Podcast Transcript

Suicide Prevention: Identifying and Intervention with the At-Risk Person

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Guest

Dr. Meriah Ward, DNP, FNP-BC

Dr. Meriah Ward, DNP, FNP-BC is a family nurse practitioner pursuing a psychiatric mental health post-graduate certificate. They received an MSN, DNP, and PGC from Old Dominion University in 2020, 2021, and 2024, respectively.

They are a non-binary, autistic provider providing primary and mental health services for diverse populations. Dr. Ward's passion for primary and psychiatric care services propels them to consider an integrative approach to the co-management of medical and psychiatric conditions. Their passions include LGBTQIA+ health, sexual health, neurodivergency, multiplicity, gender-affirming care, and chronic disease management.

Host

Dr. Candace Pierce,

Dr. Pierce is a nurse leader committed to ensuring nurses are well prepared and offered abundant opportunities and resources to enhance their skills acquisition and confidence at the bedside. With 15 years in nursing, she has worked at the bedside, in management, and in nursing education. She has demonstrated expertise and scholarship in innovation and design thinking in healthcare and education, and collaborative efforts within and outside of healthcare. Scholarship endeavors include funded grants, publications, and presentations. As a leader, Dr. Pierce strives to empower others to create and deploy ideas and embrace their professional roles as leaders, change agents, and problem solvers. In her position as the Sr. Course Development Manager for Elite, she works as a project engineer with subject matter experts to develop evidence-based best practices in continuing education for nurses and other healthcare professionals.

Transcript

Episode 1 –

PIERCE: This is Dr. Candace Pierce with Elite Learning by Colibri Healthcare, and you are listening to our Elite Learning podcast, where we share the most up-to-date education for healthcare professionals. I welcome our listeners joining us for a tough but necessary discussion about nurses' mental health and joining me for this discussion today is Dr. Mariah Ward, a family nurse practitioner. Dr. Ward, thank you for taking the time to join us for this discussion.

WARD: Yeah, absolutely. I am excited to be here.

PIERCE: Before we jump into this discussion, I do want to warn our listeners that this episode discusses mental health issues, including depression, PTSD, and suicide. And while we believe that these conversations are important, we also know that they can be difficult for some listeners. So please take care of yourself and seek the support, if you need it. Mariah, can you share a little about your background and expertise in this area?

WARD: Yeah. So, I am a family nurse practitioner. I've been an FNP for about four years. I am currently in a post graduate certificate program set to graduate in May of 2024 for psychiatric mental health. I do a lot of mental health treatments currently at my organization and am currently helping build out a behavioral health program, for my organization to include medication and psychotherapy management. And so, I am very passionate about mental health, especially suicide prevention and awareness, as well. But definitely mental health as a whole.

PIERCE: Absolutely. All right. So, to help us really jump into this discussion, I want to throw an incomplete statement out there for you and if you could just share what comes to your mind. The statement is nurses, mental health and the alarming issue of nurses experiencing suicidal thoughts and actions.

WARD: I think about it requiring proactive strategies to promote well-being, destigmatizing mental health struggles and providing accessible resources. I think those are the things that really come to mind when I think about it, because I think about how stigmatized mental health is and how accessible resources are for everybody, not just nurses, for any kind of mental health treatment.

PIERCE: Absolutely. And I think that all the things you mention, we're going to be talking about today through this series. So, what are some of the unique stressors and challenges that nurses face in their roles?

WARD: I think there's several, but definitely long hours and shift work. So, most nurses are working 12-hour shifts, which include nights, weekends, and holidays. This really disrupts their sleep patterns, impacts their work life balance, and leads to physical and emotional exhaustion. There are high patient volumes and staffing shortages, so chronic understaffing plagues most of nursing. This means that nurses are responsible for excessive patient loads, which makes it challenging to provide adequate care to each individual. And it also compromises patient safety while increasing the nurses stress and risk of burnout. There are emotional demands, right? So, nurses often witness suffering, pain, and death on a regular basis. They support families and patients through complex diagnoses and loss and end of life care, and this places a really significant emotional burden on nurses. There are other workplace pressures, right? It's a high-pressure, fast-paced environment with very little

room for error. There are demanding workloads with very limited resources. They're exposed to violence and verbal abuse from patients and families and even other staff members. Were, in the form of workplace bullying or conflicts with colleagues. There are also ethical dilemmas and moral distress and just a general lack of support. So, there's inadequate mental health support, debriefing opportunities, or even organization or recognition of the job's emotional toll that really exacerbates stress and leads nurses feeling isolated. So, these really combine to contribute to higher rates of burnout, compassion fatigue, depression, anxiety, and even suicidal thoughts and actions among nursing staff.

PIERCE: Absolutely. Two words that have become really, popular over the last couple of years are burnout and compassion fatigue. Can you break this down for us?

WARD: So, burnout is just that condition of just being really overworked and overstimulated by your environment. And it leads to you being kind of like just having a lack of interest in doing things, not being able to even get out of bed, shower, do the basics. So it kind of makes it challenging to want to do anything, and then you combine that with the compassion fatigue, which is just like you start to really not be able to empathize and sympathize with people. You become shorter and more disengaged from your patient population. And that really takes away from the patient experience and it becomes more challenging for us to navigate that emotional aspect of our job, which makes nursing kind of unique, because of that emotional aspect of it.

