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Suicide in Healthcare Professionals: Addressing an Alarming Trend



Actor Robin Williams, celebrity chef Anthony Bourdain, fashion designer Kate Spade and most recently Stephen “tWitch” Boss, the DJ from Ellen DeGeneres’ show, tragically died as a result of suicide.

Suicide is a significant public health problem in America and affects all people. Healthcare professionals are no exception.

An unprecedented number of healthcare professionals are experiencing clinical burnout, depression and other forms of stress, predisposing them to the risk of suicide.



According to studies in recent years, 63 percent of physicians [[Sixty percent of physicians are feeling burned out \(msn.com\)](#)], 35 percent of nurses [[Nurse Burnout Statistics, Causes, Effects and Symptoms | Berxi™](#)], and 59 percent of physician assistants and nurse practitioners [[Study explores burnout among APRNs, physician assistants | VUMC Reporter | Vanderbilt University](#)] report symptoms of professional burnout.

For most healthcare workers, the psychological impact of the COVID-19 pandemic compounded existing feelings of anxiety and depression due to its related stressors, including staffing shortages, inadequate supplies, medical rationing demands and persistent exposure fears. In fact, the current challenges of the healthcare environment have increased the risk of suicide among professionals to an alarming rate, as compared to the general population. (See “Healthcare Suicide By the Numbers” on page 3.)

If left unchecked, professional burnout and other stressors not only heighten the risk of suicide, but also increase clinical error rates and liability exposure, while adversely impacting patient satisfaction levels and organizational reputation. In order to reverse the troubling trend of burnout and consequent suicide among healthcare workers, organizations must engage in a thoughtful discussion about reducing systemic stressors and clinical inefficiencies through a comprehensive and targeted strategy.

This publication examines four essential interventions aimed at reducing clinical stress, evaluating burnout prevention efforts and supporting affected providers:

1. **Acknowledge** the root causes of clinical stress.
2. **Identify** at-risk professionals.
3. **Implement** early preventive measures.
4. **Offer** support and access to confidential treatment that is free of mental illness-related stigma.

Healthcare Suicide By the Numbers

- Physicians have the highest rate of suicide of any profession [[Physicians Experience Highest Suicide Rate of Any Profession \(medscape.com\)](#)] – including the military and law enforcement – numbering more than twice that of the general population.
- 300 doctors die by suicide annually [[Physician Suicide: A Call to Action – PMC \(nih.gov\)](#)] in the U.S., averaging nearly one per day.
- Physicians who die by suicide can have 20 to 40 times the amount of benzodiazepines, barbiturates and antipsychotic medications in their system [[Healthcare Professionals & Suicide: A Guide to Awareness & Prevention \(edumed.org\)](#)] as compared to non-physicians, indicating many may be self-medicating.



- The risk of suicide among female physicians is 2.27 times greater [[1578319045-physician-mental-health-suicide-one-pager.pdf \(datocms-assets.com\)](#)] than females in the general population, and their suicide mortality rate is higher than that of male physicians [[Female physicians have higher suicide mortality rate than male physicians, women in general \(healio.com\)](#)].
- Nurses are 33 percent more likely to commit suicide [[Healthcare Professionals & Suicide: A Guide to Awareness & Prevention \(edumed.org\)](#)] than women in the general population.
- Approximately 12 female and 40 male nurses per 100,000 commit suicide annually [[Suicide Risk in Nurses Higher Than General Population | MedPage Today](#)].
- Healthcare support personnel account for 11.9 percent of suicides [[Suicide Rates By Profession: Where Does Nursing Fall? \(registerednursing.org\)](#)], according to the Centers for Disease Control and Prevention's ranking of professions with the highest suicide rates.

Acknowledge Root Causes

While it is impossible to eliminate all stressors associated with the provision of healthcare – which inherently is both physically and mentally demanding work – an awareness of the root causes of many stressors can significantly reduce their frequency. The following are common sources of clinical stress that are frequently experienced by healthcare professionals:

Burnout.

The U.S. healthcare system has become a highly monitored and regulated industry, characterized by “industrialized medicine practices,” excessive charting requirements and inordinate reporting demands. When exhaustion and long hours give way to diminished autonomy and feelings of powerlessness, clinical burnout can often ensue. Defined as a psychological condition that develops when individuals are routinely exposed to such adverse factors as stressful work environments, staff shortages, lofty demands and limited resources, clinical burnout is marked by these findings in healthcare professionals, among others:

- Physical illness
- Absenteeism or tardiness
- Job performance decline
- Clinical errors due to an inability to recall details
- Poor quality of care
- Mistreatment of colleagues

Chronic Stress.

