The Shocking Truth Regarding Job-Related Problems Prior to Nurse Suicide

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To open and close your control panel click the orange arrow.

Submit questions and comments via the Questions panel.

Note: Today’s presentation is being recorded and will be available on the Sigma Repository in 48 hours.
Learning Outcomes

- Identify major issues stemming from the workplace that lead to death by suicide

- Identify institutional, professional, and individual actions that can be taken to reduce risk

- Describe the flaws in the current system that prevent accurately tracking and action-planning to reduce risks amongst nurses
Trigger Alert

We will be talking today about suicide, depression, and substance use disorder

• These are sensitive topics
• Feelings and emotions may surface
• You are not alone
• Talk to a friend, family, or your physician
• 24/7 Crisis Hotline: 1-800-273-TALK (8255)
Introducing Our Panel

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Marie Manthey  
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San Diego State University

NPSN Network  
Nurses Peer Support Network
Nurse Substance Use, Mental Health, and Death by Suicide

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May 19, 2021
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• Judy E. Davidson  DNP RN MCCM FAAN
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• Arianna Barnes  MSN RN CCRN SCRN PHN
• Sidney Zisook  MD
Nurse Substance Use

- Prevalence not well established
- Underreporting
- Evident only after crisis
  - Very little self-referral
A comparative analysis of the substance use and mental health characteristics of nurses who complete suicide

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Abstract
Aims and objectives: To describe the substance use and mental health characteristics of nurses who complete suicide compared to non-nurses.

Background: Nurses are at higher risk of suicide than the general population. The relationship between substance use, mental health and suicide in a large sample of nurses in the USA has not been previously described.
Aim

To describe the substance use and mental health characteristics of nurses who die by suicide compared to non-nurses
Findings

• Nurses significantly more likely to be positive for substances at the time of death across all substance classifications
  – No real differences seen in reported substance use history between nurses and non-nurses*

• Significant mental health, job problem, and physical health differences between nurses and non-nurses
<table>
<thead>
<tr>
<th>Substance</th>
<th>All nurses versus All other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Nurses (n = 802)</td>
</tr>
<tr>
<td>Anticonvulsant</td>
<td>67 (8.35%)</td>
</tr>
<tr>
<td>Antidepressant</td>
<td>353 (44.01%)</td>
</tr>
<tr>
<td>Antihistamine</td>
<td>131 (16.33%)</td>
</tr>
<tr>
<td>Antipsychotic</td>
<td>56 (6.98%)</td>
</tr>
<tr>
<td>Acetaminophen</td>
<td>58 (7.23%)</td>
</tr>
<tr>
<td>Barbiturate</td>
<td>39 (4.86%)</td>
</tr>
<tr>
<td>Benzodiazepine</td>
<td>350 (43.64%)</td>
</tr>
<tr>
<td>Caffeine</td>
<td>58 (7.23%)</td>
</tr>
<tr>
<td>Diverted substances</td>
<td>21 (2.62%)</td>
</tr>
<tr>
<td>Alcohol</td>
<td>338 (42.14%)</td>
</tr>
<tr>
<td>Inhalant</td>
<td>43 (5.36%)</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>125 (15.59%)</td>
</tr>
<tr>
<td>Muscle relaxant</td>
<td>39 (4.86%)</td>
</tr>
<tr>
<td>Nicotine</td>
<td>24 (2.99%)</td>
</tr>
<tr>
<td>Nonbenzodiazepine sedative</td>
<td>38 (4.74%)</td>
</tr>
<tr>
<td>Opioid</td>
<td>358 (44.64%)</td>
</tr>
<tr>
<td>Stimulant</td>
<td>70 (8.73%)</td>
</tr>
<tr>
<td>Substances of abuse</td>
<td>95 (11.85%)</td>
</tr>
<tr>
<td>Tetrahydrocannabinol</td>
<td>28 (3.49%)</td>
</tr>
<tr>
<td>Poison</td>
<td>21 (2.62%)</td>
</tr>
</tbody>
</table>

*More than one substance may have been used per individual.
Nurse Mental Health

• Both male and female nurses were more likely than non-nurses to have a mental health problem reported

• Both male and female nurses were more likely than non-nurses to have a history of depression
  – Females (nurse and non-nurse) more likely to have a history of bipolar disorder
## Female Nurses vs Female Other: Odds Ratios

<table>
<thead>
<tr>
<th>Risk factor</th>
<th>OR</th>
<th>OR lower bound</th>
<th>OR upper bound</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job problem</td>
<td>1.89</td>
<td>1.64</td>
<td>2.18</td>
<td>&lt;.001</td>
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<tr>
<td>Physical health problem</td>
<td>1.32</td>
<td>1.18</td>
<td>1.46</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>Current mental illness treatment</td>
<td>1.22</td>
<td>1.11</td>
<td>1.34</td>
<td>&lt;.001</td>
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<tr>
<td>History of mental illness treatment</td>
<td>1.14</td>
<td>1.04</td>
<td>1.25</td>
<td>.005</td>
</tr>
<tr>
<td>Mental health problem</td>
<td>1.12</td>
<td>1.02</td>
<td>1.23</td>
<td>.023</td>
</tr>
<tr>
<td>Depressed mood</td>
<td>1.10</td>
<td>1.00</td>
<td>1.21</td>
<td>.059</td>
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<tr>
<td>Alcohol tested</td>
<td>1.17</td>
<td>0.97</td>
<td>1.42</td>
<td>.11</td>
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<tr>
<td>Alcohol result</td>
<td>0.92</td>
<td>0.81</td>
<td>1.04</td>
<td>.19</td>
</tr>
<tr>
<td>Crisis alcohol problem</td>
<td>1.36</td>
<td>0.79</td>
<td>2.34</td>
<td>.26</td>
</tr>
<tr>
<td>Recent suicide friend/family</td>
<td>1.16</td>
<td>0.86</td>
<td>1.56</td>
<td>.34</td>
</tr>
<tr>
<td>Alcohol problem</td>
<td>0.98</td>
<td>0.86</td>
<td>1.12</td>
<td>.81</td>
</tr>
<tr>
<td>Crisis substance abuse</td>
<td>0.84</td>
<td>0.39</td>
<td>1.79</td>
<td>.86</td>
</tr>
<tr>
<td>Substance abuse other</td>
<td>1.00</td>
<td>0.87</td>
<td>1.12</td>
<td>.88</td>
</tr>
</tbody>
</table>
A Cascade of Risk Factors?

