SUICIDE IN NURSING: depression and its risks

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ABSTRACT

This study aimed at a brief survey of publications in the form of articles, testimonies, materials or booklets that relate depression to the risk of suicide, in national and international journals, the internet, books and journals, considering a time limit between the years of 2000 to 2018/2019.

KEYWORDS: - nursing, depression, suicide
INTRODUCTION

Sometimes the depression seems unbearable and some people can go so far as to think that life no longer seems worthwhile, even to think of suicide, and there is nothing to be ashamed of, it is simply a sign that it is time to talk to someone.

Many people do not realize that depression is treatable and live without seeking support. Not all people who commit suicide have a mental or emotional disorder - depression is the most common. It can also happen the indiscriminate use of some substances, or relationship problems, stress, events that happened in life, situations of extreme anguish, and even health problems.

It is known that a large majority of people suffer some type of depression at some point in their lives, even being a passenger. With today's society, people are vulnerable to loneliness, rejection, Bullying, economic difficulties, and may even confuse a depressive disorder with episodes of cyclic sadness, such as dysthymia.

The great sociologist Durkheim in (2004), in his famous work Suicide defined this as "any case of death resulting directly or indirectly from an act, positive or negative, by the victim herself, which must produce knowing this result."

Depression may settle because of the lack of hope or optimism about the future, and the loss of autonomy in the face of your life and feelings. As depression seems to mean loss of hope possibilities weaken, reality can change itself to the point of rejection to any kind of help be it from family or friends, and also the help of a qualified professional.

So the tendency of depressed people seems to focus on the negative aspects of life, they cannot see a future beyond their own death. It is precisely at that moment that suicidal ideas are generated. The treatment in such cases is an effective follow-up therapy aimed at restoring self-esteem, hope and control over life and emotions.
Method

This is a brief review of published scientific papers on the relationship between depression and suicide. With the intention of defining the object of study and field of research for the reality that was intended to seize, productions were selected in the form of articles, testimonies, materials or booklets published in national and international periodicals, raising the subject on the Internet, books and magazines considering a time limit between 2000 and 2018/2019. We identified 28 articles that somehow addressed the relationship between depression and suicide. But 21 publications were chosen since the rest did not directly address the researched subject. Among the publications four were used to substantiate the work itself. The instrument included the data: article or article, author (s), periodical and year of publication.

In this situation, Minayo, (2004), classifies the research as:-

"Basic activity of the sciences in their investigation and discovery of reality. It is an attitude and a constant pursuit of theoretical practice that defines an inherently unfinished and permanent process. It is an activity of successive approximations of reality that never ends, making a particular combination of theory and data."
Review

According to Barbosa et al., (2012), depression and suicide are complex phenomena that cause great suffering in the lives of people who suffer directly, family, friends and community, and are considered a great challenge for public health. The term depression is relatively new in history, having first been used in 1680 to designate a state of discouragement or loss of interest. In 1750, Samuel Johnson incorporated the term into the dictionary. The development of the concept of depression emerged with the decline of the magical and superstitious beliefs that underpinned the understanding of mental disorders until then. In this way, the history of the concept of depression as we conceive it today has its beginning in the seventeenth century. (ROUSSEAU, 2000).

This mental disorder is multicausal, resulting from the interaction between psychological, social and biological factors. It can become chronic, severely harming the personal capacity to deal with everyday problems. The presentation of this disease may be mild, moderate or severe WHO, (2017) and despite effective treatments, more than 90% of people in many countries are not treated due to some obstacles such as lack of trained professionals, resources and inaccurate diagnoses. WHO, (2017)

In 2012, there were 804,000 suicides worldwide, representing a rate of 11.4 per 100,000 (15.0 for men and 8.0 for women) authors such as Barbosa et al. (2012) claim that depression and suicide result of the interaction of biological, genetic, psychological, sociological, cultural and environmental factors, being indicators of people’s quality of life. (WHO, 2014)

Extending depressive symptoms is classified as depression. It currently affects an estimated 121 million people worldwide. In the year 2000, it ranked fourth among chronic diseases and second place in the age group of 15 to 44 years. The projection for 2020 is that this pathology will occupy the second place in the ranking of years of life lost due to disability. (RIOS et al, 2010).