PIERCE: Absolutely. And being a nurse is very emotional, like you were saying, a lot of emotional demands. And we see a lot of things, but one of the things that we don't do is we don't debrief what we see. Do you think that plays a role into a lot of the compassion fatigue and the burnout that we're seeing?

WARD: Yeah, absolutely. I think when we don't debrief, we internalize a lot of what's going on. And we don't really, we don't see that other people struggle with the same thoughts and feelings that we do, so we not only internalize it, but we also kind of rationalize it away and saying, well, nobody else feels less. It's just me. And so, it kind of further stigmatizes getting assistance from other people. Ain real world application, it makes it more challenging for us to engage in mental health services and getting assistance.

PIERCE: Absolutely. So, we talked about unique stressors and challenges. But what are some of the unique factors that can negatively impact the mental health of the nurse, the work environment, the types of stress, the trauma exposure.

WARD: Yeah. So, for work environment, I think there's just that chronic understaffing and excessive workloads that we talked about. So, there's a feeling of being overwhelmed inadequate and always pressured to do more with less. And so, there's a lack of control and autonomy. So, we have very limited influence over scheduling, decision making, even the pace of work that can contribute to feelings of helplessness. Workplace violence can occur. So physical and verbal abuse from patients, families or even colleagues is unfortunately common and deeply traumatizing and poor organizational support, lack of resources, inadequate mental health support, and dismissive attitudes towards burnout, which just creates and further perpetuates a toxic environment. You think about the joke that goes around right now, which is, pizza parties solve everything, right? And so that's clearly not the way that we're going to treat that. There's a lot of stress, so we're constantly making high-stakes decisions. We are taking a lot of, responsibility, even with life and death decisions, that are often made under pressure. We're never making them under sound conditions.

There is moral distress, where we face situations where we feel like we're unable to provide care. We feel maybe that this forced to witness care that we believe is suboptimal, which just creates a deep ethical burden, or even give suboptimal care, because we just don't have the ability to manage it. And then, we have this work-life unbalance, these long shifts and unpredictable schedules really wreak havoc on our personal relationships, social support and self-care. And then, with the trauma, exposure, we witness a lot of suffering, death and serious injury, which leads to secondary traumatic stress and compassion fatigue. We care for victims of violence or abuse. So we support patients through traumatic experiences, which we do shoulder that. And medical errors, the weight of responsibility and potential consequences of errors can be psychologically devastating. We live in a punitive culture and healthcare. And so, if we make a mistake, we are often punished, and there's not a further investigation into what may be caused that. And then some other factors I think are like the stigma surrounding mental health. So, I think that there's a reluctance to seek help due to fear of judgment or perceived weakness. And then the shift work disruption, which is often underplayed, and under emphasized. But this disruptive sleep and circadian rhythms are associated with increased risk of mood disorders, suicidal ideation. So, I think that all of this together puts us at an alarming risk for mental health problems, including PTSD, depression, and anxiety, and even substance abuse. And I really want to emphasize that second-hand trauma exposure is a known way to get PTSD. So, you don't have to have experienced the condition yourself. Just reliving it through a patient's perspective can cause PTSD. And that's really important to emphasize because especially during the pandemic, there was a lot going on that fell into that category.

PIERCE: Absolutely. And I think it's also, and we'll get into this later. But, even with PTSD, we think we know what the symptoms or signs of PTSD are, but I didn't know. I didn't understand the signs of PTSD so that I could pinpoint that's what was going on. So, healthcare workers go through a lot. Nurses go through a lot, and there's nobody really there to try to make sure that we are safe, that we have the tools to debrief, that we're given an opportunity to rest, and that is huge. And I think you're about to go into why this is such a conversation that we need to have. And it's a conversation that I think needs to be held with healthcare organizations' leadership. It needs to be more than just with nurses because we have to do more to protect those who care for others.

WARD: Yeah, absolutely. I Agree.

PIERCE: What is the current state of nurses' suicide rates and mental health concerns? And have any recent studies shed light, around this issue?

WARD: So, we know that there's an elevated suicide risk in nurses. Studies have consistently demonstrated that we have a higher risk of suicide, usually about 17.1 per million, and this is in comparison to 8.6, so this is like double the rate of what the general population experiences. This is really pronounced amongst female nurses, which we know make this up a good portion of nursing staff. And worsening mental health, so nurses are reporting higher rates of depression, anxiety, burnout, and PTSD. And COVID-19 further exasperated these mental health challenges. So, they were already here. But then, COVID-19 really kind of pushed us over the edge. Some recent studies, so there was an American Nurses Association study that found that 23% of nurses have contemplated suicide, and the most cited risk factors were being overworked, stress, and feeling unsupported. And so, kind of some of those things that we highlighted a little bit earlier. There was a meta-analysis in the International Journal of Nursing Studies which also confirmed that nurses have a heightened risk of suicide compared to the general population. And really, there are some studies on the COVID-19 impact, so it really highlights the pandemic's devastating toll on nurses meant that mental health with increased rates of anxiety, depression, and trauma, and these really matter

because the rates of nursing suicide and mental health struggles highlight the severity of the crisis within the profession. So, it underscores the need for urgent action to address systemic factors that are affecting nurses' wellbeing and to prioritize better mental health support within our industry. And that's really important, especially when we talk about how do we mitigate that suicide risk and how to how do we encourage our nurses to care for themselves. and it really starts by looking at the systemic needs and what are we avoiding in the healthcare field.

PIERCE: Why do you think COVID-19 really brought this out in the light for healthcare providers?

