

# Suicide among nurses: What we don't know might hurt us

Research, prevention programs, and open discussion are required to reduce nurse suicide.

By Leah Heather Rizzo, MSN, RN-BC, CENP

**Depression is a treatable illness. If you or someone you know needs help, contact the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).**

**WHEN CELEBRITIES** die by suicide, discussion of this stigmatized topic makes its way into the headlines and conversations at work and home. That was true this year when Kate Spade and Anthony Bourdain died by suicide. These shocking deaths of two people who appeared to have it all once again brought our attention to this serious public health issue. We must remember, though, that no group—occupation, race, gender, socioeconomic status—is immune to suicide. (See *Troubling numbers*.) That includes nurses, who work in a profession that's strenuous and stressful and requires a high level of compassion and empathy.

Unfortunately, nurse suicide has been a hidden phenomenon and hasn't been adequately studied in the United States. The loss of a nurse coworker to suicide is more common than we realize because it's frequently concealed by the family and organization. However, when we talk about suicide—its causes, who's at risk, and how we can help to prevent it—we can save lives.

## Research and epidemiology

A 1990 report on occupational suicide risk in the United States showed that when adjusted for

gender, the odds ratio for a nurse dying by suicide was 1.58 times greater than the general population. Although more recent data for this country isn't readily available, we can turn to others who have been studying nurse suicide on an ongoing basis. In 2017, the United Kingdom released a report from its Office for National Statistics that reviewed 18,998 suicides between 2011 and 2015 in England and Wales among people age 20 to 64. The report revealed that suicide among female nurses was 23% higher than the average for women in general and the highest among female professionals. The study also showed that most suicides among nurses were by poisoning, which may be linked to their knowledge of and access to drugs. It's worth noting, however, that identifying occupational risk for suicide is difficult, given the complexity of the relationship.

A general internet search produced no public data identifying a

national nurse suicide rate in the United States, yet data on suicide rates are readily available for physicians, teachers, police officers, firefighters, and military personnel. The Centers for Disease Control and Prevention (CDC) maintains a restricted National Violent Death Reporting System (NVDRS), which is the most comprehensive death registry by suicide coded by occupation. It has been growing yearly, with data available for 40 states, the District of Columbia, and Puerto Rico. The dataset has not been queried for nurse suicide statistics.

To address nurse suicide, we must do more, starting with increasing our knowledge and awareness of suicide within the profession, including the cost to society, risk factors, prevention, and barriers to care. (See *What's the cost?*) In addition, we need to provide support at all levels with proactive education and risk screening tools (other professions, including physicians, have developed protocols and toolkits specific to their workforce). Individuals, policy makers, professional organizations, and healthcare system leaders (specifically nurse executives and educators) are potential stakeholders for promoting awareness of nurse suicide and implementing programs designed to prevent it.

A better understanding of health determinants and their interactions and impact is key to improving and maintaining mental health. Individual and institutional attention to nursing stressors (workload, long hours, lateral violence, bullying, staffing, lack

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1.6 contact  
hours

### LEARNING OBJECTIVES

1. Discuss the risk of suicide in nurses.
2. Identify protective factors for preventing suicide.
3. Describe suicide prevention strategies.

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of resources, and dissatisfied patients) may enhance employee engagement and nurse well-being.

### Risk factors

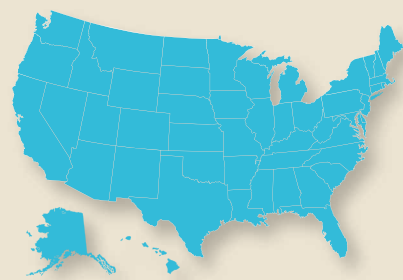
With no data to determine the suicide rate for nurses in the United States, risk factors for nurse suicide haven't received the attention they deserve. What we do know is that the contributing factors related to nurse suicide are numerous and alarming.

- Key risk factors for nurse suicide—mood disorders, past attempts, access to means, substance abuse, and past or current mental illness—are similar to those for the general population.
- A review by Davidson and colleagues found that collective risk factors leading to nurse suicide include depression, knowledge of how to use a lethal dose of medication and toxic substances, personal and work-related stress, smoking, substance abuse, and undertreatment of depression.
- A recent quality improvement program at the University of California in San Diego found that workplace stressors present in nurses at high risk for suicide include feelings of inadequacy, lack of preparation for the role, lateral violence, and transferring to a new work environment.

