Heart of Safety Coalition

Insights Huddle recap

February 2024

Addressing drivers of healthcare worker suicide

Our sincere gratitude to Rebecca B. Chickey, MPH, Senior Director, Field Engagement, Behavioral Health Services, and Jordan Steiger, MPH, AM, LSW, Senior Program Manager, Clinical Affairs and Workforce, from the American Hospital Association (AHA) for leading last week's Insights Huddle on addressing drivers of healthcare worker suicide. Thank you also to participants who asked questions and shared insights. This Insights Huddle focuses on AHA's Health Care Worker Suicide Prevention Guide. Below is a summary of the discussion.

Key premise: Healthcare team members are at an elevated risk for suicide as compared to other professions – especially female-identifying nurses and physicians. Workplace factors contribute to suicidality in healthcare team members, on top of general population risk factors. Intervention programs can struggle to show an impact on outcomes because the incidence of suicide is low, but there are evidence-informed approaches that have shown promise and are highly replicable. Given research showing that healthcare team members report higher levels of psychological distress, stress, anxiety, depression, burnout, sleep impairments and work impairments as compared to before the pandemic, hospital and health system leaders should pursue suicide prevention strategies by ensuring their workforces have the tools and resources needed to maintain their mental health and wellbeing.

Background: From Oct. 2021 – Sept. 2023, the AHA received funding from the CDC and National Institute of Occupational Safety and Health (NIOSH) to identify, assess and test evidence-informed interventions to reduce suicide risk among healthcare team members.

Top three drivers of healthcare worker suicidality

- 1. Stigma associated with talking about and seeking behavioral healthcare:
- a. Licensure and credentialing
- b. Peer/leader perception
- c. Confidentiality
- 2. Inadequate access to behavioral health education, resources and treatment options:
- a. Wait time between referral and access
- b. Scheduling accommodation
- c. Expense
- d. EAP uncertainty
- 3. Job-related stressors:
- a. Emotionally draining work, including exposure to death and dying
- b. Workplace violence
- c. Lack of understanding of human limits/lack of design for human capacity
- d. Lack of appropriate rewards (social, financial, intrinsic)
- e. Lack of connection to others in the workplace
- f. Lack of perceived fairness and mutual respect
- g. Values incongruence
- h. Insufficient control and authority



Evidence-informed interventions: See AHA's <u>Health Care Worker Suicide Prevention Guide</u> for the full list of interventions across four categories:

• Increasing access to services

- o Screening and referral programs (e.g., American Foundation for Suicide Prevention's (AFSP) interactive screening program
- o On-demand resources for team members and families
- Cultural competency training for mental health professionals treating healthcare professionals

Operational enhancements

- o Remove or modify invasive mental health questions from credentialing, peer review, etc.
- o Employ staff responsible for overseeing team member wellbeing
- o Debrief sentinel events using non-punitive risk management strategies

• Organizational campaigns

- Story-sharing
- o Stigma-reduction campaigns (including supportive language)

Training

- Educate on behavioral health awareness, skills and resources
- o Peer-to-peer support and training
- o Access to evidence-informed, continuing behavioral health treatment
- Train employees to act when witnessing harassment, discrimination, incivility and lateral violence

Case examples: The second year of AHA's program included creation of a learning cohort of 37 diverse institutions. More case examples can be found <u>here</u>.

- 1. Stigma reduction. AtlantiCare Regional Medical Center shared wellbeing and suicide prevention resources in highly visible areas and implemented screensavers on all system computers highlighting behavioral health resources. Over six months, there were more than 20 all-staff communications, anti-stigma messaging and/or resources distributed to staff. Utilization of resources increased.
- 2. **Access.** CommonSpirit Health consolidated all EAP to one vendor, introduced a digital hub for all wellbeing resources, and developed an integrated communication strategy on wellbeing resources.
- 3. **Job stressors.** Geisinger created a Personnel Crisis Response Team (PCRT) with rotating c-suite assignments for daily leadership. When activated a message is sent to the PCRT coordinator, who gathers information about the crisis and formulates a plan of action. A central point of emotional impact coordination allows other leaders to focus on business continuity, managing risk, safety and other key operational challenges that arise in crisis. The PCRT includes ongoing follow-up and support for team members for days/weeks (as needed) following a crisis.

Additional resources:

- AFSP's healthcare professionals' mental health and suicide risk resources
- AHA's people matter, words matter resources
- AHA's workforce strategies resources
- AHA's clinician wellbeing playbook

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If you have topics you want to learn more about or best practices you want to share to help others protect the safety and wellbeing of healthcare team members, please email **HeartofSafetyCoalition@Stryker.com**.

About the Heart of Safety Coalition

The Heart of Safety Coalition places care team member safety and wellbeing at the heart of healthcare. This national community of leaders, learners and advocates ensures that voices are heard, connections are made, and standards are raised to inspire systematic and individual change. The Coalition works to advance the Heart of Safety Declaration of Principles, which intersects health justice, physical safety, and psychological and emotional wellbeing to accelerate transformation. Driven by its mission to make healthcare better, Stryker supports and manages the Coalition. Learn more at www.HeartofSafetyCoalition.com.

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