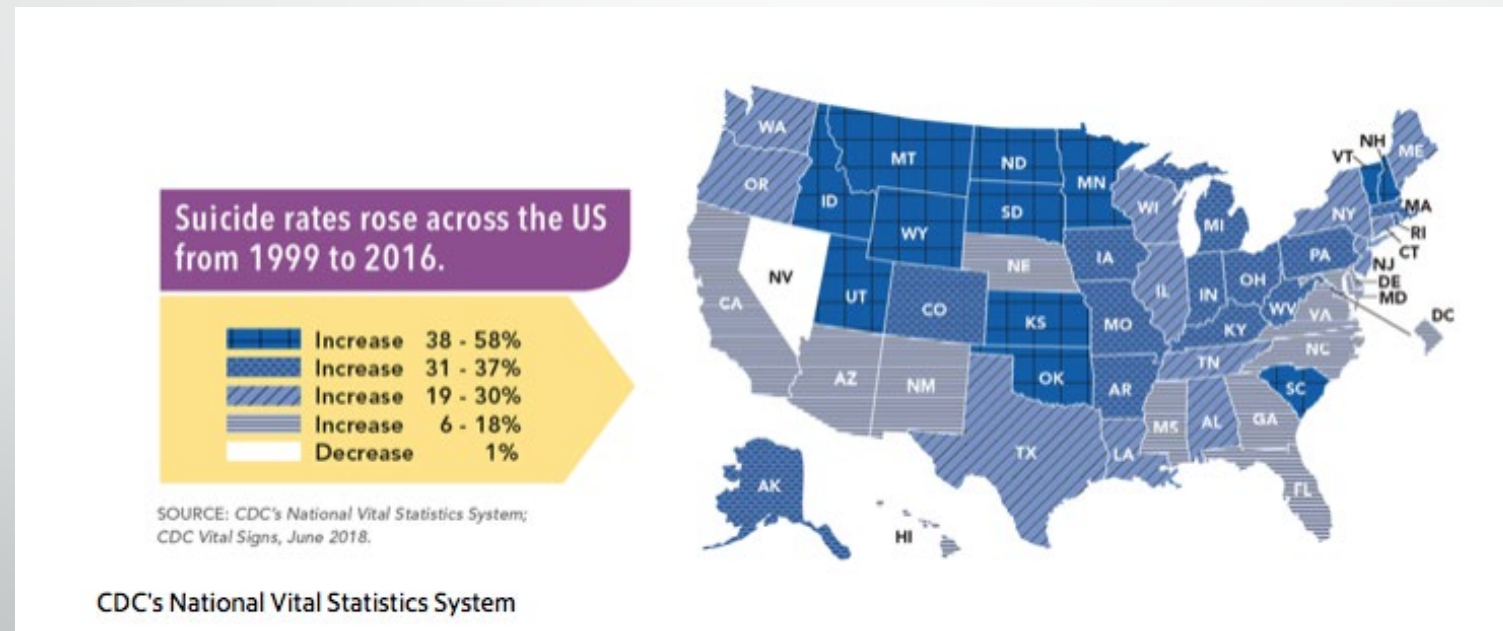


Suicide Statistics: United States

- Suicide the 10th leading cause of death in the United States at a rate of 14 per 100,000 in the general population.
- There is on average, one death by suicide every 12 minutes.
- Approximately 105 Americans die by suicide every day.
- While data shows the overall mortality rates of other causes of death are decreasing within the United States, **suicides are on the rise.**

Suicide Statistics: Kentucky

- In Kentucky, suicide was ranked as the **11th** leading cause of death, with 770 deaths in 2017 at a rate of 17.02 per 100,000.
- In 2017, Kentucky was ranked **21st** in the United States for suicide



Suicide Facts & Figures:

Kentucky 2019 *



On average, one person dies by suicide every 11 hours in the state.

More than four times as many people died by suicide in Kentucky in 2017 than in alcohol related motor vehicle accidents.

The total deaths to suicide reflect a total of 15,292 years of potential life lost (YPLL) before age 65.



Suicide cost Kentucky a total of **\$746,659,000** combined lifetime medical and work loss cost in 2010, or an average of **\$1,183,295 per suicide death.**

*Based on most recent 2017 data from CDC. Learn more at afsp.org/statistics.



leading cause of death in Kentucky

2nd leading
cause of death for ages 15-34

4th leading
cause of death for ages 35-54

10th leading
cause of death for ages 55-64

16th leading
cause of death for ages 65 & older

Suicide Death Rates

| | Number of Deaths by Suicide | Rate per 100,000 Population | State Rank |
|------------|-----------------------------|-----------------------------|------------|
| Kentucky | 770 | 17.02 | 21 |
| Nationally | 47,173 | 14.00 | |

<https://afsp.org/state-fact-sheets>



Suicide Facts & Figures: Kentucky 2020



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cause of death for ages 45-54

9th leading
cause of death for ages 55-64

17th leading
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Suicide Death Rates

| | Number of Deaths by Suicide | Rate per 100,000 Population | State Rank |
|------------|-----------------------------|-----------------------------|------------|
| Kentucky | 800 | 17.42 | 21 |
| Nationally | 48,344 | 14.21 | |

CDC, 2018 Fatal Injury Reports (accessed from www.cdc.gov/injury/wisqars/fatal.html on 3/1/2020).

