

“The stress in healthcare is at a tipping point”

An interview with nurse scientist Judy Davidson on rising nurse suicides

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Judy Davidson is a nurse scientist who works at the University of California, San Diego (UCSD) in the Division of Nursing and was a part of the psychiatric research team that uncovered the high incidence of suicide in the nursing industry. Being the first national investigation of the issue in more than 20 years, Davidson and her colleagues found that nurses were significantly more likely to take their own lives than the general population.

Nurse suicides have taken on the form of an epidemic in the United States and around the world. Female and male nurses in the United States are committing suicide at rates of 11.97 per 100,000 and 39.8 per 100,000, respectively.

Whereas the explosive growth in suicides among the US population as a whole is being driven principally by “deaths of despair”—premature deaths linked to drug overdoses, suicide and alcoholism in response to bleak social and economic conditions—nurses may complete suicide due to work conditions when stressors outweigh the ability to cope. Nurses are more likely to have access to affordable healthcare and mental health resources, yet still have a higher rate of suicide than the general population.

The *World Socialist Web Site* asked Davidson, RN, DNP, what had originally prompted her concern over the issue of nurse suicides, and she recalled being surprised by the lack of literature on the subject.

“We had nurse suicides in San Diego that were clustered together in a short period of time,” she said. “When that happened, I looked into the literature for how much or if this was a problem and I couldn’t find anything. There were a few reports from other countries but the most recent data in the US was over 20 years old.”

Davidson decided to examine nurse suicide using the data set obtained from the medical examiners in San Diego County. “I did a study that encompassed 11 years in San Diego and found that nurses in the area were at a higher risk than the general population.”

After this, she turned to a CDC special longitudinal data

set known as the National Violent Death Reporting System (NVDRS). This additional set of data gave almost identical figures to those of Davidson’s original findings in the year 2014. She is now completing a study of the entire dataset from 2015 to 2016.

Another significant finding from her research was the methods nurses use to complete suicides. “Nurses complete suicides more frequently using pharmacologic poisoning than the rest of the population,” she said. “Normally, in the United States the most common way people complete suicide is by firearms.”

Davidson mentioned that there has been a debate over whether this occurs because of convenient access to medications at their hospitals and clinics or if it is due to their knowledge of how to use drugs for lethal purposes. “It’s kind of looking to me like it’s more a matter of knowledge of how to use drugs in a lethal manner,” she said.

“In the San Diego study I did, the majority of substance-use deaths were caused by drugs typically found in a closet at home and in a medicine cabinet.” These drugs include commonly used medications such as Tylenol. The choice of this medication was puzzling, she noted, since they’re known to cause excruciating damage to one’s liver and the death is not a pleasant one.

Davidson also spoke about the conditions and circumstances that have led people in the healthcare industry and nursing practice to take notice of the epidemic.

“The reason everybody is paying attention to this now is because of the focus on workplace wellness, burnout, moral distress, and violence against nurses,” which includes “lateral violence, incivility in the workplace and workers being unkind to each other. The stress in healthcare is at a tipping point and we need to improve working conditions or we’re not going to have enough healthcare clinicians to take care of the public.”

“Violence against nurses is on the rise and is a very important topic,” she continued. “There’s an increase in

violence targeted at nurses in the workplace by patients and their families. In the state of California, for instance, it's a lesser crime to assault a nurse than someone on the sidewalk."

Assaults against nurses in the workplace are now so prevalent that healthcare organizations routinely report nurses receiving broken arms or otherwise being put out of work due to physical confrontations with patients.

"There's tension because you can't tie down a patient when they are violent since it would be considered battery to hold them down, but somehow you've got to get them to behave. If they really need medical treatment, some organizations might refrain from giving them an administrative discharge, and then everyone remains at risk. An administrative discharge is when the patient is discharged because of their behavior, whether or not they need continued care."

Many hospitals are leery of making policies that enforce administrative discharges. "Other hospitals think it's too risky and they let the patients stay despite the fact that they've assaulted a nurse or staff member repeatedly."

Davidson said that nurses are much more likely to get assaulted by patients than doctors. "It just happens to be the nurse that gets most of the assaults since they're at the bedside most often. So, the likelihood of a nurse getting hit over a doctor is high because the nurses are there so much of the time."

Another factor contributing to workplace violence is the presence of patients with mental disorders or drug addiction. Davidson noted the effects of the opioid crisis that has ravaged large sections of the working class.

"The opioid crisis may have a part to play in this since patients come in agitated on drugs, are in pain, with some severe medical problems. So, they don't have coping mechanisms or impulse control the way they would naturally at home."

It was under these conditions that Davidson spearheaded a campaign for a nurse suicide prevention program at UCSD. After becoming aware of a similar program adopted by doctors, who also have disproportionately high suicide rates, she decided to collaborate with colleagues to expand the program to include nurses.

Nurses began receiving an encrypted survey about their risk factors for mental health issues. Individuals with moderate scores or above would then be put in touch with a therapist at the hospital through an anonymous email, which directs nurses to counseling sessions or other forms of assistance.

"It works, it really works. We've been saving lives. We know we're shifting the culture of the organization through this program." Leaders have an opportunity to turn things

around. Improving the work environment could reduce risks, she said.

It's no coincidence that the increase in nurse suicides is taking place under conditions of rising levels of anger and militancy directed against the multi-billion-dollar hospital chains. Earlier this month, over 37,000 Kaiser Permanente workers voted to go on strike this fall, with the potential for more than 80,000 Kaiser workers to go on a national strike pending further authorization votes. These votes extend to workers throughout the entire hospital system, from nurses and x-ray technicians to phone operators and janitors.

In Oxnard, California, 97 percent of the nurses at St. John's Hospital voted to go on strike because of unresolved contract disputes. Similarly, nurses in the Providence Hospital system in Washington have also expressed demands for strike action due to the stalling of contract negotiations because of widespread outrage over the healthcare plan proposed by hospital management.

The social grievances that have motivated workers at Kaiser and other hospitals to vote for a strike include understaffing, unsafe working conditions, job insecurity, meagre pension benefits and the growing unaffordability of healthcare costs.

Kaiser Permanente, for example, while posting a net income of over \$5 billion in the first two quarters of 2019, has imposed onerous conditions on its workforce, where employees are routinely disciplined or even terminated for taking an extra five minutes for breaks or complaining about the abysmally low staffing levels.

These atrocious workplace environments and the psychological ills that accompany them are fueling a growing opposition among the working class to the healthcare industry and the capitalist system as a whole.



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