Perceptions and Roles of the Nephrology Social Worker Within the Suicide Continuum of Care: A National Survey

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Introduction

• Persons on dialysis are significantly more likely to commit suicide than those in the general population, and risk awareness can be helped in the population. Predictors of completed suicides in dialysis patients are recent hospitalization with mental illness, alcohol or drug dependency, geographic region, white or Asian race, age ≥75 years, and male gender. (Kurella 2005 / Am J Nephrol)

• The Nephrology Social Worker (NSW) must help to recognize and assist patients who present with suicidal ideation (SI) and other mental health concerns within the dialysis setting.

• To better understand the contributions of the NSW to patient MH, a survey was provided to individuals within the Council of Nephrology Social Workers (CNSW) listserv and to NSWs at DaVita, Inc.

• Knowledge of physical and MH conditions that contribute to patient SI was also investigated.

Methods

Survey Questions

1. Are you a clinically licensed social worker in your state of practice?
2. What is the primary state in which you work?
3. How many years have you been a practicing NSW, in any setting?
4. Which of the following best describes your work setting?
5. How many clinics do you work in?
6. Does your clinic have an on-site law enforcement personnel?
7. Do you work full-time as a nephrology social worker?
8. If full-time, what is your usual patient census in the past 3 months?
9. If part-time, what is the number of patients for whom you are responsible?
10. If part-time, what is the primary reason for your part-time work?
11. Taking into account the training and education you have had prior to the present in your professional career, how confident are you in your ability to do the following tasks?
   • Identify SI in a patient
   • Assess the risk if there is SI and plan present
   • Intervene if there is SI
   • Intervene if there is SI and plan has already been generated and the person has intent to die
   • Intervene using legal systems to keep a patient from implementing a plan
   • Recommission healthcare to a patient if there is SI, a plan, and intent to die
12. Are you considered the “expert” or “go to” professional in your clinic if a patient has made a suicidal statement?

Methods (continued)

Survey Questions (continued)

13. To what extent do you believe that suicidal ASSESSMENT should be a part of your job?
14. To what extent do you believe that INTERVENTION with patients who have SI should be a part of your job?
15. When there is SI or attempted suicide, what is the extent of involvement of the:
   • Patient’s Nephrologist
   • Medical Director
   • A Response Team
16. What percentage of patients with whom you have been directly involved as a nephrology social worker have:
   • Talked about wanting to die without mention of suicide?
   • Have SI without a plan?
   • Have SI with a plan?
17. Of those patients who have SI what percentage have:
   • Attempted suicide – not completed?
   • Attempted suicide – completed?
   • Have a history of multiple suicide attempts?
   • Attempted suicide at the clinic?
   • Patients who have been diagnosed with depression or other mental illness?
   • Attempted suicide – not completed?
   • Attempted suicide – completed?
   • Have a history of multiple suicide attempts?
   • Attempted suicide at the clinic?
   • Patients who have been diagnosed with depression or other mental illness?
18. How knowledgeable are you of the following:
   • ASIST
   • SAFE-TALK
   • QPR
   • Your state’s mental health/lawyer to self commitment code or guidelines
   • Blood sugar disorders
   • Depression symptoms
   • Organic contributors to SI
   • Bipolar disorder
   • Thought disorders (Schizophrenia/Schizoaffective)
   • Right to die and medical/professional ethics related to a patient’s rights to terminate their life
   • Stages of death and dying
   • Your state’s mental health/danger to self commitment code or guidelines
   • QPR
   • SAFE-TALK
   • ASIST
19. What is your perception of the work and overall effectiveness of those NSW who are a part of the CNSW listserv, and DaVita NSWs. Thanks also to those NSW who are a part of the CNSW listserv, and DaVita NSWs. Thanks also to

Results

Respondent Demographics, Work-Site Characteristics and MH Experience

- 328 NSWs responded from 46 states and 2 territories.
- 80% were licensed social workers in dialysis clinics
- 29% of NSW indicated that 0–10% of patients with SI had been diagnosed with depression.
- ~3% of NSW reported that 0–10% of their patients had SI with a plan, and <1% reported that 20% of their patients had completed suicide.
- 29% of NSW indicated that 0–10% of patients with SI had been diagnosed with depression.

Potential Gaps

1. Family history of suicide
2. Familiarity with the five of the most notable best practices was low in respondents. Beyond the fifth year of practice, NSWs have the lowest level of knowledge about suicide and process within their dialysis setting. Is this a training or education gap?
3. Job satisfaction indices are generally negatively related to total number of patients within the SW census. Is one work to consider a stressful and burnout-related factor?
4. MH code knowledge was not rated highly by the respondents. Is this a risk factor within occupational management?
5. The number of clinics worked in, and the patient census, both contribute to NSW perception of ability to make a contribution. Is this a factor regarding work performance?

Conclusions

1. Being respected by coworkers was most highly scored within job satisfaction questions, measured by NSW survey respondents.
2. NSW self-perceptions include being a value to their organization, being the go-to expert in MH management and beyond all others within the patient’s care system.
3. NSWs identified working with patients wanting to die without mention of suicide, and NSWs identified working with patients who have SI with or without a plan.
4. The gaps in NSWs level of understanding and confidence varied by years of service.
5. NSWs are the experts on suicidal and MH issues within the dialysis clinic.
6. Training for newly hired NSWs and within internship settings is indicated.
7. Best practice knowledge was identified as a potential gap in respondents.

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Poster available at www.davitaclinicalresearch.com/directory.asp

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