Suicide. One nurses story.

This is the story of Nurse X. It is a true story. It is a brave story.

I'm a registered nurse who has worked for five years in a busy, metropolitan trauma centre.

I'm an ED nurse, and have been since new grads. Being an ED nurse is a huge part of my identity, I love it so much and it's everything I ever wanted to be.

I moved very far from home, from my family to work in this specific emergency department because I heard it was the best of the best. And in so many ways it was.

One of my colleagues took his own life in January. A medical officer. Registrar. To all accounts and everyone I spoke to, this was completely unexpected.

I have worked with many doctors in my five years, and I can honestly say that watching their experiences, I would never want to do medicine. Especially for the first few years.

Junior doctors in our system get the shortest end of the stick. They do all the grunt work, put in all the hours and get pressured from every side. I've seen them being yelled at, berated and bullied by patients, nursing staff and senior medical staff. I'll admit that even I have lost my patience with a junior doctor or two.

The doctors I work with don't have breaks in their 10 hour shifts. And their 10 hour shifts always go into unpaid overtime. I've never seen a medical officer get out on time, and the worst I've seen is 5 hours overtime. Unpaid.

Nursing wouldn't stand for that. We'd kick up a stink, call the union, insist on being paid for our hard work. And we have the support to do that. But junior doctors, they don't. All of this is an expectation for them.

The culture says they cannot complain, because that makes them weak. And it results in senior medical staff telling the juniors how bad they had it in their residencies. As if that makes it ok. Junior doctors get paid less than an RN.

Many of my intern/resident friends were living with their parents because they couldn't afford not to. They put their lives on hold, they didn't have friends outside of medicine, or start families. That's the sacrifice they make. And they willingly do this. Because they want to help people.

While they're working these long hours, sometimes up to seven days in a row, they're also studying. Full time work and full-time study, for years. I've seen doctors fail exams. I've seen them depressed, devastated.

Because of the nature of the job, they put their whole lives into this and when they fail it's huge. Because many of them, like me, put so much of their self and identity into the job. If they fail, they feel like failures.

That's the culture.

Add to all of this, that they are young people with impossible responsibilities and in charge of life-altering decisions. If they make a mistake, if they don't escalate in time, if nobody hears them, someone could die.

And sometimes despite their best efforts, their patients will die anyway. What training do they get to prepare them for the emotional toll that will take on them? Like everything else, it's just part of the job that they've taken on and they have to manage it on their own.

These are the reasons I'd never want to be a doctor. I don't believe I'd survive the first few years. And here's why;

I barely survived my first years nursing in ED. Like a significant number the population, I have a history of anxiety and depression. I don't believe that that should stop me from working as an RN, or in ED.

I'm capable, insightful and good at managing my illness. However, I did feel the pressure. I was so young and in charge of so many people's lives.

As I said above; if I made a mistake, if I didn't escalate on time, if nobody heard me, someone could die. And sometimes, people died anyway. The pace was difficult to adjust to, and I didn't always get a break when I needed it. Sometimes the staffing ratios and skill mix were dangerous.

Sometimes I'd feel so unsafe, documenting everything 'just in case' as I was told to.

Sometimes when I'd escalate this, I'd be told I just needed to manage my time better. That I just needed to prioritise.

Sometimes when I'd escalate a patient, I would be asked, "What do you want me to do about it?". I heard that statement more often than I'd like. I heard staff referring to each other as 'acopic'. I heard management referring to staff the same way.

A word in this context meaning, 'unable to cope with the workload', or as I understood it, 'unable to cope without asking for help'.

At the same time, we were constantly told to escalate issues and concerns by senior management. But it started seeming like a futile exercise.

I was told, 'this is what working in ED is like'. When a new nurse would start, it was a rite of passage for them to have their first cry and rush off the floor. That was expected. It was heavily implied that if I couldn't hack it, ED wasn't for me. Because the problem wasn't staffing, it wasn't resources, it wasn't the number of presentations. It was me.

I started having trouble. I had my medications increased. I kept working, kept accepting the overtime my managers begged me to do. I wouldn't want to 'let the whole department down'.

A statement which is a lot to place on the head of a junior nurse who didn't know any better.

This spiralled for me. I worked myself into the ground. I didn't understand the importance of self-care. I engaged in joking night shift conversations about the suicidal patients who made feeble attempts on their own lives, trying to overdose on antidepressants. I heard staff joke about how they 'would do it', and make it stick.

It goes without saying that by the time I was so down I wanted to end my own life, my medical knowledge had given me a few very effective plans. And I had access to everything I would need.

One day on a normal, run-of-the-mill shift (not especially busy or tense), I broke. I was afraid of what my thoughts were doing. I was afraid that these thoughts, these plans were becoming reality. I was fortunate in that I still had feelings of self-preservation.

I went outside and broke down.

My favourite nursing manager came out, and I told her everything. She saved my life. I was seen in my own ED. I was admitted to mental health. I was so fortunate to have supportive management on that day, who cared about me. To this day, I am so happy I said something. I got the help that I needed.

My return to work was hard. I was recovering well, healthier than I had been in a long time. But I was pulled into many meetings by senior hospital staff, checking in to 'ensure I was ok to be at work'. I was treated like I was made of glass.

I believe that they were absolutely trying to support me, but some conversations didn't go as easily as others. I remember being in a meeting with my department manager and the director of nursing; being asked if I 'thought emergency nursing was really for me', because 'as we all know, it's very stressful'. I was heavily encouraged by senior staff to work elsewhere, even though I was on the floor every day managing to do my job perfectly fine. I asked if there were any complaints about my practice or any issues, and they couldn't provide anything.

At one point the statement was said to me, "what if you're in a resuscitation and you suddenly have a panic attack and have to leave?". Maybe I could understand that, if I had a history of panic attacks and suddenly became incapable. But I didn't. And I wondered how it was any different from any physical illness.

How it would be if my type 1 diabetic colleague had a hypo during a resus and had to leave. But he was never asked if he was capable. I started to wonder how much it was about supporting me, and how much it was about liability.

It took me two years to shake the stigma from that event. Two years of proving every day that I was the same person I was before I became unwell, but stronger and with more coping strategies.

In that time, I understood why people don't come out and say that they're suffering. I can understand why people don't ask for help. Although I'm glad I did and I'm glad I'm still here, my problems didn't end when I got well. The stigma of mental health is alive and well in the nursing profession.

I still flinch when I hear someone describe a nurse or doctor as 'acopic'.

Medicine and nursing require such a high level of resilience. Self-care, support and coping strategies are needed for everyone -not just those with existing mental illness.

This needs to be taught. Shared. Encouraged.

And the stigma needs to stop.

theNursePath

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