Understanding the determinants of mental health, which include race, ethnicity, gender, age, income level, education level, sexual orientation, and geographic location, also is important. In addition, social conditions—interpersonal issues, family and community dynamics, housing quality, social support, employment opportunities, and work and school conditions—can positively or negatively influence mental health risk and outcomes.

Preventing suicide must include two goals: reducing factors that raise the risk of suicide and increasing the factors that protect people from it; often the two over-

## Troubling numbers



In the United States, suicides and intentional self-inflicted injuries are officially calculated through the Web-based Injury Statistics Query and Reporting System (WISQARS), which is maintained by the Centers for Disease Control and Prevention (CDC).

- **44,965** people died by suicide in the United States in 2016 (American Association of Suicidology).
- Suicide was the **10th** leading cause of death in 2016 with a national rate of **13.9** per 100,000 (CDC).
- There were **395,000** intentional self-inflicted injuries in 2013 (CDC).
- In 2016, an estimated **2.7 million** adults made a suicide plan and **1.3 million** made a suicide attempt (Substance Abuse and Mental Health Services Administration [SAMHSA] National Survey on Drug Use and Health).
- **54%** of those who died by suicide didn't have a known mental health condition (CDC)
- Suicide rates increased in nearly every state from 1999 through 2016 (CDC)

Data from both the American Association of Suicidology and the CDC demonstrate that suicide is a serious public health issue. Many experts believe the official suicide statistics are understated and don't illustrate the full scale of the problem.

lap. Organizations, nursing leaders, and staff all play a role in prevention, starting with fostering protective factors.

### Protective factors

In general, protective factors include access to effective behavioral healthcare; connection to friends, family,

and community; good problem-solving and coping skills; and having a sense of purpose. Healthcare organizations can provide additional protection within the workplace by emphasizing teamwork, promoting a culture of safety and wellness (including mental health), providing access to insurance and mental

## What's the cost?



The emotional cost of suicide for friends and family who are left behind is immeasurable, as is the loss of the potential contributions by those who die. However, we can identify the financial costs to society.

- Shepard and colleagues reported that the national cost of suicide and suicide attempts in the United States in 2013 was **\$58.4 billion**.
- Lost productivity represented **97.1%** of this cost. When adjusted for underreporting (several studies have shown that coroners in the United States may misclassify some suicides, particularly in teens and minorities, because of incomplete data or stigma), the total cost rose to **\$93.5 billion**.
- Although we lack data about suicide among nurses, consider that the cost to replace a frontline nurse ranges from **\$38,000** to **\$61,100**, according to a conservative estimate from the 2018 National Health Care Retention & RN Staffing Report. That cost is likely higher for high-demand specialties.





## Spotting red flags, taking action

If you know the warning signs that indicate a coworker may be in immediate danger of suicide, you can take steps to help. The National Suicide Prevention Lifeline provides a list of suicide risk factors and warning signs ([suicidepreventionlifeline.org/how-we-can-all-prevent-suicide](https://suicidepreventionlifeline.org/how-we-can-all-prevent-suicide)). Here are a few of the red flags that should prompt you to act.

### Red flags

- Talking about wanting to die
- Expressing feelings of hopelessness (for example, statements such as “I just can’t take it anymore” or “What’s the use”)
- Talking about being a burden
- Acting anxious or agitated
- Withdrawing or isolating themselves
- Talking about changes in sleep (sleeping too much or too little)
- Searching online for ways to kill themselves or mentioning a recent gun purchase
- Expressing rage or talking about seeking revenge
- Displaying mood swings.

Additional red flags are available at [bit.ly/2MG04RR](https://bit.ly/2MG04RR).

### Taking action

When you spot these red flags, consider taking these actions:

- Call the National Suicide Prevention Lifeline at **1-800-273-8255**.
- Suggest the employee contact the organization’s employee assistance program.
- The Mayo Clinic suggests asking direct questions while also being open and sensitive ([mayoclinic.org/2MriUw5](https://mayoclinic.org/2MriUw5)):
  - How are you coping with what’s been happening in your life?
  - Do you ever feel like just giving up?
  - Are you thinking about dying?
  - Are you thinking about hurting yourself?
  - Are you thinking about suicide?
  - Have you ever thought about suicide before or tried to harm yourself before?
  - Have you thought about how or when you’d do it?
  - Do you have access to weapons or things you can use to harm yourself?