WARD: I think that there are a lot of factors. There's a lot of misunderstanding and knowledge gaps on COVID-19. We saw a lot of people who we would normally see in the hospital make full recoveries, code, and die. And, from my perspective, when the COVID-19 pandemic started, I was still working on the floor. We turned into a, because we were a pulmonary unit, we turned into a Covid unit and a lot of the unknown, we really didn't understand what we needed to do. How did we protect ourselves? How did we do those kind of things. So, it was really challenging. The hours got cut because all of the elective surgeries, stuff like that sort of getting canceled. We went on a lockdown, which meant that people just weren't going out, even if they needed to go to the hospital. They weren't coming, and then about halfway through 2020, we got a huge spike in hospital admissions and patients. And then, we were being put into mandatory overtime. So, it was like our value was kind of undermined. We didn't get paid for not working. Some of us were furloughed, and for some of us, our hours reduced significantly. And then, we were then pushed into overworking again. So, it was just like this very jarring change. And it all happened within a matter of like days at the beginning. And then every single day there was a new change. And then, it just felt like a never-ending kind of situation.

PIERCE: I saw a lot of ethical dilemmas, such as do I take care and, and make sure I'm safe versus taking care of a patient. So, you had to make those choices. Separating from family members because you made the choice to continue working in the hospital, and we didn't know a lot of information. So, separating yourself from your family in order to care for other people. I saw a lot of death. You saw a lot of types of treatments that you never have seen before, had to work through how to properly care for someone without putting other people at risk. Like, you run a code. How many people do you have in the room now, and who goes in and, a lot of devastation, and loss of family members of other nurses, like a nurse losing their mom. And did I cause that? And so, I saw a lot of ethical and moral dilemmas that a lot of healthcare workers are going through, which I think really helped in raising and bringing to light the suffering that healthcare workers actually go through even before we ever had Covid.

WARD: Yeah, absolutely.

PIERCE: So, when you look at and stigma around mental health and healthcare workers, we know that there is a stigma. Why?

WARD: Yeah, I think there's partly it's the culture of strength. So, our healthcare environments emphasize resilience, stoicism, and the expectation that providers should be able to handle extreme stress without showing vulnerability. Maybe there's a fear of consequences. So, healthcare workers might fear disclosing mental health struggles could negatively impact their job security, licensure, or even professional reputation. There is self-stigma. So many healthcare workers internalize that they should be fixers, and not people who need help. And this can make them reluctant to acknowledge their struggles, and then time and access. All right. So, these long shifts, demanding schedules, and

limited workplace mental health resources, that really creates practical issues in accessing appropriate care. So those all contribute to why it's so challenging to even access a resource even if you want it to.

PIERCE: So, are we seeing these stigmas? I know we have internalized stigmas as healthcare providers, because we are fixers, and we think we don't need to be fixed. We are probably some of the most needed fixing people, because we give so much of ourselves to other people. But is the stigma, within the healthcare organization, within the organization, and besides the ones that we put on ourselves, where else are these stigmas originating?
WARD: I think the healthcare organization expects you to do things outside of their scope. So, they want you to be at work when you're at work. But then, the hoops you have to jump through if you do need mental health resources and, are kind of cumbersome. And then if you do utilize your organization's EAP, are you going to be, is your boss going to get that information? How do we navigate that. And at the same time and kind of get that culture of safety kind of bill. And so, a lot of the time, I think that organizations, while they want to have a culture of safety, there isn't really one, especially when it comes to nurses needing help. Because like I said, we view that we're going to be penalized by the board of nursing, or we're going to be penalized by our organization for having emotions beyond just this traditional looking forward to getting help. So, then we have all this other burden, and it's internalized, but it's internalized from the organization perspective. It's like, man, we're going to be punished for this if we feel this way.

PIERCE: So really, what are some of the warning signs that a nurse, that a peer, a coworker may be struggling with their mental health and, even possibly being at risk of suicide?

WARD: So, there's several, changes in behavior, right? So maybe they're increasingly absent or even tardy, maybe they withdrawn from their colleagues and social activities. They may have difficulty concentrating, making decisions, or even remembering things. They may be uncharacteristically irritable, angry, or even have mood swings. They may start neglecting their personal appearance or hygiene. They may even increase their substance use, such as alcohol or even illegal drugs, and maybe even engage in reckless behavior or risk-taking. Some emotional signs are persistent sadness, hopelessness, feelings of emptiness, excessive anxiety, worry or fearfulness, even overwhelming feelings of guilt or worthlessness, loss of interest in enjoyed activities, or even a sense of apathy or emotional numbness. Some physical changes you might notice are significant changes in appetite or weight, sleep disturbances, so maybe they're sleeping too much or not enough, a lot of muscle pains, aches, and or digestive problems, chronic fatigue or low energy, and maybe even they express it, right? So maybe they talk about feeling trapped or wanting to escape. Maybe they express that they're a burden to others. They've maybe fixate on death or making comments about suicide, even in jest. They should be taken seriously, or they may give away possessions or get their affairs in order. Any talk of suicide should be taken extremely seriously. These signs might be attributed to other causes, but always offer support, and encourage a person to seek professional help. That just lets them know that you're thinking about them. And not everyone will exhibit obvious signs. So, you want to pay attention to subtle changes. Or if even if something feels off about a colleague, and get yourself involved, and get others involved so that you can kind of navigate that together, and kind of not in a punitive way, but like, hey, we're concerned about you. How can we help you? How can we navigate this together?