Healthcare professionals often experience persistent stress when working in consistently fast-paced and chaotic environments. Unlike acute stress, which is felt in the short term, chronic stress is experienced over a longer period of time and affects the body's endocrine and nervous systems. The following physical and psychological symptoms are common hallmarks of chronic stress:

- Aches and pains
- Decreased energy
- Difficulty sleeping
- Disorganized thinking
- Irritability
- Feelings of being trapped in a job
- Trouble concentrating

Compassion Fatigue.

The collective stress of the COVID-19 pandemic on healthcare professionals, ranging from strained support systems and taxing work environments to separation from family, gave way to a higher incidence of compassion fatigue [[Secondary Traumatization Outcomes and Associated Factors Among the Health Care Workers Exposed to the COVID-19 - PMC \(nih.gov\)](#)]. Considered a secondary trauma, compassion fatigue is a combination of physical and emotional exhaustion that reduces a provider's ability to feel empathy for patients. The following traits in healthcare professionals may signify its occurrence:

- Physical and/or mental exhaustion
- Less interest in clinical outcomes
- A reduced sense of competence
- A lack of a purpose or association with assigned roles
- Desire to leave a job
- Mistreatment of patients

Depression.

According to a recent nationwide survey of healthcare workers, a fully one-third of 10,325 respondents met diagnostic criteria for clinical depression [[Depression in healthcare workers: Results from the nationwide AMADEUS survey – PubMed \(nih.gov\)](#)]. Professional factors that had the greatest effect on study participants included clinical burnout, sustained workplace bullying, and loss of autonomy and decision-making ability. The following depressive symptoms are most prevalent among healthcare workers:

- Emotional masking, such as agreeing to unsafe overtime requests with a smile
- Apathy and low morale
- Marked sadness
- Increased irritability and frustration
- Verbal outbursts followed by a sudden improvement in mood
- Depersonalization of patients, where care is reduced to simply a task

Substance Abuse.

More than 100,000 healthcare workers struggle with addiction on a daily basis [[Substance Abuse Help for Healthcare Students & Professionals | EduMed.org](#)]. For many, it's the result of easy access to controlled substances, such as opioids and benzodiazepines. The following potential warning signs in the clinical setting may signal that a healthcare worker is struggling with substance abuse:

- Changing tasks frequently
- Unexplained absences
- Refusal to work overtime
- Reduced ability to support a clinical team
- Isolating from peers
- Mood swings and aggression
- Increased risk-taking behaviors
- Suicidal thoughts and calls to co-workers to say goodbye



Identify At-Risk Professionals

In order to effectively identify the myriad of symptoms and manifestations in at-risk individuals, healthcare organizations should annually screen physicians, advanced practice providers, nurses and other clinical personnel using standardized tools. The instruments and resources listed below are designed to help organizations detect clinical burnout, chronic stress, substance abuse, depression and suicide risk in healthcare professionals

Screening Tools and Resources

- **Maslach Burnout Inventory** [MBI self assessment for organisations.pdf \(monkeypuzzletraining.co.uk\)](#).
- **Mini-Z Burnout Survey** [Microsoft Word - 2. Mini Z burnout survey.docx \(physicianwellnessprogram.org\)](#), from the American Medical Association.
- **Well-Being Index** [Mayo Clinic Well-Being Index | Survey Your Healthcare Professionals \(mywellbeingindex.org\)](#), from the Mayo Clinic health system.
- **Healer Education Assessment and Referral (HEAR) program** [About the UCSD Healer Education Assessment and Referral \(HEAR\) Program](#), from the University of California San Diego, Health Sciences.
- **CAGE-AID Substance Abuse Screening Tool** [CAGE-AID Substance Abuse Screening Tool | Official web site of the U.S. Health Resources & Services Administration \(hrsa.gov\)](#), from the U.S. Health Resources & Services Administration.
- **All In: WellBeing First for Healthcare** [ALL IN: WellBeing First for Healthcare \(allinforhealthcare.org\)](#).
- **Ask Suicide-Screening Questions (ASQ)** [screening_tool_asq_nimh_toolkit.pdf \(nih.gov\)](#), from the National Institute of Mental Health.



