

Urgent Action is Needed to Prevent Nurse Suicide

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Suicide is a leading cause of death in the United States, with more than 48,100 people losing their lives to suicide per year (National Institute of Mental Health, 2024). Death by suicide impacts subpopulations in the United States at varying degrees, and male and female nurses have a higher suicide rate than the general population (Davidson et al., 2020).

Among healthcare professionals, the nursing workforce is the largest (Smiley et al., 2023). Considering the positive impact that nurses make in the lives of their patients and the communities they serve, working as a nurse can be extremely fulfilling. Despite the fulfilling aspects, the work is very challenging, and system issues like staffing shortages, electronic health records, and a lack of support from leadership add to the mounting levels of burnout in nursing, which affect 56% of nurses (Berlin et al., 2023). When a nurse's shift ends, they often do not have the energy left to provide the same level of care to themselves that they provide to their patients.

In addition to burnout, nurses report high rates of depression (26%), stress (66%), anxiety (46%), and substance use (18%); (American Nurses Foundation,

2023); Trinkoff et al., 2022). In a study with 2,281 healthcare professionals, a third of whom were nurses, positive screenings for burnout and co-occurring depression predicted greater suicide risk (Zisook et al., 2022). Unfortunately, only a small percentage

of nurses will receive needed mental health services (Berlin et al., 2023; Kirzinger et al., 2021). Evidence-based suicide prevention strategies are urgently needed to better support our nurses.

Prevention Strategies

Institutionalize Wellness Cultures

Organizations that support the well-being of their employees and let them know they matter have better mental health outcomes. Nurses that feel supported at work are less likely to report burnout and depression than those who do not feel the same level of support (Melnyk et al., 2021, 2022). Creating and sustaining a wellness culture where nurses feel supported goes beyond providing one-off programs or trainings at an individual level. The entire organization must have wellness in its DNA, including in its mission statements, organizational policies, top leaders who invest in it and walk the talk, and employees who foster strong wellness cultures.

Chief Wellness Officers

Establishing a Chief Wellness Officer (CWO) at the C-Suite level is an evidence-based approach for initiating and maintaining

organizational wellness cultures. By being positioned in a top leadership role, the CWO can more easily guide the organizational changes required to make living well the norm. The role must be well-resourced, as the CWO will be responsible for creating a team, a wellness strategic plan, and an evidence-based quality improvement approach to improve population health and well-being outcomes (Melnyk, 2023). The CWO leads well-being screening efforts within the organization to determine rates of burnout, professional satisfaction, and other relevant wellness outcomes. Results of screenings can be analyzed to determine where the organization can make improvements.

Wellness Programing

Two evidence-based wellness programs have made strides in decreasing depression, stress, anxiety, and preventing suicide in nurses: The Healer Education Assessment and Referral (HEAR) program and MIND-BODYSTRONG®. HEAR educates nurses about the risk factors for mental health issues and anonymously screens nurses for the risk of suicide through the American Foundation for Suicide Prevention's Interaction Screen Program (American Foundation for Suicide Prevention [AFSP], n.d.). see <https://afsp.org/interactive-screening-program>). HEAR has served 527 nurses, 17% of whom expressed suicidal ideation or prior suicide attempts (Davidson et al., 2020). These nurses were able to receive anonymous support from a therapist.

MINDBODYSTRONG® is a 7-week, manualized cognitive-behavioral skills-building program that can be delivered by non-mental health professionals or mental health professionals, making it more feasible for implementation. It has been

extensively tested in nursing populations and significantly decreases depression and anxiety (Sampson et al., 2019, 2020). MINDBODYSTRONG® aligns with the National Academy of Medicine's call for evidence-based solutions to decrease clinician burnout, depression, and suicide among healthcare clinicians.

A randomized control trial is taking place to test the impact of these programs combined, entitled the *Modified Interactive Screening Program Plus MINDBODYSTRONG*© (Melnyk et al., in press).

Reducing Stigma

Mental health stigma is alive and well in the field of nursing, and many do not seek help

for fear of retribution. An audit of questions on U.S. nursing licensure applications found that 37 states asked overly invasive mental health questions (Melnyk et al., 2023). These questions are a driver of suicide and can lead applicants to avoid care for their mental health concerns (Schimmels et al., 2023). The Dr. Lorna Breen Heroes' Foundation (n.d.) has created a toolkit (see <https://drlornabreen.org/>) to guide licensure application changes.

Leadership must let their nurses know that they matter and are valued. They also must tell their nurses that it is not a weakness to recognize when they need help when suffering from burnout and depression, it is a strength, and provide the

necessary resources to support those who are suffering. All nurses should also know the 988 suicide and crisis hotline number where someone is available 24 hours a day to anonymously provide mental health support if needed. Ensuring the well-being of the nursing workforce through preventative measures is not a nicety, but a necessity. ■

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method You can ask the parent, "What questions do you have for me?" and "Can you tell me the three things we just went over regarding home care?" This is a key step that you do not want to overlook. Studies have shown that patients only remember about 50% of the information given by healthcare providers (Laws et al., 2018).

- 7) Providing the parent with a list of reasons to call back. Give them a clear time frame to guide them. "If symptoms persist after five days, you should call the office again or sooner if any new or worsening symptoms develop." Tell them what worsening symptoms to watch for, like "Increase work of breathing, fever returns, cough is disruptive to sleep or causing the child to vomit."
- 8) Thanking the parent for calling and answering any questions they may still have. After the call, it is essential to document the conversation. Details to include in your documentation are whom you spoke with, all subjective information collected, care advice given, and acknowledgment of understanding. Sometimes, the caller may disagree

with the guidance; be sure to document this and the caller's intentions. Remember to record professionally, unbiasedly, and accurately. A text box is provided to demonstrate documentation from the phone call.

Some key takeaways to remember when providing telephone triage:

- Telephone triage is not a means to keep a patient from coming into the office.
- If the parent is asking for their child to be seen in the office or it sounds like the patient should be seen, then make sure an appointment is scheduled.
- If the parent has called about the same problem more than once, an appointment should be scheduled to evaluate in the office.
- If there is any doubt about the information provided by the parent or if the child sounds sick, they should be seen.
- Remember, most phones have a hold button, so if you need a moment to collect your thoughts or consult with a provider, place that caller on a brief hold.
- Always use your critical thinking skills and trust your instincts.

Telephone triage is a skill that takes time

to develop. Initially, it may feel awkward and like you are moving slowly, but gaining experience will make you more efficient.

Telephone triage has been around for decades but has become increasingly important with the emergence of the COVID-19 pandemic. The goals of the triage nurse are to collect necessary information regarding the child's symptoms, determine the best disposition, and give good, sound advice. This can be done using a who, what, when, where, and why approach to the call. Telephone triage requires professional nursing judgment, critical thinking skills, and a trusting relationship between the parent and the health care team. With the changing healthcare environment and increasing demand for access to care, telephone triage will continue to be an essential aspect of nursing care for patients and their caregivers. Triage nurses are becoming increasingly valuable with the nursing shortage and the lack of resources available to provide care. The triage nurse may not physically touch their patient, but impacts the workload of those nurses who do. ■

References online:
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