Depression is the most common diagnosis in consummate suicides. Everyone feels depressed, sad, lonely and unstable from time to time, but markedly these feelings pass. However, when feelings are persistent and interfere with the person’s normal, normal life, they become depressive feelings and lead to a depressive disorder. (Bertolot, 2000).

Continuing, Brazil ranked in Latin America as the fourth country with the largest increase in the number of suicides, and between 2000 and 2012, reaching the global rate of 4.3 per 100,000 inhabitants Heck et al, (2012) and the world, the number of suicides is higher than deaths from global conflicts each year, with a 60% increase over the past 50 years. (WHO, 2014).
According to Kovács, (1992) suicide is considered as an act of conscious, voluntary and intentional self-elimination, the subject must be lucid in the accomplishment of the act, excluding cases in which the person is confused choosing death instead of life.

Thus, suicide can be defined as a "deliberate, intentional act of causing death to oneself; initiated and executed by a person who has a clear notion or strong expectation that the outcome will be fatal and result in his own death" (BERTOLOTE, 2012).

On the other hand Martins and Hermeto (2013), affirm that the conflict between the drives of life and death remains throughout existence. Literature Religion and the arts are full of stories about good and evil, the friend and the enemy. Our impulses of growth and creation, ranging from procreation to creativity, are forced to continually compete with an equally powerful and destructive force, and this constant psychic tension is behind all suffering. This constant battle between our life drive and death causes confusion within the psyche.

In this context, understanding depression and the risk of suicide, as well as the factors involved, is extremely important for studies related to the health of Schmidt workers, (2011) symptoms of depression may be the cause of suicides among health professionals. al, 2012).

It is known that depression is one of the three diseases most commonly referred to by nursing workers Vieira et al. (2013). Therefore, those responsible for health services should identify this problem early, promote health at work, avoid sad and fatal outcomes, as well as the decrease or loss of the quality of care provided. (VARGAS and DIAS, 2011).

According to Rios, (2010) the high rates of depression and suicide risks contrast with the work performed by nursing professionals, who are usually expected to care, but who may also need to be careful too.

It is expected that slowness in activities, lack of interest, reduction of energy, apathy, difficulty of concentration, negative and recurrent thinking, loss of planning capacity and alteration of the judgment of truth are evidences of human suffering that signal to depression and possible risk of suicide. (Schmidt et al, 2011).

According to Milner et al. (2018), losing a nursing colleague to suicide is more common than it usually seems, and most of the time this death is shrouded in silence, at least in part because of stigma related to mental health and his treatment Smith and Hukill (1996) already stated that after a colleague’s suicide, nursing suffers while continuing to provide care to the patient.

Faced with these statements, what will be needed to detect possible pressures, creating a support system aimed at this community? There is an urgent need to
create systems, mechanisms and actions so that the nursing can vent and share their feelings, avoiding this drastic break. The nurse is always asking the other as "you are, but you do not get the same question back.

In this context, the routines of nursing professionals, especially those who work in emergency and emergency services, can cause depression, stress and demotivation:

"Nursing professionals deal with suffering, pain and anguish, so they are more susceptible to depression, suicidal ideation and suicide, especially those working in hospital and emergency situations, since the emergency and emergency sector is evaluated as a trigger for physical, emotional, stress, fatigue and dissatisfaction, even if it understands the joint action of the multi professional team, committed to the demands of the process of hard work. (Miranda and Mendes, 2018)

Starting from this idea, nursing implies demanding and stressful work, with frequent exposure to human suffering and death. There are also daily ethical issues and stress related to limitations in respect to work and autonomy which discourages. Professional since he knows and has competence for his work, and this tension must provoke a great dissatisfaction.

To know for family and friends is an immeasurable cost to the loss of the child, friend, brother, coworker as they are left behind as well as the loss of potential contributions of those who die.

According to Reis, (2017) nursing is one of the main classes suffering from suicide and dialogue can be the solution. Abandonment, fear, loneliness, feelings of guilt, family disruption, and a childhood repressed by pain or abuse are elements that, together with professional problems, can result in depression, which at a high level can be the trigger for suicide.