PIERCE: If you were evaluating a nurse for PTSD, what are some things that you might look at, look for that is specific to healthcare worker?

WARD: So, I think the mood changes that we talked about irritability, or anger, or maybe even their hypervigilance. So like, let's say you approach your colleague, and you just touch their shoulder, and they jump, right, that might be a concern, increased distractibility, avoidance, right. So maybe they get assigned a patient that reminds them of a really traumatic experience that they had, and they're like, I don't want to take this patient. I don't want to take it. And so, then you're like, oh, this isn't, that might be a warning sign. Maybe they started to avoid other people. So maybe they isolate themselves at work. Or maybe somebody who used to be really talkative isn't so talkative anymore. And so those are really some of the signs that somebody might be experiencing PTSD. Sometimes they're not super overt. And so, you have to look for covert changes, especially that like hyperstartle response and hype vigilance. So maybe even if they like, seem like they're suspicious of people, that might be at good time that somebody is experiencing PTSD, especially to if that you have like a high, trauma- ridden kind of area and you work in a part of the clinic or the hospital that really could experience a lot of trauma exposure and reliving that trauma. And especially to if they've told you that, like, oh man, I had this patient and, and they're kind of experiencing a little bit distress. Maybe they don't even know that they have PTSD, but they've told you and confidence before, like I had this patient who had X experience, and made me feel so kind of way. And then maybe you start noticing these signs and then you might be like, okay, yeah, this might be PTSD. And so just kind of nudging people to get help is probably the best thing that we could do on that individual level.

PIERCE: So, I want to sit on PTSD just a few minutes longer, because one of the things that I always identified with PTSD, you always hear it with like, veterans, people in the military. And it's usually like this event that happened and then they have PTSD. I'm just becoming aware and understanding that sometimes it's not just one event. It can be a compounding of multiple events that have happened over a time frame. Can you kind of expand a little bit on how nurses, it's not just necessarily one event. It can be a buildup of things that have happened and not being able to debrief it.

WARD: So, your first Covid patient, like we'll take Covid for example. But your first Covid patient probably didn't traumatize you, right. Like the first Covid patient wasn't it. But you're your 100th Covid patient, right? And they are all experiencing the same stuff, right? So, let's say you had 100 patients, and even 20 of them ended up with severe disease or dying. You're going to start building up that trauma and building up that response to them, it's like, man, I'm exposed to this chronic sickness. Like there are at least, at least now 100 people who have had Covid severe enough to be in the hospital or severe enough to be seeking treatment. And it kind of like starts to discourage you because it's like, well, are we ever going to get better or are we ever going to get out of this? And so, you can start cycling through those thoughts of, the cumulative effect, like I said, one Covid patient, even ten Covid patients aren't going to be nearly as significant as you start getting up in number, the experiences are bad, right? Like they're really sick or they're really, it's really heavy. I think about for me, the cumulative effects of treating homeless people or people who are experiencing homelessness. It's really challenging. And that's, my main job. And so that lack of resources, like one patient who's homeless, it maybe doesn't, isn't as bothersome, right. But like when I that's all I see, and then it's like, man, are there resources out there, or like are we really are doing, and so it's just that reliving of that experience repetitively. You fall off a bike once, you're probably going to get back on the bike, but you fall off the bike 50 times, you're not getting on that bike anymore. And when you see the bike, you're going to be like, no, this is traumatic, this experience, when I get on the bike, I'm going to fall. So, it's kind of like that, once is fine, but when it starts becoming cumulative, the more scrapes you have, the less likely you are going to get back on that bike, and the more likely you are to experience trauma associated with that. And that's yeah, it's a big deal.

PIERCE: So, when it comes to nursing, would you say that there's a correlation between, say, those who see trauma and death, such as your ICU, critical care nurses versus your ED nurses, seeing more of kind of some mental health issues there, even ones that aren't identified. A lot of people don't come out and identify and say, hey, I think I do have PTSD, or I think I do have anxiety or depression, or do you see it more in those areas?

WARD: Yeah, I think so. And even like thinking about individuals who work only on psychiatric units, right, because you're always exposed to that mental illness, especially because the hospital setting is not well people. These people are sick, and they are not doing well. The ED is a little different, right? Because sometimes people treat that like an urgent care. They really treat it like a primary care or sometimes like, yeah, I just have an ear infection.

PIERCE: I just need to go see a doc.

WARD: Yeah. So, it's like, oh man, this ear infection is not the same as somebody who's on a ventilator. And when you have a unit that is full of patients with ventilators who maybe aren't getting better, right. Maybe, I think there was a study that I had read, like 50% of people who are in the ICU don't leave the ICU, and so, and then I think less than 25% were alive in a year. And so that's alarming, right. So, when you say only 25% of people survive the ICU, that means 75% of your ICU patients are dying. And when you're constantly exposed to this death cycle and, and everything, that's traumatizing, that's really challenging. And so, there are more vulnerabilities in those units where we're experiencing higher death volumes. And, like the palliative care floor is probably going to experience a lot more of that, versus, like you said, a standard neurology unit. They're going to probably have a little more morality because they aren't in the ICU, they got out of the ICU. So that 25%, that's who you're experiencing. So you're going to have a lot better of an experience I think overall.

PIERCE: Absolutely. And I mean, even in your med surg unit, you still get those codes and those and expect a deaths that you weren't prepared for, but it's that continual hit, and as I feel like not working through the pain or the trauma that we saw, we were taught to compartmentalize it. And is that good? Is it good to compartmentalize?

