

Creating Healthy Work Environments 2019

Suicide: It's No Longer "Someone Else's" Disease

Marianne Hess, MSN, RN, CCRN

Professional Development & Education Department, George Washington University Hospital, Washington, DC, USA

Suicide rates rose in all but one state in the USA between 1999 and 2016, with increases seen across age, gender, race and ethnicity (Davidson, et al., 2018). Now, the 10th leading cause of death in the USA, it is the second leading cause among young adults (Davidson, et al., 2018). When assessing for suicidal risk factors, healthcare providers can be especially at risk (Davidson, et al., 2018). Current research suggest that work related issues such as feelings of incompetence or harming patients, work volume, ineffective staffing, or bullying, and personal issues such as strained relationships and financial troubles are risk factors. Another risk factor can be the complexity of the health provider's role as well as exposure to ethically troubling situations which can lead to moral distress and compassion fatigue. But, could this really result in higher suicide rates? Researchers found that the suicide rate for physicians is higher than average. In fact, approximately 400 physicians in the USA commit suicide every year. Unfortunately, there little information regarding suicide rates of nurses in the United States. However, a study performed in England by the Office for National Statistics found that from 2011-2015, the incidence of suicide in female health professionals was 24% higher than the national average (AACN, 2018). Why, is this? Could compassion fatigue, unhealthy work environments, and ineffective coping with stressors be a factor?

As nurse leaders we must be more cognoscente of enhancing professional well being, not only of our co-workers, but for ourselves. One way is by assessing for stress and depression. The University of California at San Diego conducts the Healer, Education, Assessment, and Referral program (HEAR) to screen for depression and suicide prevention. Other measures include debriefing with staff after a difficult patient situation, providing counseling or access to employee assistance programs, encouraging staff to verbalize concerns with effective communication methods, performing reflective writing, initiating measures to promote a healthy work environment, and providing meaningful recognition.

Hiler, et al., (2018) states that "healthy work environments are associated with lower levels of moral distress". As nursing leaders we must promote and maintain healthy work environments, thereby assisting to decrease some factors for staff suicide.

Title:

Suicide: It's No Longer "Someone Else's" Disease

Keywords:

Compassion fatigue, Healthy work environments and Nurse suicide

References:

American Association of Critical Care Nurses. (2018). Study in England: Suicide risk for female nurses. *AACN Bold Voices*.17.

Davidson, J., Zisook, S., Kirby, B., DeMichele, G., & Norcross, W. (2018). Suicide prevention: A healer education and referral program for nurses. *The Journal of Nursing Administration, 48*(2), 85-92. doi: 10.1097/NNA.0000000000000582

Delgado, S. (2017). Building resilience in critical care nurses. *American Journal of Critical Care, 26*(3), 193.

Fourie, C. (2015). Moral distress and moral conflict in clinical ethics. *Bioethics, 29*(2), 91-97. doi: 10.1111/bioe.12064

Hiler, C., Hickman, R., Reimer, A., & Wilson, K. (2018). Predictors of moral distress in a US sample of critical care nurses. *American Journal of Critical Care, 27*(1), 59-66. <https://doi.org/10.4037/ajcc2018968>

Jacobson, J., & Jeffries, P., (2018). Nursing, trauma, and reflective writing. *Perspectives: Expert Voices in Health & Healthcare*. National Academy of Medicine. 1-5.

Kelly, L. & Lefton, C. (2017). Effect of meaningful recognition on critical care nurses' compassion fatigue. *American Journal of Critical Care, 26*(6), 438-444. <http://doi.org/10.4037/ajcc2017471>

Mealer, M., Jones, J., & Meek, P. (2017). Factors affecting resilience and development of posttraumatic stress disorder in critical care nurses. *American Journal of Critical Care, 26*(3), 184-192. <http://doi.org/10.4037/ajcc2017798>

Wang, L., Tao, H., Bowers, B., Brown, R., & Zhang, Y. (2017). When nurse emotional intelligence matters: How transformational leadership influences intent to stay. *Journal of Nursing Management, 26*, 358-365. doi:10.1111/jonm.12509

Abstract Summary:

Suicide rates have increased in the USA. Unhealthy work environments such as bullying, moral distress and compassion fatigue are risk factors. How can we enhance the nurse's professional well-being?

Content Outline:

I. Increase in suicide rate

II. Risk factors for healthcare providers

A. Work related issues

B. Personal issues

III. Associated issues

A. Complexity of patient

B. Exposure to ethical issues

C. Moral distress

D. Compassion fatigue

E. Increased turnover

III. Enhance professional well-being of staff

A. Assessment

B. Debrief

C. Counseling

D. Reflective writing

E. Promote a healthy work environment

F. Meaningful recognition

IV. Conclusion

First Primary Presenting Author

Primary Presenting Author

Marianne Hess, MSN, RN, CCRN
George Washington University Hospital
Professional Development & Education Department
Education Coordinator
Washington DC
USA

Professional Experience: June 1998-present: Education Coordinator George Washington University Hospital – Washington, DC September 2011 - present: Adjunct Clinical Instructor George Washington School of Nursing- Washington, DC March 1996-November 1997: Clinical Nurse Educator Hematology Department Russian Children’s Hospital - Moscow, Russia 1992-1995: Resource Nurse-Instructor Plastic and Reconstructive Surgery Center - Yerevan, Armenia 1986-1992: Critical care nurse George Washington University Medical Center 1984-1986: Critical care nurse Memorial medical center, Savannah GA Co-contributor in the following book: Weinstein, S. & Brooks, A.M. T. (2007). Nursing without borders. Sigma Theta Tau International: IN

Author Summary: Marianne Hess is an education coordinator at an acute care hospital in Washington, D.C. She has more than 30 years of nursing experience, in a variety of roles, including as a nurse educator in Armenia and Russia. She is also an Adjunct Clinical Instructor with George Washington University School of Nursing. In addition, she is a board member of the Global Education Development Institute, a nonprofit organization whose mission is nursing and health care education.