Still Kings, (2017) nursing has a further increase among professions, due to several points. "When we talk about
nursing, we identify several issues. For example, this class has no career plans, entered technician or nurse, will die the way you entered. It is a category that has not deserved recognition, both by society and by other health professionals. These arguments make it clear that suicide is a complex, multifaceted phenomenon with multiple determinations that can affect individuals of different origins, social classes, ages, sexual orientations and gender identities. But suicide can be prevented! Knowing the warning signs in yourself or someone close to you can be the first and most important step. Therefore, be aware that the person demonstrates suicidal behavior and seeks to help. (BRASIL, 2019).

In fact there are stages in the development of suicidal intention, usually beginning with thoughts / ideation of death, after with a plan and ending with the act of death. It is important to consider that for each committed suicide there were on average 10 to 20 previous attempts. It is necessary to be attentive to the signs, what the person speaks or does that indicate the desire to die, that is, be attentive to the sentences of alert: Therefore, it is false to say that "who speaks does not do." (DEBONA, 2019).

SIGNS OF ALERT - PREVENTION OF SUICIDE, ACT AND PREVENTION

The warning signs described below should not be considered in isolation. There is no "recipe" to safely detect when a person is experiencing a suicidal crisis, nor is there any kind of suicidal tendency. However, an individual in distress can give certain signs, which should draw the attention of their close relatives and friends, especially if many of these signs manifest at the same time.
The appearance or aggravation of conduct problems or verbal manifestations for at least two weeks.

These manifestations should not be interpreted as threats as emotional blackmail, but as warning warnings for a real risk.

Worry about your own death or lack of hope.

People at risk of suicide often talk about death and suicide more than usual, confess to feeling hopeless, guilty, lacking in self-esteem and have negative views of their lives and future. These ideas may be expressed in writing, verbal or by means of drawings.

Expression of ideas or suicidal intentions.

Stay tuned for the comments below. It may seem obvious, but they are often ignored:
"I'm going to disappear."

"I'll leave you alone."
"I wish I could sleep and never wake up."
"It's no use trying to do something to change, I just want to kill myself."

Isolation

People with suicidal thoughts can isolate themselves, not answering calls, interacting less on social networks, staying at home or closed in their rooms, reducing or canceling all social activities, especially those they used and liked to do.

Other factors

Exposure to pesticides, loss of employment, political and economic crises, discrimination based on sexual orientation and gender identity, psychological and / or physical aggression, suffering at work, decreased or lack of self-care, family conflicts, loss of a loved one, chronic diseases, painful and / or incapacitating, among others may be vulnerability factors, although they cannot be considered as determinants of suicide. Therefore, they
should be considered if the individual has other warning signs for suicide. Thoughts and feelings of wanting to end one's life can be unbearable and it can be very difficult to know what to do and how to overcome those feelings, but there is help available. It is very important to talk to someone you trust. Do not hesitate to ask for help, you may need someone to join you and help you get in touch with support services.

**In front of a person at risk of suicide, what should be done?**

- Find an appropriate time and a quiet place to talk about suicide with that person. Let her know that you are there to listen, listen to her with an open mind and offer her support.
- Encourage the person to seek help from health, mental health, emergency or support staff in any public service. Offer to accompany her to a care.
- If you think that person is in immediate danger, do not leave her alone. Get help from health care professionals, emergency and get in touch with someone of confidence, indicated by the person himself.
- If the person you are concerned about lives with you, make sure that you do not have access to the means to cause your own death (e.g., pesticides, firearms or medications) at home. Stay in touch to keep track of how you are doing and what you are doing.

To follow and evaluate thoughts and feelings of wanting to end one's life can be unbearable and it can be very difficult to know what to do and how to overcome those feelings, but there is help available. It is very important to talk to someone you trust. Do not hesitate to ask for help, you may need someone to join you and help you get in touch with support services. (BRASIL, 2019).

The Global Campaign to Strengthen Nursing arrives in Brazil, to strengthen and highlight the work of Nursing in the world. Among the main goals defined for the Program in Brazil, which will be presented during the event, are the investment in strengthening education
and in the development of nursing professionals with a focus on leadership; the search for an improvement in the working conditions of nursing professionals, and the dissemination of effective and innovative nursing practices based on scientific evidence, at the national and regional levels (COFEN, 2019).