**Note:** Asking about suicide intention will not prompt the person to take action, as some erroneously believe. Extensive research, including a 2014 literature review, shows that asking if someone is thinking about suicide doesn’t increase the risk and may, in fact, decrease it.

healthcare, establishing support systems, and training nurse leaders and managers.

The American Nurses Association (ANA) and the American Organization of Nurse Executives both recognize the stress in the profession and have called for action to optimize a healthy work environment. And a study on workplace wellness by Baggett and colleagues reported that nurses feel cared for when leaders see them as whole

people, recognizing problems they might be having at home as well as at work.

### Creating a positive work environment

Individual nurses and organizations can start creating a more positive work environment by tapping into existing resources.

The American Association of Critical-Care Nurses has identified six Healthy Work Environment (HWE)

standards—skilled communication, true collaboration, effective decision-making, appropriate staffing, meaningful recognition, and authentic leadership. Nurses can complete the HWE Assessment Tool ([bit.ly/2p64SGU](https://bit.ly/2p64SGU)) and work as a team to address identified problems.

Nurses and organizations may also want to participate in ANA’s Healthy Nurse, Healthy Nation Challenge™, which encourages nurses to take action to improve both mental and physical health ([bit.ly/2x41BMH](https://bit.ly/2x41BMH)).

In addition, a healthy work environment does not tolerate bullying, which can harm a nurse’s mental health.

### Prevention strategies

Suicide prevention must include strategies that promote mental health and involve both individuals and institutions (communities, workplaces, schools, healthcare organizations).

### Conducting research

Prevention starts with research at the state, regional, and national levels. The more we know about suicide among nurses, the better we can advocate for funding to create and disseminate education and prevention programs to healthcare organizations across the country. The first step is developing a standard method for collecting data on suicide among nurses across all healthcare settings.

### Providing education

Lack of research and awareness about nurse suicide stymies education. However, several resources offer suicide prevention information that can be used to educate nurse leaders and staff nurses about what to look for, how to offer support, and where to get help. (See *Spotting red flags, taking action*.)

All healthcare organizations should publicly display contact information for the National Suicide Prevention Lifeline (1-800-273-8255).

The lifeline provides free 24/7 confidential support to anyone in suicide crisis or emotional distress.

### **Destigmatizing suicide and depression**

Mental health care still carries a stigma. This is particularly true among nurses, many of whom feel that they should carry their burdens alone. Creating an information campaign, speaking openly about suicide and depression, and providing access to mental health resources can help alleviate some of this stigma and normalize requests for assistance.

In 2008, the American Foundation for Suicide Prevention (AFSP), in conjunction with the University of California San Diego Medical School, established the Healer Education Assessment and Referral (HEAR) program. Originally developed for physicians, this prevention program can be adapted to other healthcare professionals, including nurses. (See *HEAR*.)

Community activities also can help to reduce stigma. For example, Out of the Darkness Community Walks ([bit.ly/2N4OkfZ](http://bit.ly/2N4OkfZ)) not only raise money for AFSP but also draw attention to the issue of suicide.

### **Raising money**

Before many suicide prevention efforts can be put into action, funding must be secured. Financial resources allocated to prevent suicide are dispersed from various sources, such as the Substance Abuse and Mental Health Services Administration, which, as of September 2017, has awarded \$14.5 million in grant money for suicide prevention programs.

### **Current policy**

Federal and state laws play a big role in suicide prevention activities. For example, state laws can provide resources for prevention, open doors to collaboration, encourage training, and help increase awareness and knowledge. They also regulate training, policies, data collection,

## **HEAR**

The American Foundation for Suicide Prevention and the University of California San Diego School of Medicine created the Healer Education Assessment and Referral (HEAR) program. HEAR is endorsed by the American Medical Association as a best practice in suicide prevention and is available for replication in nursing programs.

HEAR takes a three-pronged approach: Education and outreach to decrease stigma, prevention through risk screening, and referral of high-risk individuals for treatment.

- The program offers a series of didactic presentations on understanding and recognizing burnout, depression, and suicide; destigmatizing depression; and acquainting attendees with the membership and function of HEAR.
- HEAR provides access to an encrypted, confidential, and anonymous web-based screening and assessment tool (Interactive Screen Program), which was developed to identify and refer individuals at risk of depression and suicide.

To implement the HEAR program at your organization, contact [mmortali@afsp.org](mailto:mmortali@afsp.org).

and suicide prevention programs. Federal laws typically target funding initiatives. Currently, no policies specific to preventing suicide among nurses exist.

