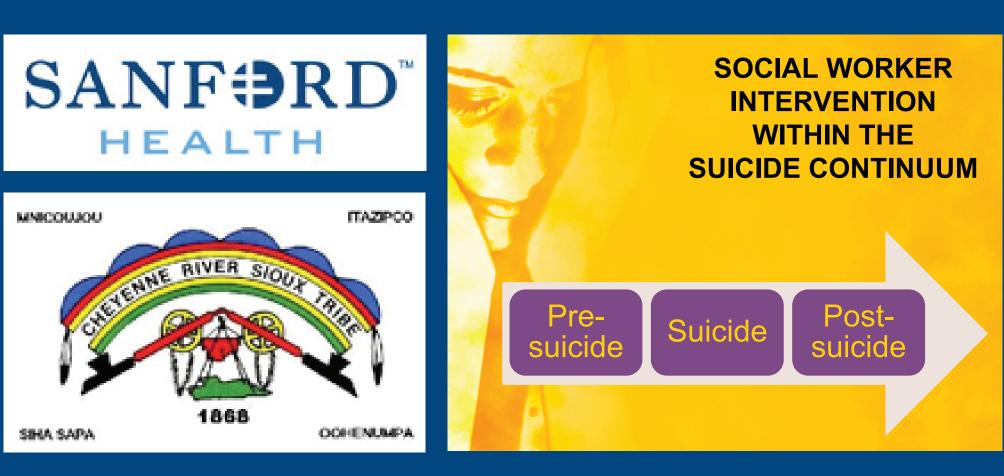


Perceptions and Roles of the Nephrology Social Worker Within the Suicide Continuum of Care: A National Survey

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Introduction

- Persons on dialysis are significantly more likely to commit suicide than those in the general population, and risk assessments can be helpful in this 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 J Am Soc Nephrol)
- The Nephrology Social Worker (NSW) must help to recognize and assist patients who present with suicidal ideation (SI) and other mental (MH) 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 MSW, 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 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? (The number of patients for whom you are responsible.)
- 9. If part-time, how many hours a week do you work?
- 10. If part-time, what is the number of patients for whom you are responsible?
- 11. Taking into account the training and education that you have had prior to this point in your professional career, how confident are you in your ability to do the following tasks?
- Identify SI in a patient
- Identify a suicidal plan in a patient
- Assess the risk if there is SI and plan present
- Intervene if there is SI
- Intervene if there is a suicidal plan with intent to die
- Intervene if a plan has already been generated and the person has intent to die
- Intervene using legal systems to keep a person from implementing a plan
- Recommend hospitalization 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
- Facility Director
- A Response Team
- 16. What percentage of patients with whom you have been directly involved as a nephrology social worker who 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?
- What percentages have been diagnosed with depression or other mental illness?
- How many pursued treatment for depression or other mental illness?
- What percentage of these patients spoke a language other than English as their primary language?
- 18. How knowledgeable are you of the following:
- ASIST
- SAFE-TALK
- QPR
- Your state's mental health/danger 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
- 19. What is your perception of your work and overall effectiveness:
 - I am satisfied with my current job
- On the whole I believe I get along with others at work
- I am proud of many abilities to cope with difficulties at work
- I feel that I make a useful contribution at work
- I am respected by my coworkers
- 20. Additional comments: Fill in the blank

Statistical Package for the Social Sciences software was utilized for analysis. Non-parametric statistics were the primary analyses of data.