WARD: It can be in the moment, right? Because we want to be able to handle it in the moment. So, if we're in a code, not compartmentalizing it is going to cause direct issues. But when we don't debrief after, and especially shortly after, I would say within 24 to 48 hours, that's the compartmentalization that we don't need to do, that we really need to avoid, because that is going to get us to the next aspect of PTSD, where we start accumulating it, because we're not breaking it down and we're not processing it. And so, it's stored in our trauma center, but not in the rest of our brain. And so, we got to integrate those memories. And debriefing helps us integrate those memories into not trauma center.

PIERCE: Right. And I really hate to end this discussion here, but there, because there's just so much more to discuss. But we will pick this back up in episode two, where we will discuss the roles healthcare organizations can play in improving healthcare providers' mental health and strategies to protect our own mental health. So, to our listeners, I hope you will continue listening to our discussion in episode two. And Dr. Ward, thank you so much for spending time with us and talking with us through this really tough topic.

Episode 2 –

Candace Pierce: Welcome to episode two on nurses' mental health: suicide awareness and prevention. Thank you, Dr. Mariah Ward, for continuing this discussion with us.

WARD: Yeah, absolutely. I am excited to be here.

PIERCE: I personally really find this to be such an emotional topic to discuss, but so important to keep at the forefront of our minds so that we can look out for our peers, and for ourselves who maybe are struggling and maybe we don't even realize it because we're so busy helping others. If you have not already, I really encourage you to listen to episode one of this series. But before we move forward, I do want to warn our listeners that this episode discusses mental health issues like depression, PTSD, and suicide. We do believe that these are some really important conversations to have, but we also know that they can be difficult for some of our listeners. So please be aware, of the topics that we're going to be discussing and seek help if you need it. To start this conversation, I want to talk about healthcare organizations and leadership. Is there a role for healthcare organizations to play in fostering a more supportive and compassionate workplace culture that really prioritizes mental health of the healthcare providers?

WARD: Yeah. I think that, when we prioritize mental health from the top down, so, leadership needs to be committed. So, leaders have to openly acknowledge the impact of work-related stress, destigmatize mental health challenges, and emphasize well-being as a core value of the organization. We have to prioritize policy development, creating clear policies that promote mental wellness, nondiscrimination, and access to support resources. And we want to allocate the right resources. So, we want to dedicate funds towards mental health initiatives, training programs, and support services. We can foster a supportive work environment. So, we want to address workload and staffing. Implementing safe staffing ratios, offer flexible scheduling options, and provide adequate breaks during shifts, mentorship, and peer support. So, establishing formal mentorship and peer support programs that build connections and offer confidential support. We want to encourage healthy communication. We want to promote open dialog about mental health, encouraging debriefing after complex events, and providing training on respectful communication and conflict resolution. We can do mental health education and awareness. So mandatory training, regular training on stress management, burnout prevention, recognizing the signs of distress, and how to support our colleagues. We want to normalize conversations so leaders and managers regularly checking in on employee well-being. Creating safe spaces for openness, questions about mental health and reducing the stigma. So like campaigning to dispel myths about mental health and ensure everyone knows that seeking help is a sign of strength and not really emphasizing a punitive culture. We want to provide accessible resources, so employee assistance programs, which can often offer confidential counseling, crisis support, and referrals for further mental healthcare. Wellness programs, so, promoting healthy habits through workshops on stress management, mindfulness, sleep hygiene and nutrition. Wellness programs also kind of can have that, like I know some organizations have gyms and give their employees either discounts or free access to that. We want to designate quiet spaces for rest and relaxation on breaks and really encouraging nurses to give their phones up, I know that's a big one. You want to do support groups or facilitating optional

support groups for nurses who have experienced trauma, loss, or other specific stressors, which, let's be honest, that's all nurses. And we want to do ongoing evaluation and improvement. So, collect feedback from staff to regularly gauge stress levels, burnout, and satisfaction with the mental health support. And we want to adapt and respond. So, we want to use that data to identify areas for improvement and adjust our programs accordingly. Creating a mental health workspace is an ongoing commitment. You cannot do this once and expect it to be effective. We have to prioritize these initiatives to foster a culture of wellbeing and leading to a happier, healthier, and more resilient workforce. We can't just do it once. We've got to do it multiple times, and consistently, and doing a variety of things. We can't just have a pizza party on Wednesday. That's not going to be effective for the whole nursing team.

PIERCE: How about ice cream? Ice cream has another one besides pizza. Ice cream would come around on the little cart. So that's a lot to unpack that you just shared. So, I want to unpack two things from that. The first thing I want to unpack is you mentioned debriefing, and we've talked a little bit about debriefing in episode one. The only time that I have debriefed would be, what, after simulation in the education department, right, student. Or after a code, they're like, oh, sign our debrief sheet. How, what are some ways to debrief? When should we be debriefing to help with limiting the hits to our trauma center?

WARD: Yeah. So ideally, we should be debriefing between 24 to 48 hours after an event, before our brain really has time to kind of click it into our trauma centers. And, ideally even before that, but sometimes that's not realistic. We can debrief kind of in an informal way afterwards with maybe the charge nurse leading a little like session or a group that's kind of like, okay, like, how is everybody feeling? How are we doing? And even providing, like a debriefing maybe a day later after that, informal debriefing where it's led by leadership and management, and they kind of have like this debriefing session, maybe it's even offered as a virtual option so that people don't have to necessarily come back to the hospital to attend if they're not working. And that being encouraged as part of the standard practice, like you said, it's the debriefs usually happen in simulations, and real life is not a simulation. And debriefing in a simulation is not the same as debriefing in real life. And that's really something that we need to be doing is debriefing in real life.