Data collection is particularly important because it's not always collected consistently. Currently, suicide data are most commonly stratified

by gender and age. Suicide also can be stratified by means (how the person died), geographic region (which can be stratified from a national level down to the county level), race, and certain occupations.

### **Call to action**

A national standard for preventing

## **Resources**

Access these resources for help in identifying risk factors and warning signs of suicide and depression and to find out how you can implement suicide prevention programs and activities in your organization and community.

### **Risk factors and warning signs**

Review the lists at these two sites to learn how to identify a coworker who's at risk for suicide.

#### **National Suicide Prevention Lifeline**

[suicidepreventionlifeline.org/how-we-can-all-prevent-suicide](http://suicidepreventionlifeline.org/how-we-can-all-prevent-suicide)

#### **American Foundation for Suicide Prevention (AFSP)**

[afsp.org/about-suicide/risk-factors-and-warning-signs](http://afsp.org/about-suicide/risk-factors-and-warning-signs)

### **Programs and activities**

These sites offer ideas and suggestions for programs and activities you can get involved in to bring attention to suicide risk in your organization and community. (The Suicide Prevention Resource Center [[sprc.org](http://sprc.org)] includes state-specific information.)

#### **AFSP Interactive Screening Program**

[afsp.org/our-work/interactive-screening-program](http://afsp.org/our-work/interactive-screening-program)

#### **AFSP Take Action**

[afsp.org/take-action](http://afsp.org/take-action)

#### **National Action Alliance for Suicide Prevention**

[actionallianceforsuicideprevention.org/comprehensive-blueprint-workplace-suicide-prevention-1](http://actionallianceforsuicideprevention.org/comprehensive-blueprint-workplace-suicide-prevention-1)

#### **Suicide Prevention Resource Center**

[sprc.org](http://sprc.org)

## Learning to hide

**Editor's note:** This is an excerpt from a story titled "Depression and substance abuse: The danger of being strong for far too long." To read the full story, visit [americannursetoday.com/blog/the-danger-of-being-strong-far-too-long](http://americannursetoday.com/blog/the-danger-of-being-strong-far-too-long).

I learned early on in my career that as a nurse, I would never be a "regular" patient again. I have never felt comfortable revealing that I am a nurse who has depression. I want the medical team to have an unbiased view of my ailments, with no judgment.

The reason is that I have personal examples of the stigma that affects nurses when anything having to do with mental health arises. During my health screening before working in the emergency department (ED), I was asked to list my medications. This was my first position as a nurse, and since they asked, I was honest, and listed Prozac, an antidepressant that I had been on since I was 18. The nurse practitioner reviewed my chart and said, "Maybe you should think about another department. I see that you are taking Prozac. The ED can be very stressful and demanding."

This was a defining moment in my career. I was expected to educate patients along with their family members that it was acceptable to take medications for mental health issues such as depression. Your life was not over. You are not defined by this disease. I had falsely assumed that because society was being educated, and the stigma that comes along with seeking and adhering to treatment for depression was decreasing, that I was in a safe place to disclose this as a nurse. I never felt so insecure, ashamed, and idiotic for thinking that nurses would be treated with the same grace as how we treat the public.

Nurses struggling with addiction may be reluctant to seek help. Go online to [americannursetoday.com/blog/my-journey-to-addiction-and-back/](http://americannursetoday.com/blog/my-journey-to-addiction-and-back/) to access one nurse's story.

suicide among nurses must commence with the same urgency deployed to address physician suicide. You can take action in your own organization.

- Get involved on committees that work to create a culture of wellness.
- Find out if your organization distributes mental health awareness materials (brochures, posters, fact sheets). If it doesn't, ask how you can help make this happen.
- Does your organization offer suicide prevention skills training and workplace mental health screenings? Suggest partnering with your Employee Assistance Program (EAP) to explore proactive prevention strategies.
- Advocate for the implementation of a suicide prevention program, such as HEAR.

Suicide prevention is a team effort that should include nurse leaders, staff nurses, human resources personnel, EAP members, and fi-

nancial officers. Preventing nurse suicide requires identifying, organizing, inspiring, and facilitating the successful implementation of research, policies, and programs that help nurses at risk or in crisis. ★

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Visit [americannursetoday.com/?p=52258](http://americannursetoday.com/?p=52258) for a list of selected references.

