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Improving Nurses’ Attitudes, Beliefs, and Practices in Screening for Suicide Risk in Hospitalized Patients

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Introduction

- 47,000 deaths from suicide in the U.S. per year³
- For every one suicide there are 25 attempts³
- 8th leading cause of death in Vermont⁴
- Early identification
- Training
- Confidence
- Knowledge

Study Design

Pre-/Post- Intervention Study
Target Population: two inpatient medicine units
Pre- and post- survey: Attitudes towards Suicide Prevention Survey
• Reliable
• Valid

Intervention:
A 25 minute online presentation given to staff during a 2 week period
• Presentation included:
  - Education on suicide myths
  - Advice on having challenging conversations with patients
  - Using the SSRS⁷ screening tool
  - Review of hospital policies related to screening
  - Information on community resources
  - Video clips of personal experiences

Results

Graph 1. Survey respondents by unit

Graph 2. Pre- and post- survey results

Graph 3. Rates of screening

Discussion

• There was no statistical change in improvement of attitude.
• Positive prior to the intervention,
• Objective changes-
  • Increased rate of screening.
  • Unit that had the most participation -greatest increase.
• Suggests barrier was not attitude, but lack of knowledge, education, and understanding.

Limitations

• Organizational constraints
• Time
• Small sample size
• Staffing:
  - Travelers
  - New unit
• Initial positive attitude

Conclusions

• The theme of the comments added to the surveys demonstrate an awareness of the seriousness of suicide and a desire to screen.
  • “I have heard from multiple individuals that it is extremely uncomfortable asking these questions. We receive minimal training on how to properly ask the assessment questions. I know from personal experience, that I just don’t want to ask the ‘wrong’ way.”
• Nurses want more education on how to talk to patients about this sensitive and personal issue

References


³ SSRS - Columbia Suicide Severity Rating Scale