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Side-By-Side

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Nurses in the United States

Nurses represent the largest group of health care professionals in the US.

In 2017, registered nurses made up an estimated workforce of 4,015,250 in the United States with 2,857,180 registered nurses employed in the United States as of May 2016.

The phenomenon of nurse suicide has been measured in other countries but has not been adequately measured or studied within the United States.

Are Nurses at Risk for Suicide?

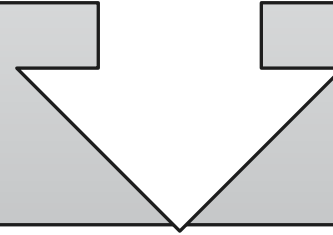
- What we know currently regarding Nurse Suicide:
 - Very little recent data except for an overview by Davidson et al. (2018)

Table 1 | Suicide Rates for Occupations Providing Services to the Public

| Occupation | US Rate (Year) |
|--|----------------------------|
| Physician [a] | 300-400 per year (2015-16) |
| Educator [b] | 63 per year (2011) |
| Police officer [c] | 108 per year (2016) |
| Firefighter [d] | 89 per year (2016) |
| Military officer: [e] | |
| • Combat: Infantry (closed to women) | 37.2/100,000 (2004-9) |
| • Combat: Infantry, engineer, never deployed (closed to women) | 41.2/100,000 (2004-9) |
| • Combat service support: Medical | 18.5/100,000 (2004-9) |
| Nurses | ???? |

Are Nurses at Risk for Suicide?

Although there is data available for suicide among physicians, teachers, police officers, firefighters, and military personnel, data surrounding nurse suicide is lacking.



Based on available data, female nurses are **1.5 times** more likely to commit suicide than female's in the general population;

10.41 vs. 7.41 per 100,000 person
years

Suicide Rates Among Nurses

- Evidence supports there is a high prevalence and rate of suicide among nurses.
- There is further evidence to support, female nurses in several countries appear to have an increased risk of suicide compared with other occupational groups.
 - Davidson found, female and male nurses in the United States are committing suicide at rates of 11.97 per 100,000 and 39.8 per 100,000, respectively (2019), as compared to the rate in the general population of 14.2 (2018) per 100,000.
- Studies have provided evidence for the high prevalence or rates of suicide among nurses thus, demonstrating that the nursing profession or work environment exposes them to a high risk of suicide.
- Despite these findings, there is lack of clarity in the literature, around the causes of high suicide risk in high-risk occupations such as nursing.

Special Issue

Sustainability and Outcomes of a Suicide Prevention Program for Nurses

Rachael Accardi, LMFT • Courtney Sanchez, LCSW • Sidney Zisook, MD • Laura A. Hoffman • Judy E. Davidson, DNP RN FCCM FAAN

Key words

nurse, depression, suicide prevention, workplace wellness, occupational health

ABSTRACT

Background: We now know that nurses are at greater risk for suicide than others in the general population. It is known that job stressors are prevalent in nurses who die by suicide. Yet, little is known about targeted suicide prevention for nurses. The first nurse-centric Healer Education Assessment and Referral (HEAR) suicide prevention program was piloted for 6 months in 2016. The HEAR program was effective in identifying at-risk nurses.

Aim: The purpose of this paper is to report the 3-year sustainability and outcomes of this nurse suicide prevention program.

Methods: Descriptive statistics are provided of program outcomes over the course of 3 years.

Results: Over the 3 years, 527 nurses have taken advantage of the screening portion of the program. Of these, 254 (48%) were Tier 1 high risk, and 270 (51.2%) were Tier 2 moderate risk. A startling 48 (9%) had expressed thoughts of taking their own life, 51 (9.7%) had a previous suicide attempt, whereas only 79 (15%) were receiving counseling or therapy. One hundred seventy-six nurses received support from therapists electronically, over the phone, or in person; 98 nurses accepted referral for treatment. The number of group emotional debriefs rose from eight in 2016 to 15 in 2017 to 38 in fiscal year 2019. Many of the debriefs are now requested (vs. offered), demonstrating the development of a culture open to reaching out for mental health treatment.

