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*Eliminating preventable harm
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Collaborative Healthcare Patient Safety Organization



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

**May 19, 2021
10:00 a.m. – 11:00 a.m. Pacific**





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Moderators/Hosts



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Housekeeping Items

- All lines will be muted. Raise your hand if you wish to be unmuted.
- The presentation slides and recording will be available within 1-3 business days.
- **1 CE unit will be provided to CHPSO/HQI/CHA Members:**
 - Complete the [survey](#) by May 28, 2021
 - CE certs will be emailed within two weeks after survey is closed.



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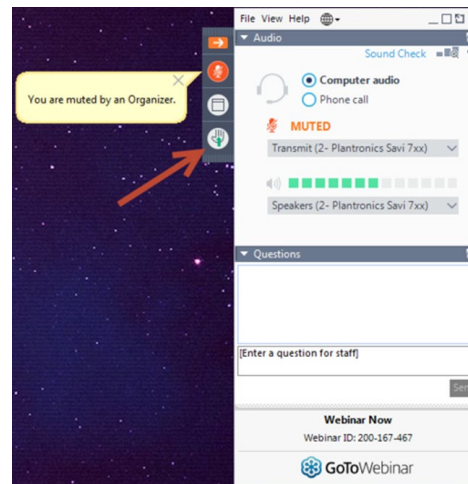
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How to join in the discussion



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 \(8255\)](tel:1-800-273-TALK)





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Objectives

- **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**

Introducing Our Panel

**Marie
Manthey**
(h)PhD, MNA,
FAAN, FRCN



**Amanda
Choflet**
DNP RN OCN



**Judy E.
Davidson**
DNP RN MCCM FAAN



**Deborah
Kiovula**
RN, BSN, CARN



NPSNetwork
Nurses Peer Support Network



**SAN DIEGO STATE
UNIVERSITY**

UC San Diego Health





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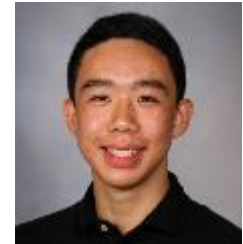
Nurse Substance Use, Mental Health, and Death by Suicide

Amanda Choflet, DNP, RN, OCN
achoflet@sdsu.edu

May 19, 2021

Team

- **Melissa C. Parra** BSN RN
- **Judy E. Davidson** DNP RN MCCM FAAN
- **Gordon Ye**
- **Kelly Lee** PharmD
- **Amanda Choflet** DNP RN NEA-BC OCN
- **Arianna Barnes** MSN RN CCRN SCR N PHN
- **Sidney Zisook** MD





- Prevalence not well established
- Underreporting
- Evident only after crisis
 - Very little self-referral



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ORIGINAL ARTICLE

Journal of
Clinical Nursing WILEY

A comparative analysis of the substance use and mental health characteristics of nurses who complete suicide

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Kelly C. Lee PharmD, MAS, BCPP² | Gordon Ye² | Arianna Barnes BSN, RN, CCRN, PHN³ |
Sidney Zisook MD²

¹San Diego State University, San Diego, CA, USA

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Correspondence

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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.



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Aim

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

- **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 6 Comparison of substances used in suicide

Substance ^a	All nurses versus All other		p-value
	Nurses (n = 802)	Other (n = 15,540)	
Anticonvulsant	67 (8.35%)	196 (1.26%)	<.001
Antidepressant	353 (44.01%)	1,460 (9.40%)	<.001
Antihistamine	131 (16.33%)	855 (5.50%)	<.001
Antipsychotic	56 (6.98%)	356 (2.29%)	<.001
Acetaminophen	58 (7.23%)	313 (2.01%)	<.001
Barbiturate	39 (4.86%)	168 (1.08%)	<.001
Benzodiazepine	350 (43.64%)	1,708 (10.99%)	<.001
Caffeine	58 (7.23%)	186 (1.20%)	<.001
Diverted substances	21 (2.62%)	43 (0.28%)	<.001
Alcohol	338 (42.14%)	2,021 (13.01%)	<.001
Inhalant	43 (5.36%)	639 (4.11%)	.084
Miscellaneous	125 (15.59%)	751 (4.83%)	<.001
Muscle relaxant	39 (4.86%)	231 (1.49%)	<.001
Nicotine	24 (2.99%)	144 (0.93%)	<.001
Nonbenzodiazepine sedative	38 (4.74%)	245 (1.58%)	<.001
Opioid	358 (44.64%)	1,836 (11.81%)	<.001
Stimulant	70 (8.73%)	310 (1.99%)	<.001
Substances of abuse	95 (11.85%)	520 (3.35%)	<.001
Tetrahydrocannabinol	28 (3.49%)	229 (1.47%)	<.001
Poison	21 (2.62%)	100 (0.64%)	<.001

^aMore than one substance may have been used per individual.



