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Preventing Healthcare Workforce Suicide

Three actions leaders can take to support mental health and well-being.

High-profile instances of physician suicide as well as increasing attention in recent years from the American Foundation for Suicide Prevention, the American Medical Association, the American Nurses Association and other organizations have sharpened the focus on suicide in the healthcare workforce. In 2021, the U.S. Senate passed the Dr. Lorna Breen Health Care Provider Protection Act to fund training for healthcare professionals on how to reduce and prevent suicide, burnout and substance use disorders. Healthcare workers are seeking mental health services at record rates, with requests for treatment exceeding the capacity to treat.

There is limited understanding of the reasons why healthcare workers die by suicide, with gaps in research on evidence-based prevention programs and analyses to identify risks for key groups in the workforce such as women, workers from various racial and ethnic backgrounds, and LGBTQ staff. Though existing research has focused on physician suicide and, more recently, nurse suicide, there is virtually no data on risks for other healthcare workers, such as medical assistants, technicians, clerical staff, pharmacists or EMTs, who encounter many of the same stressors that are unique to healthcare.

In addition, though men overall are far more likely than women to die by suicide, women working in healthcare appear to have higher rates of suicide than women in the general population. In some professions, such as nursing and possibly the overall field of medicine, female healthcare workers may have even higher rates than their male colleagues, according to the article “Physician death by suicide in the United States: 2012–2016,” published in the February 2021 issue of the *Journal of Psychiatric Research*.

The Institute for Healthcare Improvement recently undertook a research effort, with support from the Health Research and Educational Trust and the Centers for Disease Control and Prevention, to understand what improvements are needed to better support our healthcare workforce and prevent suicide. The available literature and consensus among leading suicide prevention experts highlights three key areas of mental health that all organizations need to prioritize.

1. Reduce Stigma

Suicide prevention experts hypothesize that healthcare worker suicides are underreported due to poor data

collection systems and widespread stigma, according to an article in the September 2018 issue of *International Review of Psychiatry* that studied doctors in the United Kingdom. This makes it more difficult for healthcare workers to seek care, and it creates impediments to normalizing system-level practices that discourage accurate acknowledgment and treatment of mental health issues.

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Some stigma associated with mental health issues and treatment is produced through the way licensure and accreditation data are collected and reported, and also through the practice of mandatory reporting of some mental health issues to governing boards. It is common, for example, for medical licensing boards and hospital credentialing agencies to inquire about an applicant’s mental

health status and to then require sensitive and detailed information regarding their medical history and treatment, even in the absence of behavioral health concerns. The existing stigma around mental health issues is exacerbated by these policies, and the effects (e.g., self-neglect and shame) can lead to suicide.

Leaders can improve psychological safety by normalizing both distress and health-seeking behaviors and by sharing their own experiences of distress or errors in care delivery and the supports they relied on to manage the mental health burden that followed.

In too many health systems, clinicians who are not addressing their mental health are valued as more license-worthy than those seeking the appropriate support. Routine anonymous screening helps normalize the need to seek help. Routine emotional process debriefings following significant events also normalize the need to effectively process the impact of these events.

Beginning to address this stigma can start with a focus on increasing psychological safety within a hospital or health system. Numerous experts suggest that psychological safety serves as the foundation for any broader effort to address distress in the workforce. Successful organizational suicide prevention efforts like the program used by the U.S. Air Force start with leadership messaging, which includes the

normalization of distress and encouragement to seek help.

Leaders can improve psychological safety with the following actions:

- Normalize both distress and health-seeking behaviors by sharing their own experiences of distress or errors in care delivery and the supports they relied on to manage the mental health burden that followed.
- Create a culture of learning to address errors and identify systemic problems, rather than a culture of blame and punishment of individuals.
- Increase access to confidential mental health services like peer support groups and professional counseling.
- Update internal policies to reflect current thinking on suicide prevention and mental health support (e.g., remove questions about mental health history or treatment from health system privileging documents).

2. Increase Access

Key needs for more access to mental health services include proactive support, crisis management and an increased pool of providers to help those seeking mental health treatment.

All health systems interviewed by IHI that actively prioritize healthcare workforce suicide prevention strive to make appropriate care more accessible for those in distress. Both nurses and physicians voiced concerns regarding professional repercussions for seeking help.

Leaders can take several steps to build support systems with credible confidentiality and anonymity when preferred:

- Deploy anonymous screening for healthcare workers using tools like the American Foundation for Suicide Prevention's Interactive Screening Program and connect workers to appropriate professional services.
- Increase training for leaders to identify distress in real time and improve their capability to respond with compassion and knowledge.
- Dedicate staff time and other resources for peer support interventions (e.g., second victim prevention and support programs).
- Provide on-site, contextually sensitive professional services for mental health needs that align with a robust referral network of mental health providers.

3. Address Job-Related Challenges

Top priorities in addressing job-related challenges that increase workforce burden and psychological harm include providing support during risk-prone times of malpractice and event investigations and helping address premature retirement from the profession due to physical or mental health issues, including substance use disorder.

The culture and everyday realities of working in healthcare continue to challenge the workforce's well-being. Common job-related practices like 12-hour shifts, mandatory overtime, heavy administrative burdens and reliance on inefficient EHR systems continue to plague the workforce. Additionally, several studies suggest that

job identity is particularly important for healthcare professionals, and threats to that identity through job problems, licensing or legal issues are more likely to be reported in the weeks preceding a healthcare worker suicide compared with others, according to a study that appeared in the Jan/Feb 2013 issue of *General Hospital Psychiatry*.

In addition to existing job-related challenges and burnout, multiple COVID-19 variants and surges are creating added burden on the healthcare workforce that is unhealthy and unsustainable. To begin building a foundation for preventing harm to the workforce, start with a focus on addressing inefficiencies in everyday workflows and ensuring support for the most severe job-related challenges (e.g., malpractice investigations) by partnering with risk management and workforce well-being staff.

Leaders of hospitals and health systems must take action and prioritize resources focused on the three main drivers of suicide—stigma, access and job-related challenges—to prevent unnecessary deaths and maintain a healthy workforce. ▲

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