Linking Evidence to Action: The initial success of this pilot program has been sustained. A nurse suicide prevention program of education, assessment, and referral is feasible, well-received, proactively identifies nurses with reported suicidality and facilitates referral for care. The HEAR program has provided service to physicians and residents for 10 years and now supports effectiveness in nurses. The HEAR program is portable and ready for replication at other institutions.

Potential Factors Contributing to Suicide Risk Among Nurses

- The role of the nurse is demanding and stressful work, that entails **frequent exposure** to human illnesses, conditions, disease, patient suffering and death which is often compounded by stress, perceived limited respect in their work, and are increased dissatisfaction with their work situations.
- Nurses face situations in their daily work which may lead to **psychological distress** including ethical conflicts, organizational deficits, role ambiguity, shift work, social disruption of families due to work hours, team conflict, and workload.
- Psychological distress is defined, as a discomforting, emotional state experienced uniquely by the individual, in response to a specific stressor or demand which results in temporary or permanent harm, to the person.

Psychological Distress

Psychological distress has five defining attributes:

- **Perceived inability to cope effectively** (e.g. failure to verbalize ways to address problem, dependence on others to make decisions, hopelessness, avoidance of issue),
- **Change in emotional status** (e.g. anxiety, irritableness, depression, withdrawal from others, hyperactivity, tearfulness, inappropriate laughter),
- **Discomfort**(e.g., sadness, aches, pain, anger, hostility),
- **Communication of discomfort** (e.g., verbal-expressing lack of hope for future, fearful, complaining of pain, insomnia, silence; physical-scowling, frowning, restless, neglectful of appearance, avoiding eye contact),
- **Harm**(e.g., pain, change in vital signs, suicide gesture)

Potential Factors Contributing to Suicide Risk Among Nurses

- The occupational stress of daily shift work is often further compounded with personal stress or stress at home.
- A severe level of stress at work or at home is associated with an increased risk of suicide in nurses; **almost a five-fold increase** was found among women in the high stress category when home and work stress were combined.
- Therefore, self-perceived stress at home and at work is predictive of future risk of suicide.
- The use of an extensive evaluation or repeated assessment may aid in targeting and preventing suicide deaths among nurses.

Potential Factors Contributing to Suicide Risk Among Nurses


- Further evidence has demonstrated factors for high suicide risk include their role as a nurse, home environment and the environment in which they work.
- Of **ten** identified studies identified during a systematic review of the literature, **eight** discussed factors that may contribute to the risk and the higher incidence of suicide among nurses— 1 of the 10 articles was based in the US.
 - These factors include area of practice, educational level, burnout, personal and occupational related stress, depression, smoking and abuse of substances, deliberate self-harm and knowledge of medication and access to means.

Potential Factors Contributing to Suicide Risk Among Nurses

- The most recently studied factor in the literature is knowledge of medication and access to means that could be used to suicide.
- In **four** studies, the knowledge, access and means contributed to increasing the risk of suicide among nurses.
- In **three** of those studies findings were, medication poisoning is the method most frequently used by nurses when attempting suicide.
- One study found nurses were **three times** more likely to use medication for self-poisoning, for suicide than the general population.

Summary: Potential Factors Contributing to Suicide Risk Among Nurses

- Although recent literature is limited on nurse suicide, a review of the literature found that several collective risks factors lead to nurse suicide including:
 - Access to means, depression, knowledge of how to use lethal doses of medications and toxic substances, personal and work-related stress, smoking, substance abuse, and undertreatment of depression.
- Due to the nature of the daily work of nurses, further research is **essential** on the predictive factors that have an influence on the mental health of nurses that could lead to risk of nurse suicide.



How will the COVID-19,
global pandemic affect
nurses and their physical &
mental health?

Self-Care for Nurses: EXECUTIVE SUMMARY

American Nurses Association Health Risk Appraisal

- Contains highlights and key findings and provides a brief summary of statistical analyses of registered nurse and student nurse respondents' data received between October 2013 and October 2016 for a total of 10,688 completed survey responses.

https://www.nursingworld.org/~495c56/globalassets/practiceandpolicy/healthy-nurse-healthy-nation/ana-healthriskappraisalsummary_2013-2016.pdf

Self-Care for Nurses: EXECUTIVE SUMMARY

American Nurses Association Health Risk Appraisal

- Key Findings: HEALTHY WORK ENVIRONMENT & OCCUPATIONAL SAFETY
 - 68% put their patients' health, safety, and wellness before their own
 - 82% said they are at a "significant level of risk for workplace stress"-- Workplace stress was identified as the top work environment health and safety risk
 - About half of the respondents had been bullied in some manner in the workplace.
 - 59% of respondents reported that they worked 10 hours or longer daily
 - 25% had been physically assaulted at work by a patient or patient's family member; 9% were concerned for their physical safety at work.
 - 56-57% reported often coming in early and/or staying late and working through their breaks to accomplish their work.
 - 33% said they had often been assigned a higher workload than that with which they were comfortable.