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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

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

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 with 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**



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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”**





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Job-Related Problems Prior to Nurse Suicide, 2003-2017: A Mixed Methods Analysis Using Natural Language Processing and Thematic Analysis

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, SCRNP, PHN; Jill Harkavy-Friedman, PhD; and Sidney Zisook, MD

Melissa C. Parra BSN RN



Judy E. Davidson DNP RN MCCM FAAN



Gordon Ye



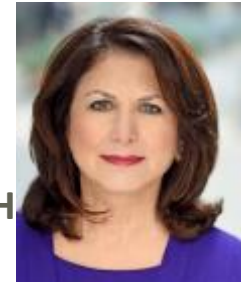
Kelly Lee PharmD



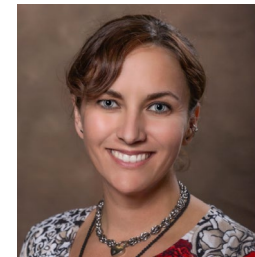
Amanda Choflet DNP RN OCN



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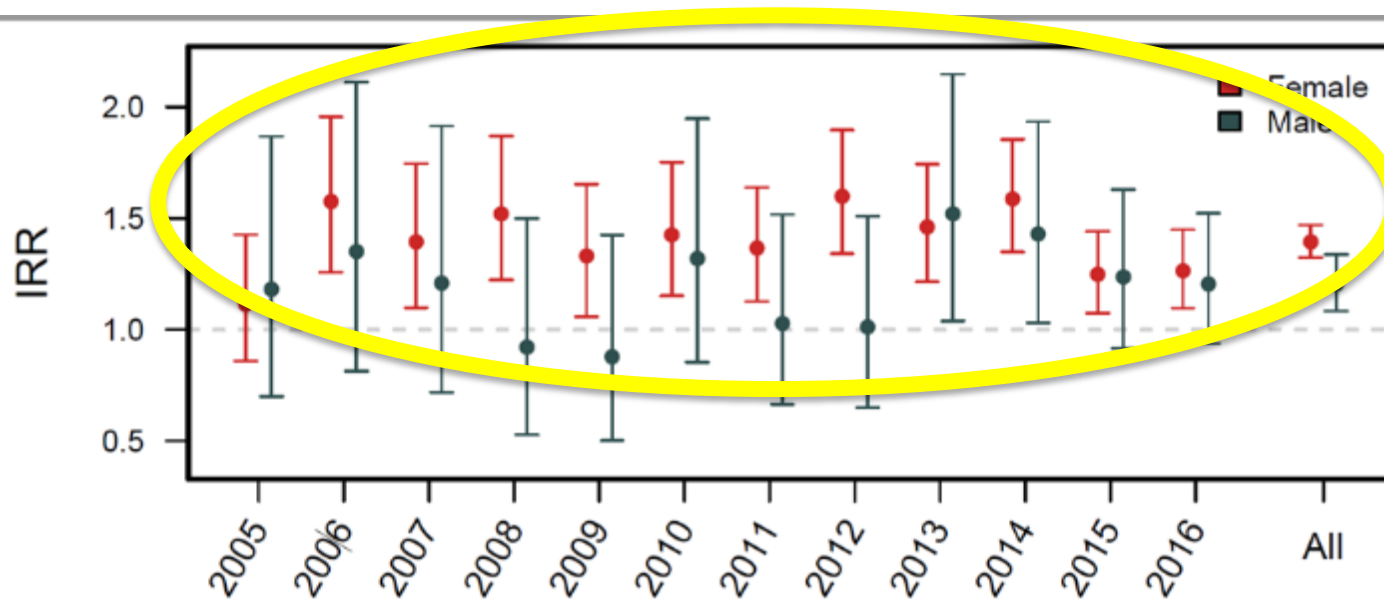


UC San Diego Health

Previous Research Significant Findings

2005-2016 NVDRS

Incident Rate Ratio RNs vs. Gender Matched Population



IRR 1.4 female, 1.2 Male, $p < 0.001$

Aim/Research Question/Goal

Aim

Provide context to job-related problems

Research Question

“What job-related problems are nurses experiencing before death by suicide?”