PIERCE: Absolutely. Now, say I'm a nurse manager on a floor, and you mentioned a lot of things that we can, we foster a supportive and compassionate workplace. But if I'm a nurse manager, what are some things that I could quickly do with my staff and with that unit to start building a culture of wellness?

WARD, I think encouraging the debriefing sessions right. In real time training the charge nurses and training your leadership. Training them to debrief. How do we do it? Even if it's informal briefing, and then we do a more formal briefing later, like, how do we do that in real time? So, encouraging that during stressful events, and then really fostering and creating a safe space. So where on the unit can people go that's quiet and safe? Who can we reach out to? Designating somebody on each shift to kind of be like the go to person or even having multiple people that could be kind of support systems. And so really fostering that, it being a peer support and mentorship as a key component. And, mentorship has to go beyond just, one day to day interaction, this has to be a long term

mentorship. And so, making sure that you're pairing people together, during training that maybe you're going to build lasting relationships, together so that, when they're struggling, that they know somebody that they can go to about how they're feeling.

PIERCE: And somebody that gets to know them as a person, their personality. That way they can identify, before maybe even that nurse realizes that there's something going on. Some of these mood changes and things that you mentioned before in episode one. What resources are available for nurses who are experiencing things like depression, burnout, PTSD and suicidal ideation?

WARD: So, there is crisis support for everybody. So, there's the national suicide prevention line now 988, which is 24-7 confidential support for emotional distress and suicidal crises. They also have a crisis text line. You just text home to 741741, or you can visit their website and they have 24-hour crisis support via text. This is really for everybody. So, they're not going to be nursing-specific. Nursing specific, the ANA has a healthy nurse, healthy nation, so this is a focus on nurse wellbeing, which has resources on preventing burnout, suicide awareness and accessing mental health support. There is a nurse suicide prevention and awareness initiatives. So many organizations may provide resources geared specifically towards nurses struggling with suicidal thoughts. And then there is the Short Center for Compassionate Healthcare, which offers programs and resources addressing emotional well-being and burnout and healthcare. Other resources might include mental health treatment through employee assistive programs, which usually do provide EAPs, which offers confidential support and counseling services, seeking out individual therapy from a mental health professional specializing in healthcare worker trauma, burnout, or other specific conditions like depression and PTSD. Also, peer support groups. So, there are in-person and online, and it's a safe space to connect with others. Other nurses who are facing very similar challenges. And then there is the National Alliance on Mental Illness and Mentalhealth.gov, which has some resources. Those are the kind of ones. The one that I really focus on and emphasize is definitely the National Suicide Helpline, which is 988, especially if you're actively having suicidal ideation. But using the nurse specific support can also help, and then always do the EAP with your organization, and kind of knowing that, sometimes we don't do a great job as a healthcare organization of talking about EAP, but giving access to employees for EAP is really crucial.

PIERCE: Now, if I know somebody or if I hear somebody, maybe a coworker and they are talking about suicide, or I just see something's not right, are there resources or things that I should do on behalf of my coworker or friend?

WARD: Yeah. So, I think especially if it's your coworker, reporting it to kind of like upper management and being like, hey, I'm concerned. I know managers generally have better access to be able to refer people internally to the EAP at least historically, that's how my experience has been. Sometimes on the individual, like peer to peer level, you can refer somebody to the EAP, but it's usually best done by somebody in management, and that would be my like kind of one of my first steps if I were maybe hesitant to approach them. If I weren't hesitant to approach them, I might approach them and say, hey, like adverse things have been not so great for you, like, how are you like, and , if they really open up to you, and talk to you, kind of eventually slipping in like, well, we have an EAP, right? Or, I could help you get connected to somebody who could help you out. And so,

I think that that's kind of the more crucial element is just, if you're not comfortable approaching them, obviously, then kind of go into management. But if you can approach them, and build that rapport, especially if you already have that established relationship, that's really a crucial component, because people are going to be more willing to accept help from you if you are actively engaged, and you have a relationship versus like your manager, maybe you see once a week, it's a little different than somebody you see on a regular basis that you're working 12 to 15 hours with.

PIERCE: What do you mean by EAP?

WARD: Yeah. So that's the employee assistant program, and, shortened to EAP. And most health core care organizations do have an EAP, especially larger organizations.

PIERCE: And if they were trying to find if their organization had one, they just talk to their manager?

WARD: I would say talk to the manager, or if you have an intranet, and most I know that most bigger organizations have an intranet, you probably could search within on that for the employee assistant program. The other place that you can always go to if you don't want your manager directly to know is you could ask an HR representative, usually, HR, your human resources department is responsible for your employee assistant program. They're the people who kind of manage that, so that would be somebody you could ask that's maybe a little more neutral than your direct boss.

PIERCE: Right. I don’t want to put a red flag up there.

WARD: You might want to do a little more investigation on your own. And, like I said, if you have an intranet, that's always a great place to start to.

PIERCE: Yeah, absolutely. We want to make sure that if we are worried about a coworker up here, that we also still have their best interest in mind as far as what direction that we go in helping them get help.

WARD: Absolutely.

