

New studies reveal growing epidemic of nurse suicides in the US

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New studies show that nurse suicides are reaching epidemic proportions, as the mental health strain on these health care workers is driving increasing numbers of them to take their own lives. *MedPage Today* last month analyzed national data extracted from Archives of Psychiatric Nursing, a research division of the University of California San Diego (UCSD) School of Medicine, which conducted the first national investigation of nurse suicides in more than 20 years.

Judy Davidson, RN, DNP, and her colleagues at USCDC acquired most of their data from the Centers for Disease Control and Prevention (CDC) National Violent Death Reporting System (NVDRS). The researchers found that suicide incidence among nurses, male and female alike, was significantly higher than in the general population. For female nurses, the incidence of suicide was 11.97 per 100,000 while the incidence for male nurses was found to be more than three times that rate, at 39.8 per 100,000.

One researcher for the study told *MedPage Today*, “This national data confirms what we previously suspected given our local findings, that nurses are at higher risk of suicide than the general population.” Among the subgroups of nurses at higher risk for suicide were nurse anesthetists and retired nurses.

The study also determined the methods of suicides that were the most prevalent. According to the researchers, suicides frequently involved pharmaceuticals, at a rate of 35.1 percent, while firearms were used at a rate of 33.7 percent. Nurses’ access to drugs plays no small role in this distribution. Among the general US population, firearms and pharmaceuticals account for 55.1 percent and 9.1 percent of suicides, respectively.

A study released by Dr. Ben Windsor-Shellard in 2015 linked the disturbing disparity between suicides

among female nurses and suicides in the general female population to the access to lethal doses of medications. Windsor-Shellard also noted that lower-paid health care practitioners had higher rates of suicide than higher-paid managers and CEOs.

Davidson, a nurse scientist, said her interest in the issue of nurse suicides arose after three nurses at UCSD took their own lives within a brief timespan. In 2018, Davidson coauthored a 2018 National Academy of Medicine paper which found that nurses work in one of the most high-pressure environments in the US, with demands for optimal performance being a decisive factor in accelerating feelings of distress and depression.

Besides being in a stressful work environment, nurses are frequently exposed to some of the most disheartening forms of human suffering and death, which contributes to ethics-related stress and increasing dissatisfaction with their work. Although the prevalence of major depressive disorder among nurses is not known, one study mentioned in the paper said that depressive symptoms are found in 41 percent, while another reported 18 percent.

Of the 18 states that were included in the NVDRS’s data set, the researchers found 205 suicides among the 14,774 documented. According to the study, “Nurses were statistically significantly more likely to have reported mental health problems, history of treatment for mental illness, history of previous suicide attempt, leaving a suicide note and physical health problems than the general population.”

Despite the alarming increases in suicide attempts and depressive symptoms, hospitals and clinics have done very little to alleviate the emotional burdens that plague nurses. Nurses have reported a lack of social and professional support within their work settings. They

are trained to work under the most strenuous conditions, dealing with human beings hard-hit by discouraging, sometimes tragic circumstances.

Nurses work in high-speed inpatient settings and are exposed to patients' debilitating physical diseases and psychological trauma. Although institutions may vary, health care environments in general, and for nurses in particular, are known to be harsh and intimidating, causing workers to suppress their feelings and become emotionally aloof until these conditions take their toll.

Leah Helmbrecht, a traveling nurse, wrote an op-ed on *nurse.org* about her frustrating experience as a new nurse, "I felt like I was in an abusive relationship...with my job," said Leah. For every shift, she would have to care for six to eight patients, doing things from inserting catheters and helping patients to the bathroom to monitoring vitals and discharging patients.

These arduous tasks would have to be completed all while getting yelled at by patients and their families for the delay in responding to their requests. "It got to the point where I would go to work every day to get yelled at and go home and cry. I was put on an antidepressant, which helped numb the pain, but didn't make it go away."

Workplace violence is all too frequent in clinical institutions and hospitals. A study conducted by Vanderbilt University Medical Center found that out of new graduate nurses who leave their first job, 60 percent noted that they did so out of some form of "horizontal violence" among colleagues, this ranged from hazing and bullying to name-calling and disruptive behavior.

The American Nursing Association defined this atmosphere as "repeated, unwanted harmful actions intended to humiliate, offend and cause distress in the recipient," which has been known to cause conditions that can threaten patient and nurse safety. Hospital supervisors and managers are notorious for rarely acting against nurse bullying once it's been reported.

One nurse from a prominent children's hospital spoke anonymously to the Vanderbilt study about her intensive care unit (ICU) experience. "When I first started as an experienced nurse, but new to the [current] hospital, more senior nurses would call me names and question my abilities in front of patients," she stated.

She noted that even though she had more experience than these "senior nurses," she was still treated

disrespectfully. She went on to say, "I spoke to my manager several times as well as the director of the ICU because there was a very clear hospital policy against nurse bullying. Ultimately, nothing was done, and I was given the choice to deal with it or transfer to another unit."

Skyrocketing nurse suicides are not limited to the United States. The United Kingdom has seen a massive proliferation of suicides over the past seven years. According to an article released by *express.co* in April of this year, 300 nurses committed suicide over a seven-year period, from 2011 to 2017. Suicide increases in the UK come at a time when the national suicide rate has been decreasing since 1981.

During its peak in 2014, there was more than one nurse committing suicide every week in the UK in 2014, although that number ebbed to 51 and 37 in 2016 and 2017, respectively. The article also noted the phenomenon of a "bullying culture" that leaves many victims afraid to ask for help for fear of retaliation.

The predominance of bullying in enabling suicide also dovetails with deplorable wages and conditions that nurses must endure.

Lucy de Oliveira, a nurse who took her life after studying at Liverpool John Moores University in 2017, was not paid after her school training and was faced with increased pressures at work.

She ended up using all her scholarship money to pay for basic accommodations, which left her with just 6 pounds a month. This forced her to take on other jobs just to pay for necessities like food.

There are 3.9 million registered and licensed practical nurses in the US. A 2014 survey by the Vickie Milazzo Institute (VMI) of 3,300 nurses found that they were stressed, overworked, and generally unhappy with their work. Sixty-four percent said they rarely get seven to eight hours of sleep per night. Another 31 percent said they get a decent night's rest only two to three nights a week, while 77 percent indicated they regularly do not eat well, despite working in the health care field.



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