Goal

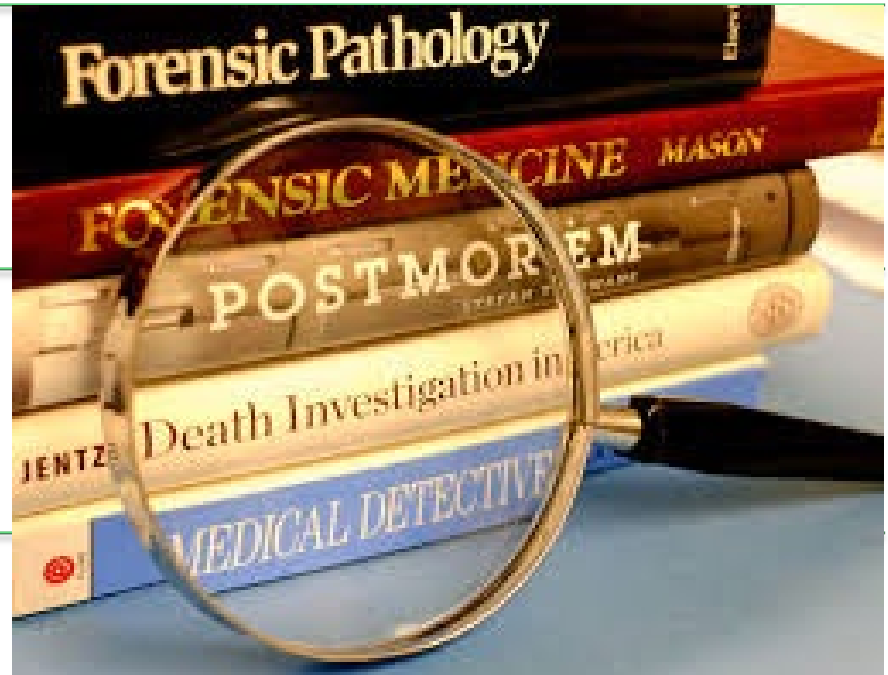
Identify actionable risk factors to inform future suicide prevention strategies and nursing regulation