Self-Care for Nurses: EXECUTIVE SUMMARY

American Nurses Association Health Risk Appraisal

- **Key Findings: HEALTH & WELLNESS**

- 89% responded affirmatively to “Do you feel well today?”
- About three-quarters received routine checkups and dental care within the past year
- The average body mass index (BMI) for respondents was 27.6, which was in the “overweight” category
- Allergies (44%) and lower back pain (31%) were the most commonly diagnosed medical conditions among respondents
- Only 16% ate five or more servings of fruits or vegetables per day, and 35% ate 3 or more whole grain servings
- 48% of respondents did muscle strengthening activities two or more days per week
- 58% went out to eat two or fewer times a week
- 85% drank 35 ounces or less of sugar-sweetened beverages weekly
- 94% did not smoke cigarettes at all, and of those who did smoke, 56% were actively trying to quit •
- On average, respondents slept seven hours in a 24-hour period



**American Nurses Association:
Healthy Nurse
Healthy Nation**

<https://www.nursingworld.org/practice-policy/hnnh/>

Self-Care for Nurses: 7 Tips

- 1. Be Physical
 - If you're sick or suffer from injuries or pain, you're not in the best position to care for others. Several nurses point to preventive actions as the best way to approach physical health and suggest these tips:
 - Incorporate healthy food into your diet.
 - Get exercise. Take a lunch break to go for a walk, and don't forget the old (but valuable) trick of parking your car at the far end of the parking lot. I prefer to park my vehicle in the farthest parking lot as it's my opportunity for a brisk walk twice a day, coming into and leaving work."
 - "I don't sit at the nurses' station. Instead, I walk the hallways and check on all my patients and do my documentation using a roll-around computer."

Self-Care for Nurses: 7 Tips

2. Intellectual

- Treat your brain like a muscle that needs regular workouts to stay strong. Keeping your mind sharp will help you feel confident and at the top of your game. Some ways to do that include:
 - “Keep up on nursing journals and magazines and attend in-service trainings.”
 - “Share knowledge with peers and students and make suggestions for changes that can improve your workplace.”

<https://www.myamericannurse.com/self-care-tips-nurses-nurses/>

Self-Care for Nurses: 7 Tips

3. Emotional

- Caring for your emotional health is vital as well. This one is sometimes hard to manage because emotions can be stirred unexpectedly and unpredictably. But here are some suggestions for trying to maintain an even emotional keel.
 - “Carve out daily time to devote to yourself.”
 - “Share special moments—like birthdays, anniversaries, or good news—with patients, families, and coworkers, and let everyone know that they are appreciated and doing an excellent job.”
 - “Be empathetic. Everyone has bad days. Take a deep breath, keep your chin up, and keep moving through the rough obstacles.”

Self-Care for Nurses: 7 Tips

4. Spiritual

- Spirituality is highly personal and can take many forms depending on an individual's beliefs and practices. Whether you believe in a specific faith or not, there are things you can do that will help ground you and support you spiritually.
 - "Engage in a faith or spiritual community."
 - "Encourage others to be themselves and to respect the culture, religious affiliation, and gender identity of others."
 - "Add mindfulness activities such as meditation or yoga to your week."

Self-Care for Nurses: 7 Tips

5. Personal

- This category is ripe with possibility. Anything you do outside of work that enriches your life fits in. These are just a few of the options:
 - “Explore a hobby or passion. This can include dancing, knitting, singing or playing a musical instrument, basketball, writing, genealogy, cooking—anything that you enjoy and that you look forward to doing.”
 - “Volunteer. Giving your time to an organization you believe in is a win-win situation.”

Self-Care for Nurses: 7 Tips

6. Professional

- Professional health, in the form of professionalism in the workplace as well as professional development that prevents career stagnation and burnout, plays a role in your overall well-being, too.
 - “Always remain calm and collected. Show respect to the people around you—both patients and coworkers.”
 - “Help your colleagues overcome obstacles.”

Self-Care for Nurses: 7 Tips

7. Be Social

- "If you're an introvert, make sure to schedule time alone each week. If you're an extrovert, make sure to have adequate socializing set up. If, like many people, you're a combination of both, figure out the best balance for yourself, and don't feel bad about it."
- "Spend time with people who are important to you, like close friends and family."

<https://www.myamericannurse.com/self-care-tips-nurses-nurses/>

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Questions?