Results

Respondent Demographics, Work-Site Characteristics and MH Experience

- 528 NSWs responded from 46 states and 2 territories.
- 60% were licensed social workers in dialysis clinics
 39% practiced for ≥ 16 yrs; 20% 0–5 yrs; 22% 6–10 yrs; 20% 11–15 yrs
- There was not statistical difference between regions and years practiced
- There were significantly more licensed NSWs in the Northeast and Midwest US regions versus non-licensed NSW.
- 49% worked at 1 clinic; 32% worked at 2 clinics; 17% worked at ≥ 3 clinics
- NSW in the Northeast were most likely to work at 1 clinic
- There were no significant findings related to NSWs' reported knowledge by region.
- On-site law enforcement was present in > 10% of respondents' work-sites.
- Reports by NSW regarding dialysis patients within the suicidal continuum of care were:
- ~49% of NSW reported that 0–10% of their patients talked about wanting to die without mentioning suicide.
- ~74% of NSW reported that 0–10% of their patients had SI without a plan.
- ~3% of NSW reported that 0–10% of their patients had SI with a plan, and <1% reported that 0–10% of their patients had completed suicides.
- 29% of NSW indicated that 0–10% of patients with SI had been diagnosed with depression.

Figure 1. NSW Who Believe They Contribute by Number of Clinics Worked

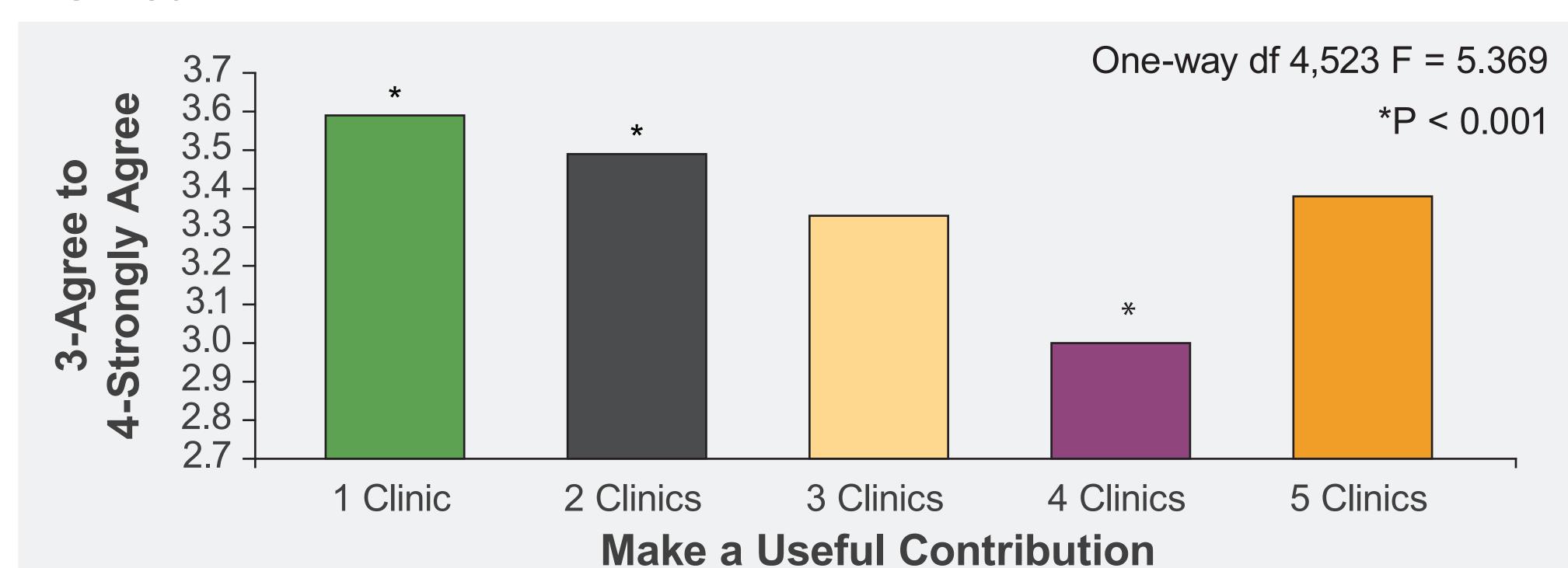
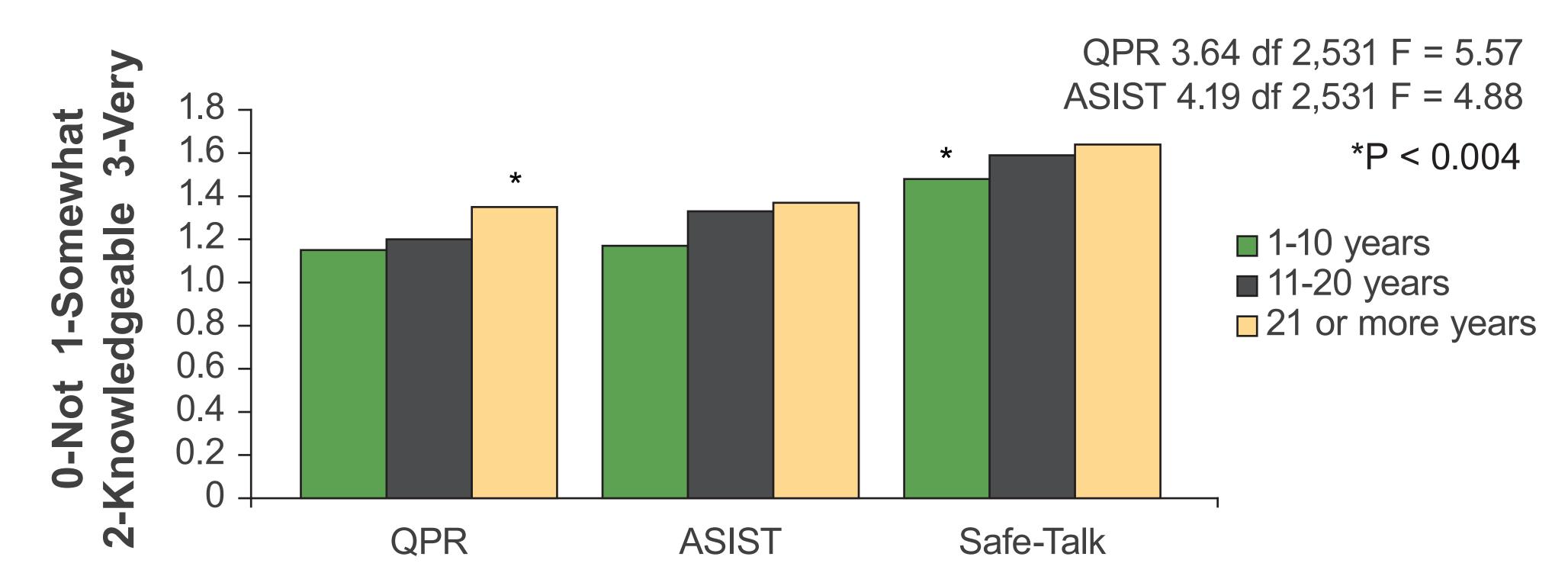


