

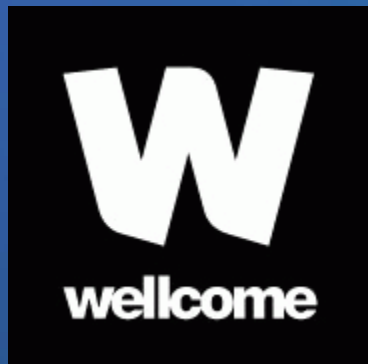
WITNESS TO HARM CONFERENCE

The impact of workplace
investigations and Fitness to
Practice referrals on the mental
health and suicidality of female
nurses

Dr Pauline Milne

17-10-24





W E L L C O M E
D I S C O V E R Y A W A R D

‘SUFFERING WITH SUICIDE’

Revisioning distress and nurse
suicidality through a feminist,
critical suicidology lens

Dr Ruth Riley, Senior Lecturer/Principal Investigator

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TODAY'S SESSION



- My background & involvement in study
- Context of suicide in nurses
- Overview of the nurse suicide study
- Engaging with nurses to gain greater insight
- Outline of work package five – impact of Fitness to Practice referrals or work investigations
- Issues under consideration

Protecting Nurses from Suicide Fellowship travels to the USA

[Protecting Nurses from Suicide \(churchillfellowship.org\)](https://www.churchillfellowship.org)

<https://www.churchillfellowship.org/become-a-fellow/how-to-apply/>



the
CHURCHILL
fellowship

MEET THE TEAM



Dr Ruth Riley



Professor Jill Maben



Dr Barbara Howard-Hunt



Dr Gloria Likupe



Dr Jenny Oates



Dr Pauline Milne



Dr Angela Kumah



Dr Anna Conolly



Dr Hilary Causer



Dr Kevin Teoh



Dr Karen Shaw



Rachael Cooke



Alannah Chance



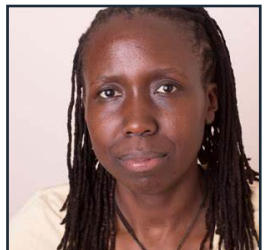
Emily Kay Stoker



Mara Menzies



JC Niala



Work Package Five -FtP

Statistical Expertise

Email: Ruth.Riley@Surrey.ac.uk X/Twitter: @NurseSuicide_

BACKGROUND



29 million nurses worldwide

90% of NHS nurses are women

25% of NHS and **40%** of social care nurses are ethnically diverse

The suicide rate among health professionals is **24%** higher than the national average

Suicide rate in women nurses **23%** higher than women in other occupations

SUICIDE: THE TIP OF THE ICEBERG?



Hidden beneath the surface:

occupational
organisational
historical
colonial
cultural
socio-political
economic



Credit: Ehimetalor Akhere Unuabona

OUR RESEARCH VISION AND AMBITION



A feminist-critical suicidology lens

Exploring under-researched contexts, systems and structures

Employing innovative and creative approaches

WHY ARE WE USING CRITICAL SUICIDOLOGY?



In recent decades three assumptions have underpinned suicide and suicidology in both research and practice:

**That suicide is pathological –
caused by mental distress**

**That suicidology is science –
objective; medicalised**

**That suicide is individual –
arising within the person**

(Ian Marsh, 2010;
Heidi Hjelmeland & Birthe
Knizek, 2017)

WHAT IS OUR PLAN? (JAN 2024 - JUL 2029)



Stakeholders & nurses



S1: Critical policy and literature review analysis plus interviews, focus groups with stakeholders