CDC NVDRS data-set

Law enforcement
and medical examiner notes

2 paragraphs per death

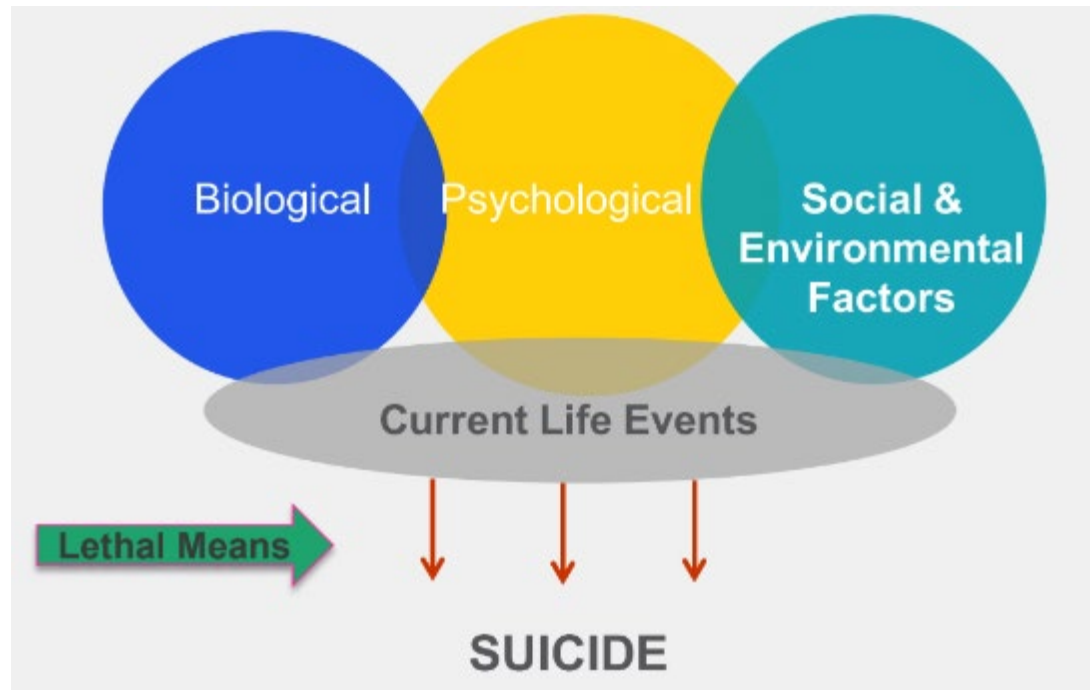


n=203 nurse deaths coded to job-related problem 'yes'

Theoretical Framework

The Interacting Risk and Protective Model for Understanding Suicide

(American Foundation of Suicide Prevention, Moutier & Harkavy-Friedman, 2004)



- 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

	n	%
Depression	167	82
Rx Meds	134	66
SUD/Misuse	132	65
Job Loss	124	61
Previous Attempt	89	44
Drugs of Abuse/Diversion	74	37
Pain	52	36
Bipolar	15	7.4
Alcohol	78	38



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Composite Case 1

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.



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Composite Case 2

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.



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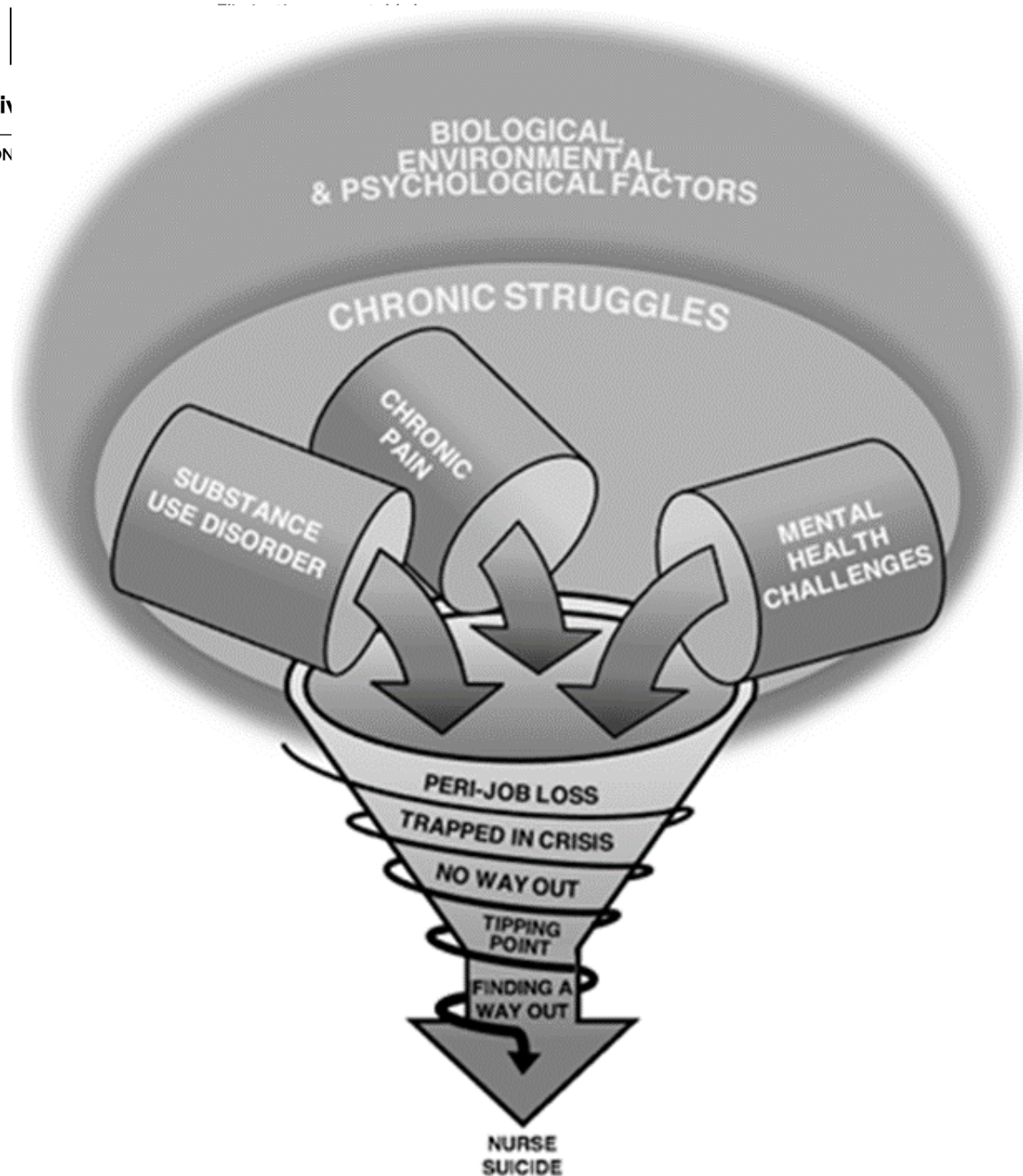
Composite Case 3