PIERCE: What self-care strategies do you recommend nurses implement to protect our own mental health given such a demanding job that we have?

WARD: So, I set this up in kind of like section, so like the basics, right? You want to sleep 7 to 8 hours a day. You've got to sleep. You want to develop a consistent routine for bed time, and you want to create a sleep conducive environment, which means it's dark. No phone, right? No phone. Usually, you want to avoid your phone about an hour before you go to bed. I know that that's rough but that's usually what we like. And then nutrition. So, you want to have nourishing meals and snacks with plenty of fruits and vegetables and whole grains. You want to stay hydrated, especially when you're working, right? We tend to not pee all shift. I think that's like the one thing that all nurses can brag about. So, like, I can hold my pee for 12 hours. It's like.

PIERCE: The bladder. The nurse bladder.

WARD: It's like, that’s not healthy, friend. and then if you can an exercise, engaging in moderate physical activity, can reduce stress and boost your mood. So, you want at least 30 minutes a day most days of the week. Another great thing is to set boundaries. Learn to say no, don't overextend yourself with extra shifts or commitments, especially if you're already overwhelmed or burned out. When you can delegate, delegate. So, ask for help from colleagues or support staff when tasks can be redistributed, and disconnect from work. So, establish clear ranges between work time and personal time. Don't check your work emails or messages outside of your shift time if possible. This is really important for our salaried folks. You want to do mental and emotional care, so mindfulness and relaxation. So practicing techniques like deep breathing meditation, yoga, therapy, or counseling. So again, we've kind of talked about that. But seeking professional support to process work related trauma, address burnout, and manage underlying mental health conditions, or even journaling, just writing down your thoughts and expressing yourself. And then nurture yourself. Kind of love yourself so you connect with loved ones. Dedicate quality time to relationships outside of work to foster social support and maintaining a healthy work life balance. You want to pursue hobbies, engaging in activities that you find enjoyable in relaxing, reading, crafting, listening to music, or even spending time in nature and then seeking joy. So, make a conscious effort to find small moments of joy and gratitude throughout your day, even amidst like the challenges and circumstances. And remember that like self-care is not selfish, and it's crucial for you to be able to provide quality care. Asking for help. You should never, ever, ever feel bad about asking for help. Contact your trusted colleagues, your supervisor, or even a mental health provider if you're struggling. And making small changes is better than doing nothing at all. So even if you can't commit to a whole routine, even if like let's say, instead of putting your phone down an hour in advance, maybe you can put it down 15 minutes. That's progress rather than not doing it, and getting six hours of sleep is better than getting three hours of sleep. So just making small changes as you can to kind of optimize your self-care, that's really what's ideal.

PIERCE: Do you find that fixers, healers as we are, have a hard time taking care of themselves?

WARD: Yeah, I do, I think that we are so focused on other people that we forget that we're a person that also needs care and love and attention and, our plant, we're a plant just, we're an organism, so we need watering, we need feeding. We need the same love and care and attention that we give to other people. And it's okay to want that and to need that and to get that, and so sometimes we have this guilt of asking for space and time after work to kind of just debrief and relax and, and we don't feel like we are deserving of the time and effort that we need to give to other people.

PIERCE: Right? I think it's also important for us to start to understand, and this is something I've been working on for myself, is, yes, we were called, most of us, we were called into this field because we are healers and fixers, but it's also a job. And if I'm not at that hospital, they're going to hire somebody else in my place.

WARD: Yeah. And that's a trauma response, right. So, the reality is, is that while you are technically replaceable, right, to your organization, you are not replaceable to your friends. You're not replaceable to your family. You're not replaceable to the other people in your life. Maybe you have kids. You are not replaceable to them. So, your organization can find another person to fill your

spot. But they can your family cannot. You cannot be replicated. Yes, a nurse can be replicated, but you as the individual, as Candace, like you are not replicable. You are not somebody that can be replicated in the people in your life. And so yes, it's okay to feel like your organization can replace you, but you can also replace your organization. That's the reality, right? We know that there's a nursing shortage. So, trust and believe I get emails every day about nursing jobs. And I have not done a bedside nursing job in years. And I know for a fact that if I applied for one, I could probably get 15 interviews next month.

PIERCE: Absolutely.

WARD: Yeah, if you feel like you're replaceable, just remember that they are also replaceable. Like it works both ways, right. But you are not replaceable to the people in your life.

PIERCE: I think that it’s also important to for us to wrap our head around to is that we have to take care of ourselves. And if that means that we have to walk away from the job so that we can be there for in the areas where we're not replaceable. So maybe we need to do that. We need to take care of ourselves. And if that organization isn't taking care of ourselves, yes, we do have something to bring to the table to take care of our patients. We do. But to that healthcare organization, you are replaceable. And so, it's okay to leave and it's okay to take care of yourself.

WARD: Yeah, absolutely. I agree with that. And I think it's just knowing that you're not replaceable to some people and that's really like the key.

PIERCE: Absolutely. So, what types of training and mental health education do you think should be implemented in places like at well for nursing school? I mean, maybe it should start in nursing school and hospital onboarding, or clinic onboarding wherever it is that we work.