Implement Preventive Measures

In order to avoid the effects of exhaustion and clinical burnout in a healthcare workforce, organizations must commit to promoting a culture of wellness. The following prevention measures demonstrate to healthcare professionals that the organization understands the gravity of clinical burnout and is committed to reducing stressors that elevate the risks of abusive behaviors and suicide.

Appoint an Executive-Level Wellness Officer.

To ensure the reduction of workplace stressors is given high-priority, appoint a wellness officer to be responsible for overseeing the organization's wellness program design and implementation. A wellness officer works most closely with human resource executives, the chief information officer and other executive leaders to improve workplace culture, medical practice and clinical care systems. The candidate should be an executive leader — as well as an effective change agent — who is capable of facilitating system-wide changes.

Convene a Wellness Committee and Monitor Burnout Metrics.

A wellness committee should be multi-disciplinary in representation and report directly to the governing board. The committee's primary responsibilities include compiling information on workplace stress factors, training staff on wellness principles and implementing policy changes. Members also should be charged with

completing organizational assessments on a regular basis and reviewing worker-related wellness data, including such metrics as overtime hours, absenteeism rates, work-satisfaction levels, workloads in relation to staffing levels, and time constraints. Burnout metrics should be monitored by provider type and clinical location, at a minimum, and regularly reported to executive leadership.

Reduce Workload Factors.

Historically, poor staffing levels, limited resources and chronic overwork are the chief contributors to clinical burnout. Organizations can reduce unsafe and unbalanced workloads by adopting these proven tactics, among others:

- **Utilizing medical assistants and scribes** to complete time-consuming administrative duties and basic clinical documentation.
- **Implementing a team-based model of care**, where clinicians share in the diagnostic process and together devise a therapeutic plan of care.

- **Improving IT systems to enhance clinical efficiency**, such as voice recognition technology in the electronic health record, patient portals for timely communication and expanded access to telehealth platforms.
- **Flexible scheduling**, in order to avoid excessive overtime assignments, or consecutive weekend and night shifts.
- **Self-scheduling**, permitting healthcare workers to select their hours via an online scheduling system.

Promote interdisciplinary input.

Informal discussion groups about stress factors and systemic problems can help highlight a wide range of adverse and underlying factors that contribute to clinical burnout and associated risks. By asking healthcare professionals for their input on what causes and escalates stress in the workplace, leadership gains insight into critical risk factors and how to better manage them through policy and process changes. In addition, healthcare worker recognition programs are another effective way to demonstrate interdisciplinary support when individual or group performance exceeds expectations.

Offer Support and Treatment

Due to the negative stigma associated with mental health problems, healthcare workers are less likely to seek professional assistance. In particular, many fear discrimination in licensing, reduced privileges and loss of professional advancement when reporting mental health treatment or symptoms to licensing boards, medical staffs, and healthcare employers or supervisors.

As organizations begin to construct channels to help healthcare professionals address a growing number of mental health challenges, the following offerings are gaining traction:

- **Wellness programs** designed to combat the effects of workplace-related stress by conveying healthy living tips, stress-reduction techniques, time management skills and preventive health measures.
 - **Mindfulness activities** intended to reduce workplace stressors, including on-site workouts, designated relaxation spaces, and online meditation and yoga sessions.
 - **Peer support groups** where healthcare workers can share their concerns, explore common issues, and mutually reach solutions in virtual or in-person settings.
 - **Professional counseling** by mental health practitioners through a dedicated 24/7 platform that includes a combination of telephone support lines, telehealth intervention modules and crisis management response teams.
- Wellness programs are often an extension of a more formal employee assistance program. They should be free in access, safeguard participants' privacy and promote confidentiality when matters of mental health are discussed.
- Undetected burnout and other sources of stress pose a significant threat to the wellbeing of healthcare professionals, as well as to patient safety and organizational reputation. By educating leadership and staff members about the signs of mental distress and conducting regular screening initiatives, organizations can identify adverse conditions in at-risk individuals before they evolve into abusive practices or self-harm. A comprehensive and strategic approach to promoting wellness encourages healthcare professionals to proactively report their concerns and allows leadership to implement meaningful changes, including expedited intervention and treatment when it is needed most.

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Additional Reading

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