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



Acrylic on Canvas Sarah Pai NP RN

Significance: Why Now More Than Ever

Pandemics result in

- Increased use of substances
- Panic Disorder
- Stress Disorders
- Depression
- Suicide



Angela Klinkhamer RN

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 ?**



Mixed Media Collage:
Linda Lobbestael MSN NP RN



“Peer Support for Nurses”

Deborah Koivula RN, BSN, CARN Eastern Region & Statewide Outreach Coordinator
Deborah.Koivula@nysna.org

Risk Factors for Nurses are Increasing Through COVID

- Stress – COVID PANDEMIC
- Easy Access
- Role strain- high demands, low control
- Staffing shortages
- Injury
- Grief/Loss/repeated exposure to death
- Alcohol & substance use is seen as stress reliever
- Risk for suicide
- Trauma – high ACE with repetitive trauma exposures
- Culture of silence

Stress, burnout, moral injury, & compassion fatigue are compounding pre-COVID issues related to role strain





ANA Code of Ethics for Nurses

3.6 *Patient Protection and Impaired Practice*

- a. A nurse's duty is to take action to protect patients and to ensure that the impaired individual receives assistance
- b. Process begins with consulting supervisory personnel followed by confronting the individual in a supportive manner, helping the individual to access resources
- c. Extend compassion and caring to colleagues throughout the processes of identification, remediation and recovery
- d. Take care to identify any impairment in one's own practice and seek immediate assistance
- e. Follow policies of the employing institution, guidelines of professional conduct and relevant laws to assist colleagues whose job performance may be adversely affected by... substance use
- f. In instances of impaired practice, nurses in all professional relationships must advocate for appropriate assistance, treatment, and access to fair institutional and legal processes
- g. Advocacy includes supporting the return to practice of individuals who have sought assistance, and after recovery, are ready to resume professional duties
- h. If impaired practice poses a threat or danger to patients, self, or others, regardless of whether the individual has sought help, a nurse must report the practice to persons authorized to address the problem
- i. Nurses who report those...should be protected from retaliation or other negative consequences
- j. If workplace policies do not exist or are inappropriate {deny access to due legal process or demand resignation}, obtain guidance from professional associations, state peer assistance program, employee assistance program or similar resources.

Elevating the Conversation & Creating A Culture of Openness



- Nurses seek help **LATE**
- Loyalty, guilt and fear delay **HELP**
- Stigma perpetuates stereotypes and **DELAYS RECOVERY**

(NCSBN, 2014)

➤90% Come
forward AFTER an
event

- Facing consequences
- Needs treatment
- Financial strain
- Shame and public humiliation
- At risk for suicide



Shift from Crisis Intervention to Prevention & Earlier Intervention



43+ States Offer Peer Support/Alternative to Discipline Programs for Nurses(ADP's)*(Eisenhut, 2016)

- Peer support is often under-utilized
- Peer support is often sought in late stages – referral due to consequence and
- Nurses with SUD are 3x more likely to disclose their issue and seek help in a crisis if ADP is available in their state
- Peer support groups are often offered as a service through ADP's.
- Peer support is available by nurses in recovery, nurse coaches in areas where formal programs are not in place

*Article available to all attendees



- Confidential
- Advocacy for Nurses & Protect the Public
- Legislated and funded through license fees
 - Increasing awareness



- Any nurse licensed in New York State
- Anyone concerned with the effects of alcohol and drug related problems on the nurse workforce.

