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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
- For appropriate assessment and management of risk we need:^{5,6}
 - Early identification
 - Training
 - Confidence
 - Knowledge
- Academic Medical Center requires suicide risk screening to be completed upon admission, available in the electronic health record
- No formal suicide screening training available
- There is not 100% completion rate
- OBJECTIVES of this study:
 - Provide education to nurses who perform risk screening
 - Improve the rates of suicide risk screening of inpatient hospital admissions

Study Design

Pre-/Post- Intervention Study

Target Population: two inpatient medicine units

Pre- and post- survey:

Attitudes towards Suicide Prevention Survey

- Reliable
- Valid

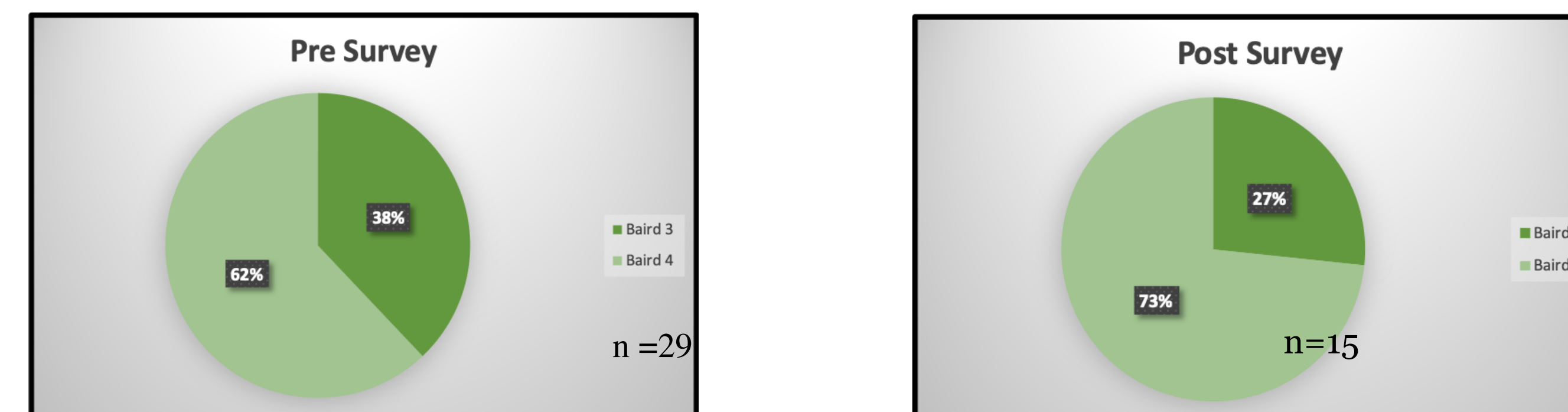
Intervention:

A 25 minute online presentation given to staff during a 2 week period

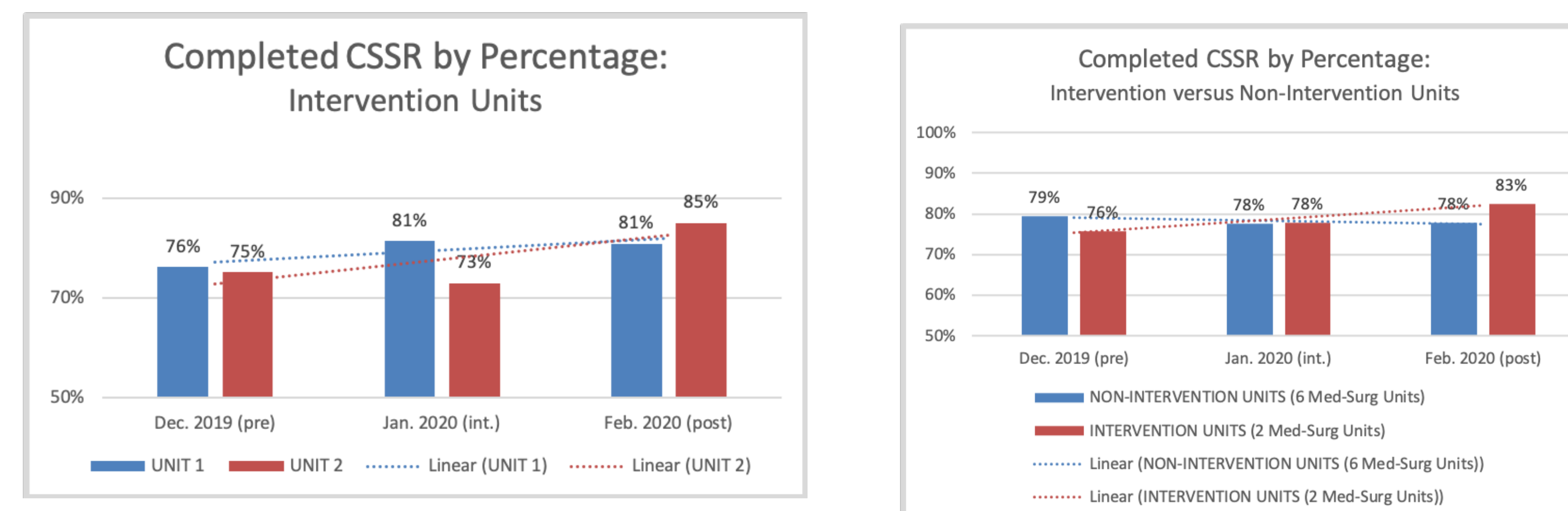
- Presentation included:
 - Education on suicide myths
 - Advice on having challenging conversations with patients
 - Using the SSRS⁷ screening tool
 - Review of hospital policies related to screening
 - Information on community resources
 - Video clips of personal experiences