WARD: Yeah, I think, in terms of nursing school curriculum, I think teaching stress management and self-care. So, teaching effective ways to reduce stress, healthy coping mechanisms and strategies for setting boundaries to prevent burnout, education on recognizing burnout and mental health conditions. So, educating students on how to identify burnout, depression, anxiety, PTSD, and suicidal ideation in themselves and their colleagues. Building resilience, so developing emotional regulation skills such as, soft social support networks and cultivating a sense of self-efficacy and handling challenging situations, encouraging peer support, implementing training on providing essential peer support, offering a listening ear, and knowing how to connect with your colleagues with resources, and then destigmatizing mental health. So openly addressing the stigma surrounding mental health struggles and healthcare, and then emphasizing that seeking help is a sign of strength, that's really crucial in that nursing school curriculum. And then if we get that in nursing school, when we go to our organization, it's going to make sense when we have this workplace wellness and mental health resources, right? That when we see that we have available support systems, including, the ERP, the counseling, services, debriefing protocols, and how to access them confidentially, I think confidentially is key, right, that this information is not going to be spread with other people, Giving a realistic preview of job demands, so providing a balanced picture of the rewards and potential stressors that involved in nursing work to promote realistic expectations. God, that's so important. Promoting a healthy work culture, emphasizing the

organization's commitment to mental well-being, with policies that promote work-life balance, address staffing issues, and foster a supportive care environment, and educating leaders to recognize signs of burnout, offering compassionate support and promoting a culture of openness, these are really important. And then, of course, doing ongoing education. So doing refresher training, like regular workshops on stress management, self-care and mental health awareness. Trauma informed care, so educating nurses on the impact of trauma exposure and how to provide sensitive, trauma informed care to patients. And this will ultimately allow you to recognize trauma in yourself, and give yourself kindness to, right. And then provide training on recognizing warning signs of suicide, and how to intervene appropriately if a colleague is struggling. So not just saying that we're going to do this thing but providing the resources and the policies and the procedures that back that claim up.

PIERCE: Right. What advice or message would you offer to nurses who may be contemplating suicide?

WARD: Yeah. you're not alone. Your feelings are very valid. Nursing is demanding, and it can be overwhelming, which may make you feel like you're isolated and exhausted. So, there's no shame in seeking out help. This is honestly a sign of strength, especially once you're starting to get help. That's the first step, taking that step towards healing is courageous and shows a deep commitment to yourself. Yeah, it's okay to need that. If you do need help, consider speaking to a therapist who specializes in helping healthcare professionals. Remember that therapists are also healthcare professionals, so they know some of what you're going through, and just remember, like, you're valued and needed, and your presence makes a difference in the lives of both your patients, your colleagues, but your friends and family, too. It's not just about your job. And that's the other thing too, is like your job, there will be nursing jobs tomorrow, but there's only you today, so you can't do any of that if you're not if you're not here. And so, it's okay to need breaks and to need assistance and to need space and time to heal and recover.

PIERCE: I love how you said show kindness to yourself earlier.

WARD: Yeah, I think when you prioritize yourself like and you, you show kindness to yourself, I think it means that you understand what you're going through, we're very kind to other people, right? So why aren't we kind to ourselves? And yeah, like, if you tell me, you have a PTSD. and you're experiencing that, I'm like, I have this deep sympathy and empathy with you. And then but when I think about it myself, I'm like, well, it's fine. I can deal with that or like, but why? Why not show the same kindness? Like, if, if I were my friend and I were treating me like that, I would be upset. So, it's like, just treat or treat yourself how you treat others. And by doing that, you will you'll come out a lot safer I think at the end of the day of and a lot healthier when you treat yourself like, you should treat other people. Hopefully you're somebody who treats people well. If you're a nurse, you probably are. But yeah.

PIERCE: Probably.

WARD: Just probably.

PIERCE: I don't know though, I don't know. So collectively, how can we work to reduce that stigma so that nurses feel comfortable reaching out for mental health support when they need it?

WARD: Yeah, I think we can start by fostering a culture of open communication about mental well-being, normalizing conversations about stress, burnout, and the need for support. Really getting leadership involved so that they can model vulnerability by sharing their own mental health experience, promoting resources, and creating policies that prioritize that, and then, actively challenging negative stereotypes and misconceptions surrounding mental health, including educating ourselves, and speaking out against stigmatizing language or actions. And that's really, really important to kind of highlight and emphasize that, it's okay to, to need help. And there, when we get rid of that language, it really reduces the stigma overall.

PIERCE: We could have talked about this topic for so much longer than our allotted time, but unfortunately, we're coming to the end of our time. So, as we wrap this up, what do you want the listener to walk away with?

WARD: Yeah, you're valued and it's okay to not feel okay. it's okay to need help, and it's okay to ask for it.

PIERCE: Absolutely. And, yeah, that's hard for fixers and healers.

WARD: Yeah, it's very hard.

PIERCE: We to make that less hard somehow. I don't know how. But we do.

WARD: Yeah, yeah. Yes. We start by having this conversation today.

PIERCE: Absolutely. This is a great conversation. Thank you so much for sitting with me through this conversation. Thank you for spending time with us on this topic, and for sharing insight and support to our fellow nurses. And I really hope that, if you're a nurse listening to this and you really feel that you need to talk to somebody, that you will reach out, you will reach out to somebody, who can they, reach out to 24 hours a day, Meriah?

WARD: Yeah. The national suicide hotline, 988, or you can go to their website as well and speak to somebody via chat if you don't really want to talk on the phone with somebody.

PIERCE: So, we really encourage you to talk to somebody, because you are not replaceable as a person. To our listeners, I encourage you to explore many of the courses that we have available on elitelearning.com to help you grow in your careers and earn CEs.