**Professional Assistance
Program**

**Office of Professional
Discipline**



OMIG/OIG/Attorney General

**Bureau of Narcotic
Enforcement,
DEA, & Law Enforcement**



For Individual Nurses

- Confidential
- Voluntary surrender of license
- Guidance through the recovery process
- Referrals to appropriate treatment
- Peer Support Groups
- Assistance with nursing licensure issues
- Education & Advocacy
- Connection with ADP- PAP

For Organizations

- Confidential
- Outreach, Education & Advocacy
- Assistance with employee interventions
- **Encourage Diversion Education**
- Worksite monitor training
- Policy and Procedure review
- Debriefing support
- Law enforcement referrals



How do we intersect?

PREVENTION

EDUCATION & PREPARATION

- Building awareness
 - Embedding peer support information organizationally
 - Embedding peer support to automated dispensing machines
- Policy & Procedures
 - include ADP & peer support info
 - Consult peer support and professional agencies
 - Consult a nurse with lived experience
- Diversion Prevention Team in place
- Education
 - ANNUAL UPDATES
 - ORIENTATION
 - INCLUDE A NURSE WITH LIVED EXPERIENCE IN RECOVERY

CULTURE OF WELLNESS

- Proactive screening techniques
- Enhanced EAP/Enhanced benefits with access to peer support groups, counseling, wellness services
- Culture of Wellness
 - Wellness Council, Wellness Teams
 - Wellness services ON-SITE
- Destress CAFÉ ON-SITE

Early Identification

- Diversion Surveillance = Saving Lives
- Reasonable suspicion P&P with peer support language
- Multidisciplinary approach team to review
- Comprehensive Diversion Response Teams /Prevention Teams
 - MULTI DISCIPLINARY
 - INCLUDE PEER SUPPORT
 - INCLUDE A NURSE WITH LIVED EXPERIENCE IN RECOVERY

Early Intervention

- Immediate & Compassionate
- Safe
- Consistent
- Team approach
- Include peer support
 - shows hope of recovery and encourages honesty
- Consider high risk time for stress & suicide - make sure appropriate supports are used- peer connections provide **HOPE**
- “Reporting is supporting”





- High recovery equity means nurses recover!
- 70+% of nurses return to work successfully
- Peer support builds recovery & safe practice



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From Moral Failure to Chronic Disease

Questions?
Ideas?



Woman with the Weight of the World on Her
Shoulders. Artist: James T. Hubbell



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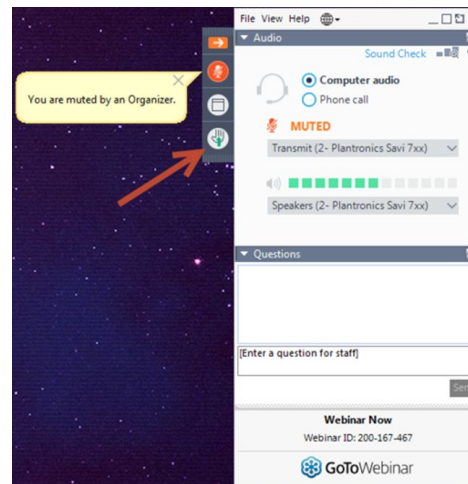
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How to join in the discussion





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Upcoming Safe Table Forums

Members Only

Date	Time	Topic
May 20	10:00 am – 11:00 am PT	Infection Prevention and COVID 19 in Oncology Patients
June 10	10:00 am – 11:00 am PT	Trauma and Violence Safe Table Forum (more information is coming soon)



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Upcoming HQI/CHPSO Webinars

Date	Time	Topic
June 17	11:00 a.m. – 12:00 p.m. Pacific	Colliding Epidemics: Impact of COVID-19 on Overdose
July 1	11:00 a.m. – 12:00 p.m. Pacific	Managing Falls during COVID-19



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Follow-up Email

- **Feel free to share articles, tools, policies, or other resources for fellow members to info@chpso.org**
 - We will de-identify your hospital and provider names
- **Click here for the [survey link](#)**
 - Please share potential topics for future meetings



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Thank You!

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