### About the cover

*This month's cover art is by Linda Lobbetael, MSN, RN-BC. Here she describes her work:*

"If someone looks at the image closely, they will see so many elements of nursing practice as well as other life



stressors in the 'mind' of the woman who has been brought to tears. These elements are clipped and pasted chaotically from various magazines to illustrate the challenges of finding peace within ourselves.

Being unable to regulate emotions and manage competing demands, nurses and other health-care providers can reach an inability to cope effectively. There is the constant burden of time seen as the digital clock, complex emotions seen in the words, such as, 'there is no way out' and 'today I am grieving.'

On her forehead, a computer indicator shows her 'reaching maximum capacity.' If only we had such an indicator on our foreheads that faced the world. Maybe then we would better know when to help one another or at least be more empathetic.

This is someone who is at the tipping point of a crisis and the blue butterfly that perches on her shoulder symbolizes divergent paths for this woman, because it has its two meanings. The blue butterfly is a symbol used on the door of a patient who is 'in transition,' and in the dying process. It reminds people not to come in and out of the room unnecessarily and without conscious awareness of what is happening.

A butterfly is also a symbol of rebirth and therefore appropriate considering the success of therapy and programs that can help people turn their lives around from severe depression, burnout, and suicidal ideation.

The daisy, a symbol of new beginnings is a flower that has blossomed; for some people, a seed of hope can bloom into a new life with the right support. The gold is just that, the hope and possibility casting its light onto this image of darkness."

**Provider accreditation**

The American Nurses Association's Center for Continuing Education and Professional Development is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. ANCC Provider Number 0023.

Contact hours: 1.6

ANA's Center for Continuing Education and Professional Development is approved by the California Board of Registered Nursing, Provider Number CEP6178 for 1.92 contact hours.

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**Please mark the correct answer online.****1. Where does suicide rank in causes of death in the United States?**

- a. 5
- b. 10
- c. 15
- d. 20

**2. The number of people in the United States who died by suicide in 2016 was**

- a. nearly 15,000.
- b. nearly 25,000.
- c. nearly 45,000.
- d. nearly 65,000.

**3. Which statement about the national cost of suicide and suicide attempts in the United States is correct?**

- a. Most of the cost has been determined to come from lost productivity.
- b. The cost may be as high as \$15 million annually.
- c. Suicides may be overreported, which may affect cost calculations.
- d. The cost may be as high as \$20 million annually.

**4. Although not adequately tracked, the suicide rate for nurses in the United States appears to be**

- a. comparable with other occupations.
- b. lower compared with physicians.
- c. lower than the general population.
- d. higher than the general population.

**5. Which statement about nurse suicide in the United Kingdom is correct?**

- a. Suicide among nurses is higher than for women in general.
- b. Suicide among nurses is lower than for women in general.
- c. In general, men have a higher rate of suicide than nurses.
- d. In general, men have a rate of suicide that is comparable to nurses'.

**6. Which of the following is the *least* likely to be a risk factor for nurse suicide?**

- a. Untreated substance abuse
- b. Anxiety disorder
- c. Mood disorder
- d. Depression controlled with medication

**7. The American Association of Critical-Care Nurses identifies six Healthy Work Environment Standards, including**

- a. effective decision making.
- b. support systems.
- c. coping skills.
- d. physical activity.

**8. Red flags that indicate someone might be in danger of suicide include all of the following *except***

- a. sleeping more than usual.
- b. displaying mood swings.
- c. talking about being a burden.
- d. expressing hopefulness.

**9. An appropriate step to take if you think someone is considering suicide is**

- a. Not asking questions, to avoid upsetting the person.
- b. Asking, "Are you thinking about suicide?"
- c. Joining several friends to approach the person.
- d. Asking, "Do you want to be alone?"

**10. Which statement about the Healer Education Assessment and Referral (HEAR) suicide prevention program is correct?**

- a. It was created by the American Foundation for Suicide Prevention and the University of California San Diego School of Social Work.
- b. It was created by the American Foundation for Suicide Prevention and the University of California San Diego School of Medicine.
- c. It takes a two-pronged approach: education and prevention.
- d. It takes a two-pronged approach: medication and prevention.

**11. A correct statement about research and suicide is:**

- a. Funding for suicide research is sufficient at the national level.
- b. Data on suicide rates for physicians are not readily available.
- c. A standard method for collecting suicide data on nurses is needed.
- d. Data on suicide rates for teachers are not readily available.