Results

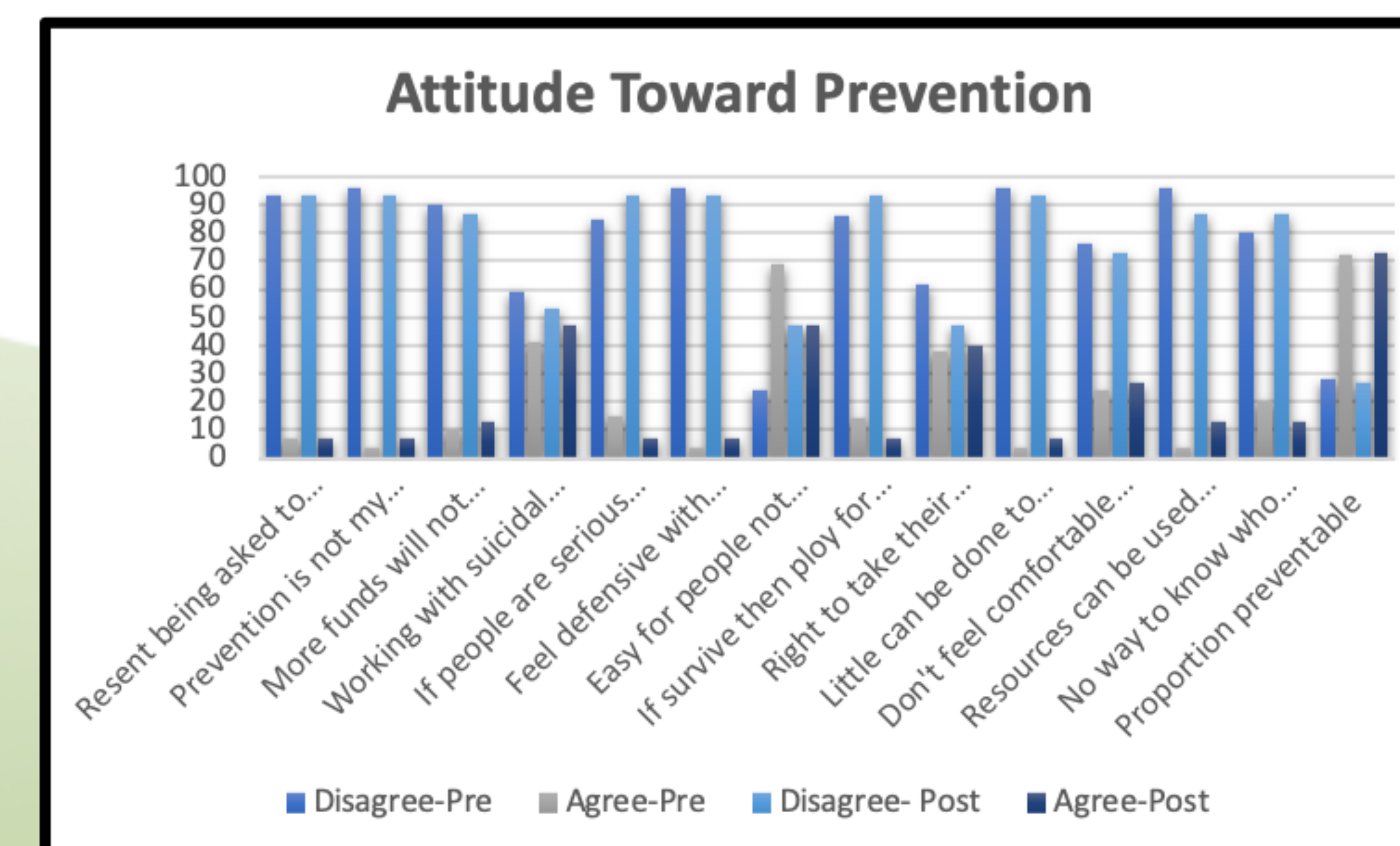
Graph 1. Survey respondents by unit



Graph 3. Rates of screening



Graph 2. Pre- and post- survey results



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

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⁷ SSRS- Columbia Suicide Severity Rating Scale

Comparisons between groups were made by first categorizing into two distinct answer groups: Disagree or Agree by using scores of 0-2 = disagree and scores 3-4 = agree. Comparisons were made using Chi-squared tests