Figure 2. Self-Reported Knowledge of Best Practices by Years Worked



Potential Gaps

- Familiarity with 3 of the most notable best practices was low in respondents.
 Before the 6th year of practice, NSW have the lowest level of knowledge about suicide and process within their dialysis setting. Is this a training and or education gap?
- Job satisfaction indices are generally negatively related to total number of patients within the SW census. Is over-work a contributor to stress and burnout?
- MH code knowledge was not rated highly by the respondents. Is this a risk factor within crisis/risk management?
- 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

- Being respected by coworkers was most highly scored within job-satisfaction questions, answered by NSW survey respondents.
- NSWs self-perceptions include being a value to their organization, being the go-to expert in MH crisis management above and beyond all others within the patient's care system.
- NSWs interact with patients wanting to die without mention of suicide, and NSWs identified working with patients who have SI with or without a plan.
- Higher numbers of NSWs report care to patients who have attempted suicide than have received MH care.
- At or beyond the 6th year, NSW's knowledge and skills are crystallized in identifying and intervening when there is SI and ideation with a plan.
- The gaps in NSWs' level of understanding and confidence varied by years of service.
- NSWs are the experts on suicidal and MH issues within the dialysis clinic.
- Training for newly hired NSWs and within internship settings is indicated.
- Best practice knowledge was identified as a potential gap in respondents.

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