S2: Public engagement using world café and citizens inquiry

S3: Experiences of international and diverse nurses using story-telling methods

S4: Understanding the link between moral & psychological distress

S5: Impact of workplace investigations and Fitness to Practice referrals

WORKSTREAM FIVE



Revisiting Nurse Distress and Suicidality

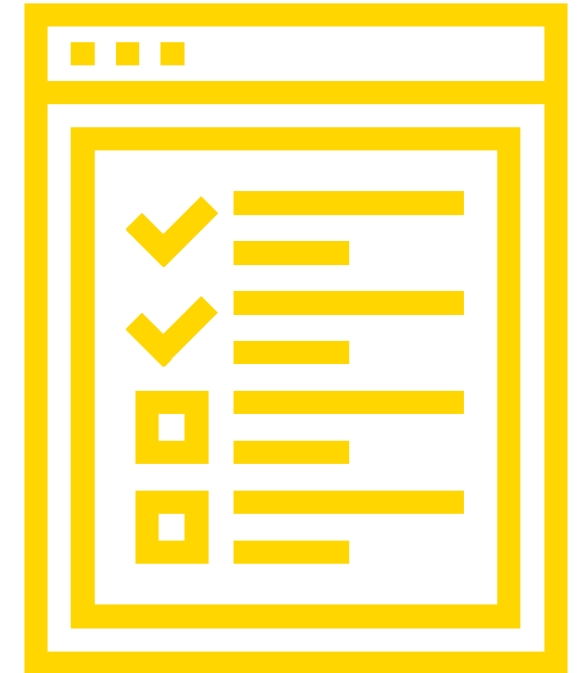


- ❑ Aims to understand how the experience of a serious complaint, critical incident or FtP investigation impacts on the distress and suicidality of Registered Nurses (RNs), taking account of intersectional experiences among a diverse nursing workforce
- ❑ Will consider current workplace investigations and the FtP referral systems
- ❑ Recommendations will be made for improvements in FtP processes and workplace investigations to reduce suicides by nurses under investigation

METHODS



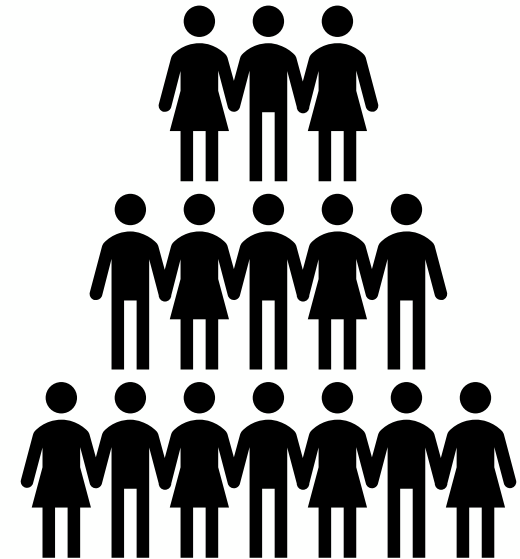
- ❑ A mixed methods approach will be used including initial scoping work, an on-line survey and narrative interviews
- ❑ A sequential design, review and case study analysis and initial interviews with RNs will inform the development of the online survey (open to all RNs)
- ❑ Followed by in-depth individual narrative interviews with RNs who have personal experience of workplace disciplinary and FtP investigatory processes





SAMPLE

- ❑ 10-15 initial interviews to inform survey (NMC and non NMC groups)
- ❑ Survey open to all RNs
- ❑ Circa 25-30 interviews post survey



N M C F t P D A T A



- The NMC now records *‘cases where we learn that a registrant has sadly taken their own life while our proceedings are ongoing to help us identify any learning to improve our processes’*. (FtP report July 2021)

- 6 suicides in past year (Independent Culture Review July 2024)
- The numbers of recorded deaths by suicide amongst registrants (annual FtP reports)
 - 5 in 2023-2024
 - 3 in 2022-2023
 - 3 in 2021-2022
 - 0 in 2020-2021
 - 1 in 2019-2020
 - 4 in 2018-2019
- Data potentially includes registered nurses, midwives and nursing associates
- NMC Safeguarding and Risk of Suicide and Self-Harm policies and protocols reviewed
- Fitness to Practise Independent Careline
- NMC working collaboratively with research team

CHALLENGES



- Lack of data on nurses who die by suicide during workplace complaints or investigations
- Robustness of data – likely to be underreported
- Stigma
- Challenges encouraging nurses to come forward and speak about experiences
- Retrospective accounts
- Choice of wellbeing and other measures for survey



WHY IS THIS PROJECT IMPORTANT?



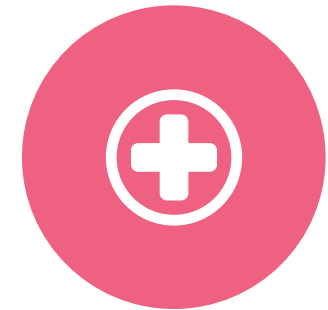
Research impact & advancement of knowledge



Inform policy



Impact on practice



Health and societal benefits



Revisoning distress and suicidality in women nurses

Research. Action. Justice.




<https://www.nursesuicidestudy.com/>

29
million
nurses
worldwide



 **90%**
of NHS nurses
are women

The suicide
rate amongst
women nurses is
23% higher
than women in other occupations



S U M M A R Y



Revisioning Nurse Distress and Suicidality

Social media

You can find us on X/Twitter [@NurseSuicide_](https://twitter.com/NurseSuicide_)

and on LinkedIn [The Nurse Suicide Study](https://www.linkedin.com/company/the-nurse-suicide-study)

Contact us at info@nursesuicidestudy.com

- Raising awareness of the study
- Gain wider engagement
- Better understanding of suicidality
- Opportunities to write blogs
- Please get in touch!
<https://www.nursesuicidestudy.com/>