NURSE SUICIDE – THE WORSE THING THAT CAN HAPPEN

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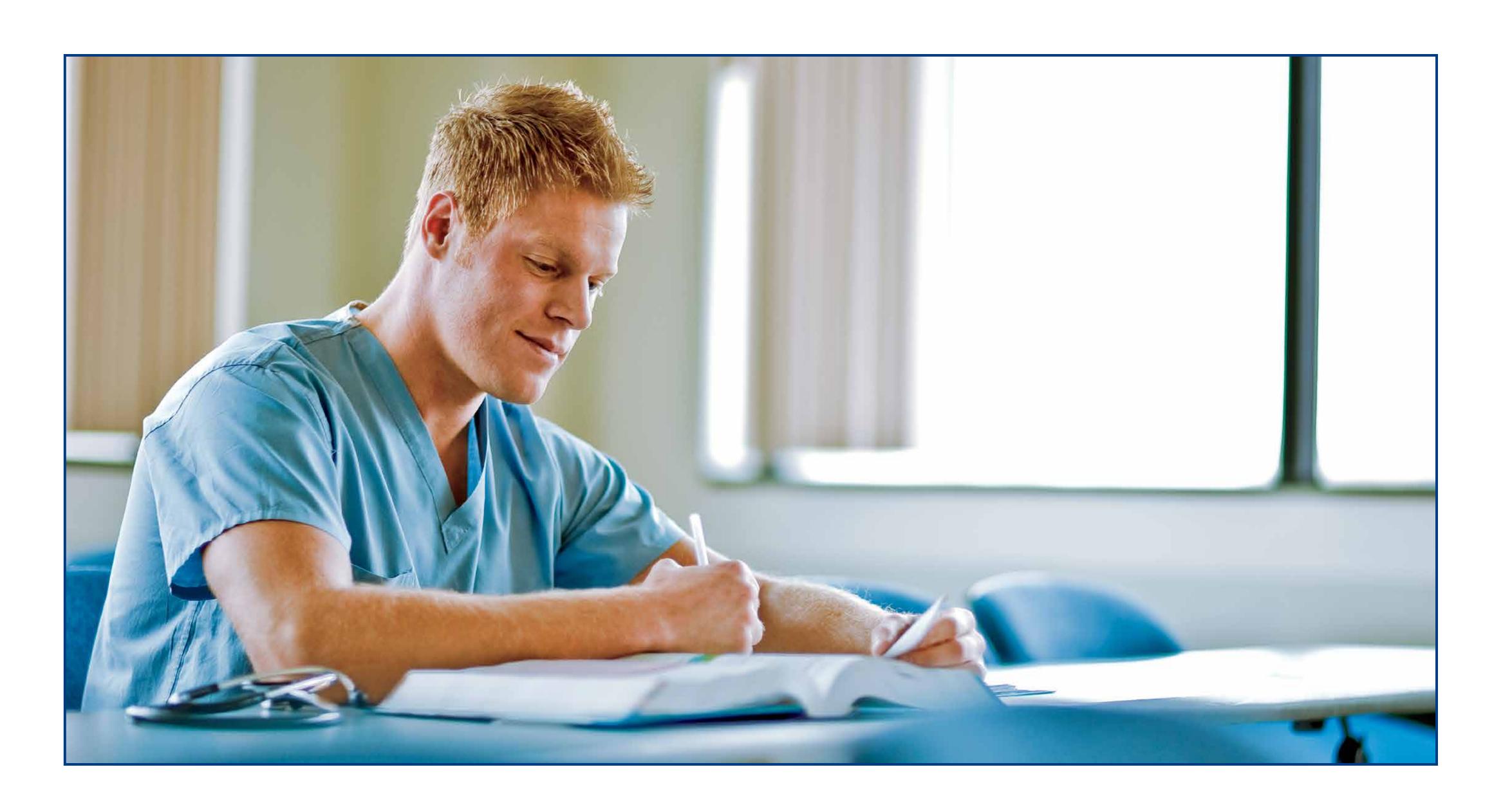
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Introduction

