

Preventing nurse suicides as new study finds shift in method

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In a new study, University of California San Diego School of Medicine and UC San Diego Health researchers report that the rate of firearm use by female nurses who die by suicide increased between 2014 to 2017. Published December 21, 2020 in the journal *Nursing Forum*, the study examined more than 2,000 nurse suicides that occurred in the United

States from 2003 to 2017 and found a distinct shift from using pharmacological poisoning to firearms, beginning in 2014.

As part of the longitudinal study, researchers looked at data provided by the Centers for Disease Control and Prevention's National Violent Death Reporting System dataset.

"In past research, we determined opioids or other medications were more commonly used as the suicidal method in female nurses," said senior author Judy Davidson, DNP, RN, research scientist at UC San Diego. "From those findings, there was a possibility that there might be a change in the way nurses die by [suicide](#) over time. Now that we've looked at the data with a focus on firearms, we are finding that shift and it's resulted in an increase in female nurses sadly taking their own life through the use of firearms."

The World Health Organization reports that one person dies every 40 seconds by suicide, occurring at a rate of 10 per 100,000 persons. While overall mortality rates are decreasing in the U.S., the suicide rate is rising, and many fear the COVID-19 pandemic may accelerate this rise.

"Unfortunately it's very common for suicide rates to increase in conjunction with world health emergencies. We've seen it happen before during such events, including the Ebola and SARS epidemics, and we're seeing it happen now with the COVID-19 pandemic," said co-author Sidney Zisook, MD, professor of psychiatry at UC San Diego School of Medicine. "The use of firearms in death by suicide is more common amongst male nurses, so it's alarming to see this increase among female nurses now as well."

According to Davidson, many of the individuals who died by suicide all included three similar situations: use of firearm, previous attempt and known depression.

"Those three elements together represent preventable deaths of individuals experiencing very similar circumstances," said Davidson. "If the firearm had been removed from the home, research tells us these deaths may not have happened. It is vital that we inform the public about firearm safety, especially during high-risk times, such as those we're facing now."

Since 2009, UC San Diego has offered the Healer Education, Assessment and Referral Program, otherwise known as HEAR, to address the high prevalence of burnout, stress and depression specific to the health care community. HEAR provides education about [risk factors](#) and proactive screening focused on identifying, supporting and referring clinicians for untreated depression and/or suicide risk. HEAR has been acclaimed as a best practice in suicide prevention by the American Nurses Association and American Medical Association.

Co-founded by Zisook, the HEAR program was first targeted to prevent suicides in physicians and is now inclusive of all UC San Diego Health staff and faculty. The program has been replicated by other institutions throughout the country.

"As we enter the holiday season, amid a pandemic that's lasted more than 11 months now, we are concerned about members of our health care community in need of support during such a challenging time," said co-author Christine Moutier, MD, chief medical officer of the American Foundation for Suicide Prevention. "In 2020, there has been an unprecedented increase in the purchase of firearms across the country. This is sobering information. But there are evidenced-based approaches to suicide prevention that our community can benefit from, potentially leading to a life saved."

According to the team, tested approaches to preventing suicide include:

1. Removing lethal means from a person who is in the process of being treated for depression.
2. If in the home, ensure firearms are locked and ammunition is stored separately. If the person with suicidal ideation lives alone with a [firearm](#) in the home, make arrangements to remove it while the person is being treated for depression.
3. Increase contact. Loneliness is a risk factor for those who are depressed so increased social presence through phone calls, or virtually, can help significantly.

"Nurses are being challenged now in ways they never have before and suicide risk among nurses is higher than the general population," said Davidson. "It's important to know that people who are considering suicide are not alone and action is being taken to protect our nursing workforce. Help is available and we are here to get our team through this challenging time, together."

More information: Judy E. Davidson et al, Exploring nurse suicide by firearms: A mixed-method longitudinal (2003–2017) analysis of death investigations, *Nursing Forum* (2020). [DOI: 10.1111/nuf.12536](https://doi.org/10.1111/nuf.12536)

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