The Impact of Patient Suicide on Mental Health Nurses

THESIS SUMMARY

KERRY CROSS RN MN

2017

Overview

- Thesis origin
- Aim, Purpose, Objectives
- Research
- Methodology
- Questionnaire
- Impact of Event Scale Revised
- Results (Objectives 1 and 2)
- Free text comments (Objective 3)

Thesis Origin

- Topic originated from Emergency Psychiatric Service; patient suicide, ramifications and implications for staff

- Research question:-
- *What is the experience of mental health nurses in relation to patient suicide and what support is needed?*

- Began thesis 2014
- Completed thesis 2015
- Graduated with Master of Nursing 2016

Aim

- The aim of my research was to gain knowledge of individual experiences of mental health nurses in relation to patient suicide, the impact (if any) on them and their practice, what support they received and what they felt was needed.

Purpose

- The purpose of the study was to ensure that mental health nurses are aware of what support is available when dealing with patients that take their own lives.

Objectives

1. To determine if there is an impact on mental health nurses when a patient dies by suicide.

2. To determine what support was offered at the time of the event, what support was most beneficial, what was least helpful and what could be useful in this situation.

3. To gain any further knowledge from nurses who have experienced a patient suicide to help educate and empower others.

Research

- Suicide – global phenomenon, over 800 000 people die from it every year (WHO, 2014)
- Literature review – majority of studies undertaken overseas (different health care systems, socioeconomic, political and cultural issues)
- Two New Zealand studies; literature review in 1992, qualitative study in 2004

Methodology

- Quantitative descriptive study with a purposive (non-probability) sample of mental health nurses working within a specific DHB that had experienced patient suicide
- Data was collected using an anonymous survey link via Survey Monkey
- Quantitative data was analysed using descriptive statistical analysis
- Thematic analysis was applied to 'free text answers' providing qualitative data with emerging themes
- Response rate 16% (64 from a potential 400)
- 58 eligible participants (14%), 6 not having experienced patient suicide

Questionnaire

- Designed for this study, consisted of 13 questions:
- Demographic information for statistical purposes
- Questions relating to support received after a patient suicide, and space for further comment
- Modified IES-R for completion

- Pre-tested by three nurses not eligible to participate in the survey, appropriate alterations made

Impact of Event Scale – Revised
IES-R

- Original IES designed and published by Horowitz, Wilner and Alvarez (1979)
- A self-report tool to measure degree of subjective impact caused by a specific event; specifically an event causing distress and the response level over a seven day period
- Involved two major response sets (intrusion and avoidance), which when answered provided numerical sub scores for each category, and a total score for subjective stress
- Trialled over several years, "frequently endorsed by a population seeking help for post-traumatic stress disorder" (Horowitz et al., 1979, p.217)
- Revised in 1997 by Daniel S. Weiss and Charles R. Marmar (hyperarousal subscale added)

IES-R Continued

- Measurement tool used in studies involving:
- Vietnam War Veterans, Israeli combat soldiers, survivors of natural disasters, accident situations, criminal victimisation, rape, sexual abuse and families of homicide, emergency service workers and life threatening medical conditions such as cancer
- Consists of 22 questions relating to the impact of a stressful life event
- Correlates to DSM-IV diagnostic criteria for Post Traumatic Stress Disorder (PTSD)
- Documented evidence of reliability and validity as a tool

Results (Objective 1)

- IES-R score range is 0 – 88 (22 questions with a '0 to 4' rating scale)
- Research indicates a participant with a score of 25 points or more is at a higher risk of potentially developing PTSD as opposed to those scoring less

- This research: 22 out of 58 respondents (38%) scored between

  26 and 58 on the IES-R scale (manually added)
- Negative impact on mental health nurses within the 'intrusion' subscale of criteria for PTSD

Results (Objective 2)

- Offers of support, categorised into three concepts:

1. Collegial support (most offered), peer support far outweighed management/leadership support
2. Debriefing; informal / formal
3. Other support; Employee Assistance Programme (EAP) and Clinical Supervision

Results (Objective 2)

- Most beneficial support: collegial support (immediate and on-going)
- Least helpful support: debrief session (too many people involved, especially those not involved in the incident, negative experience often incorrectly timed, underlying feeling of 'culture of blame')
- Useful support: what the individual nurse needed in terms of their own personal grieving (talking with peers, time off to process situation or attend funeral, seek counselling, acknowledgement that staff go through a grief process, nurses potential vulnerability)

Free text comments (Objective 3)

- Increasing one's self-awareness
- Concept of understanding the situation and the impact this can have on nurses
- Individuals deal with things in different ways
- Despite repeated exposure to patient suicide all suicide victims are individuals, as are the circumstances surrounding their deaths

Quote

- Shneidman (as cited in Valente, 2003) stated;

- The person who commits suicide puts his psychological skeleton in the survivor's emotional closet – he sentences the survivor to deal with many negative feelings and, more, to become obsessed with thoughts regarding his actual or possible role in having precipitated or failed to abort the suicide