This presentation aims to open dialogue on the topic of nurse suicide. Much attention is given to nurse Intent To Leave (ITL) the profession and the attrition rate of new graduate nurses (Sandler 2018, Gellasch 2015).
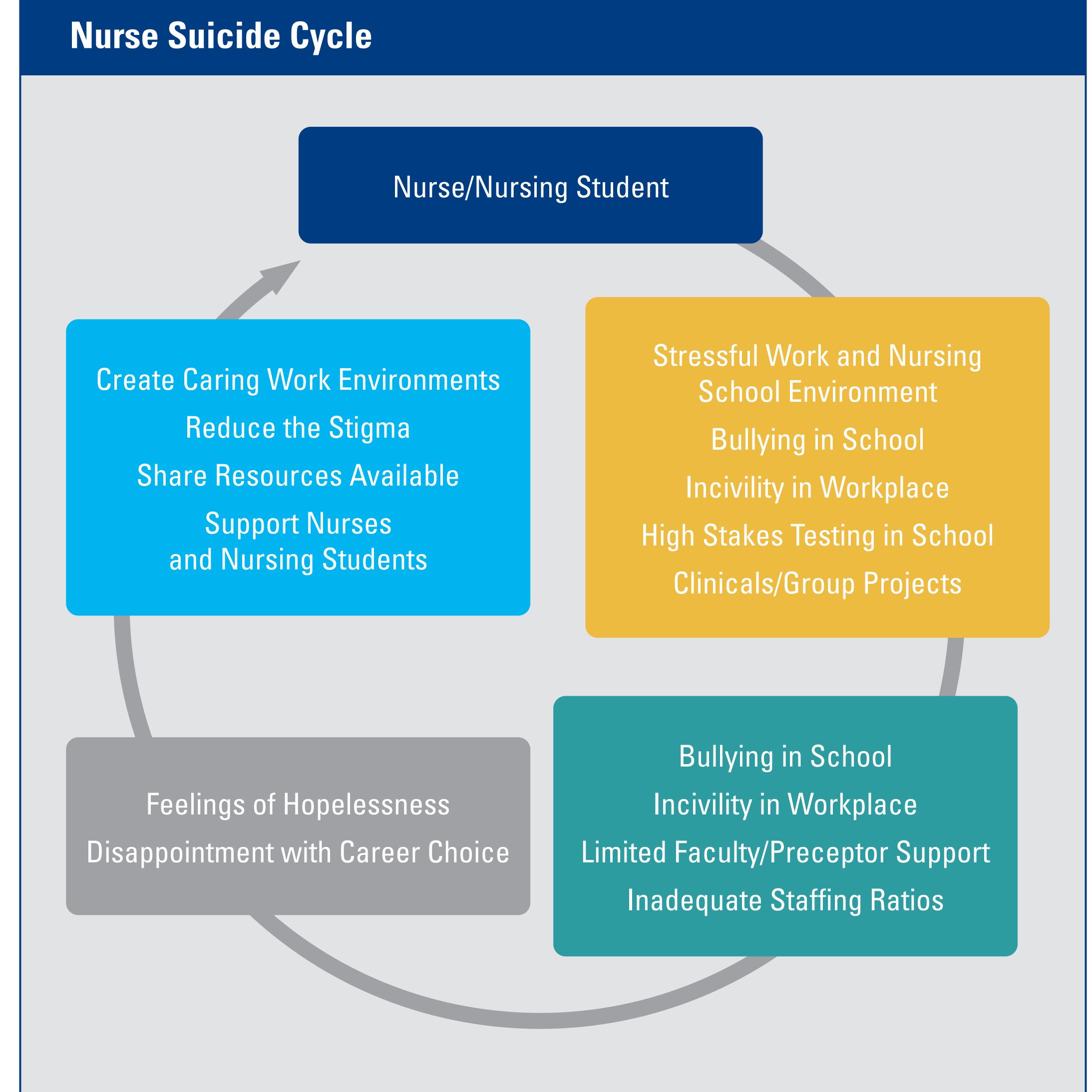
Nurse ITL and attrition of new graduate nurses is of significant concern to the nursing profession, to healthcare organizations and to nursing academia. A current thought is that the worst thing that can happen to a nurse is that they leave the profession. However, this presentation explores the existence of a far worse potential scenario.

This largely undiscussed topic of nurse suicide will be explored including driving forces leading to suicide such as of the trauma of stressful work environments, burnout, bullying and workplace violence (Gellasch, 2015).

Approach

A literature review on the causes and statistics, related to nurse suicide, will be presented. The nurse suicide cycle explores the final months of a new graduate nurse's life prior to her suicide. While suicide rates have greatly increased in the last five years, it is difficult to determine accurate statistics on nurse suicide rates as this is a hidden phenomenon.

Nurse Suicide Cycle

Nurse/Nursing Student

Create Caring Work Environments
Reduce the Stigma
Share Resources Available
Support Nurses
and Nursing Students

Stressful Work and Nursing
School Environment
Bullying in School
Incivility in Workplace
High Stakes Testing in School
Clinicals/Group Projects

Feelings of Hopelessness
Disappointment with Career Choice

Bullying in School
Incivility in Workplace
Limited Faculty/Preceptor Support
Inadequate Staffing Ratios

Outcomes

Suicide rates in the United States, for registered nurses and student nurses, are not well documented (Rizzo, 2018). While data on suicide rates are readily available for physicians, teachers, police officers, firefighters and military personnel, statistics are no readily available on nurse suicide rates (Rizzo 2018, Thew, 2018). It is important to realize the magnitude of this problem as well as understanding the root causes to aid in prevention (Rizzo, 2018; Sofer, 2018).

Conclusion

Prevention through awareness and conversation is key (Davidson, Mendis, Stuck, DeMichele, & Zisook, 2018). Nurses complete suicide assessments on patients, however, nurses need to be assessed as well. Healthcare has a high burn-out rate, high stress and an environment with incivility, bullying and "nurses who eat their young." Nurses must start a dialogue on mental illness to increase healing and decrease stigma and suicide risk in nurses (Daly, Morch, & Kirtley, 2018). The World Health Organization (2019) has committed to helping support and guide various activities to help decrease the risk of suicide.

Stigma is significant regarding mental health and suicide, even though currently in the United States about one in five adults are affected in any given year with a mental health issue (National Alliance of Mental Illness, 2019). Nurses can be educated and prepared on this topic by knowing the risks for suicide, warning signs, potential risk factors, ways to prevent suicide and providing needed support to a nurse in crisis (National Alliance of Mental Illness, 2019). Nursing leadership and nursing academia need to acknowledge this topic and create caring work environments to reduce the stigma and be informed of the resources available to support nurses and nursing students.

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