Job problems:

Female and male nurses were more likely to have job problems reported
(12.8% and 19.9% versus 7.2% and 11.9%, respectively)

Physical Injury:

Female nurses more likely to have a physical injury reported than any other group
(26.2% versus 21.3%, 22% and 20.4%)
Opportunities to Intervene

• Variables indicate modifiable risk factors prior to death: a long lead time
  • affective disorders
  • Substance use positivity at the time of death
  • job and physical health

• Opportunity to intervene early to mitigate the act of suicide
The Danger of the Hero/Angel Narrative

• Dichotomous view of nurses leaves no room for open dialogue about substance use and mental health

• Adds to loss of identity when “caught”

Judy E. Davidson, DNP, RN, MCCM, FAAN; Gordon Ye; Melissa C. Parra, BSN, RN; Amanda Choflet, DNP, RN, OCN; Kelly Lee, PharmD; Arianna Barnes, MSN, RN, CCRN, SCRN, PHN; Jill Harkavy-Friedman, PhD; and Sidney Zisook, MD
Previous Research Significant Findings
2005-2016 NVDRS

Incident Rate Ratio RNs vs. Gender Matched Population

IRR 1.4 female, 1.2 Male, p<0.001
The Research

- **Aim**: Provide context to job-related problems

- **Research Question**: “What job-related problems are nurses experiencing before death by suicide?”

- **Goal**: Identify actionable risk factors to inform future suicide prevention strategies and nursing regulation
Sample

CDC NVDRS data-set

Law enforcement and medical examiner notes

2 paragraphs per death

n=203 nurse deaths coded to job-related problem ‘yes’
Suicide is influenced by biological, psychological, and social & environmental factors. Current life events can lead to lethal means and suicide.
• NVDRS 2003-2017
• Coded for job-related issues
• $n=203$ narratives
• 187 (92%) unemployed or in the process of losing their job and/or license
• 167 (82%) known depression

<table>
<thead>
<tr>
<th>Condition</th>
<th>n</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Depression</td>
<td>167</td>
<td>82</td>
</tr>
<tr>
<td>Rx Meds</td>
<td>134</td>
<td>66</td>
</tr>
<tr>
<td>SUD/Misuse</td>
<td>132</td>
<td>65</td>
</tr>
<tr>
<td>Job Loss</td>
<td>124</td>
<td>61</td>
</tr>
<tr>
<td>Previous Attempt</td>
<td>89</td>
<td>44</td>
</tr>
<tr>
<td>Drugs of Abuse/Diversion</td>
<td>74</td>
<td>37</td>
</tr>
<tr>
<td>Pain</td>
<td>52</td>
<td>36</td>
</tr>
<tr>
<td>Bipolar</td>
<td>15</td>
<td>7.4</td>
</tr>
<tr>
<td>Alcohol</td>
<td>78</td>
<td>38</td>
</tr>
</tbody>
</table>
The victim was a nurse who was terminated from his job at a hospital the night before death.

His wife said he was terminated from his job because of an investigation the hospital was conducting.

This morning the victim's wife reported him missing to the police when he did not return home from work.
The victim was addicted to opiate pain medication and also drank alcohol heavily.

The victim was suspected of diverting patients’ medicine for her own use at a hospital where she worked as a nurse, but the case was going to be adjudicated administratively instead of criminally.

She was going to voluntarily admit herself into a residential treatment program in a few days.
The victim had lost her job 2 months ago and had financial difficulty, which also caused marital strain.

She had been fired for stealing medications from work and had issues with chronic pain.

Her suicide note stated,
“I am so sorry. I know you tried to help. I will now finally be at peace.”
Job Loss Spiral to Death
Important Lessons

• The time around an investigation or job loss is vulnerable

• Something about the process of investigation and job-loss is leading to death
Pandemics result in
- Increased use of substances
- Panic Disorder
- Stress Disorders
- Depression
- Suicide

Significance: Why Now More Than Ever
What can we do?

• Proactive Suicide Prevention Strategies

• The HEAR Program Anonymous Encrypted Screening, Referral and Treatment

• Change the way we process SUD?

• Peer Support Programs?
Fallen Angels

Cadie Ayers MS PHA
From Moral Failure to Chronic Disease

Living Legend: Marie Manthey PhD(h) FAAN
Sculpture:
Woman with the Weight of the World on Her Shoulders
Artist: James T. Hubbell
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