According to the president of the Federal Nursing Council - COFEN, Silva, (2017) the World Health Organization recommends the 30-hour week for the health area. Long journeys are associated with the increase of adverse occurrences in Health and the sickness of professionals. "The implementation of the 30-hour day in Brazilian municipalities demonstrates that the budgetary impact is manageable, mitigated by the generation of jobs and the reduction of functional separation by the INSS." More than one hundred municipalities have already reduced the Nursing day to 30 hours.

We can say that Nursing is a profession that needs special conditions for a safe practice for professionals and patients. For COFEN, defending the 30 hours is to defend more quality of life for the worker and safer care for the population. This is what the institution believes and has worked on. (SILVA, 2017).
RESULTS AND DISCUSSION

A total of 28 publications were identified between printed electronic journals and books. We only use 21 studies. We found 10 articles published in online magazines. We also found 2 manuals and 2 online booklets. Six books and one printed magazine totaling 21 productions were used in the research. Also included in this article is the speech by the president of the Federal Nursing Council in Brazil, and was not cataloged in table 1 of the articles.

In the year of 2000 two publications were found. In 2004, also only two publications and one publication in 2010. In 2011 two, three in 2012. In the years 2013 two publications and 2014, one publication. In 2017, two, 2018, two and in 2019, two publications. One of the publications in the year 2004 was used to justify the work, as well as in the years of 1992, 1996 and 2000.

The detailed of articles are on next page:
<table>
<thead>
<tr>
<th>Nome do Artigo</th>
<th>Autor (es)</th>
<th>Ano de publicação</th>
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<tbody>
<tr>
<td>Sintomas depressivos e ideação suicida em enfermeiros e médicos da assistência hospitalar.</td>
<td>Barbosa et al</td>
<td>2012</td>
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<td>O Suicídio e sua prevenção</td>
<td>Bertolote JM</td>
<td>2012</td>
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<td>Prevenção do Suicídio: sinais para saber e agir</td>
<td>Ministério da Saúde</td>
<td>2019</td>
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<td>Le Suicide</td>
<td>Durkheim E</td>
<td>2012</td>
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<tr>
<td>Cartilha Prevenção ao Suicídio: sinais para saber e agir</td>
<td>Debona S.</td>
<td>2019</td>
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<td>Ação dos profissionais de um centro de atenção psicossocial diante de usuários com tentativa e risco de suicídio</td>
<td>Heck et al,</td>
<td>2012</td>
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<td>Comportamentos auto destrutivos e o suicídio</td>
<td>Kovács MJ</td>
<td>1992</td>
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<td>O Livro da Psicologia</td>
<td>Martins LA, Hermeto MC</td>
<td>2013</td>
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<td>Suicide by occupation: systematic review and meta-analysis.</td>
<td>Milner A et al</td>
<td>2018</td>
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<td>Pesquisa Social, teoria, método e criatividade</td>
<td>Minayo MCS</td>
<td>2004</td>
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<td>Depression</td>
<td>OMS</td>
<td>2017</td>
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<td>Enfermagem é uma das principais classes a sofrer com o suicídio: dialogo pode ser a solução</td>
<td>Reis E.</td>
<td>2017</td>
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<td>Avaliação de qualidade de vida e depressão de técnicos e auxiliares de enfermagem</td>
<td>Rios et al,</td>
<td>2010</td>
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<td>Depression’s forgotten genealogy: notes towards a history of depression.</td>
<td>Rosseau G</td>
<td>2000</td>
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<td>Ansiedade e depressão entre profissionais de enfermagem que atuam em blocos cirúrgicos.</td>
<td>Schmidt et al,</td>
<td>2011</td>
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<td>Nurses impaired by emotion and psychological dysfunction.</td>
<td>Smith BG, Hukill E</td>
<td>1996</td>
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<tr>
<td>Preventing suicide: a global imperative.</td>
<td>OMS</td>
<td>2014</td>
</tr>
<tr>
<td>Prevalência de depressão em trabalhadores de enfermagem de Unidade de Terapia Intensiva: estudo em hospitais de uma cidade do noroeste do Estado São Paulo.</td>
<td>Vargas D, Dias VPA.</td>
<td>2011</td>
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<td>Adoecimento e uso de medicamentos psicotáticos entre trabalhadores de enfermagem de unidades de terapia intensiva</td>
<td>Vieira et al,</td>
<td>2013</td>
</tr>
<tr>
<td>Nos cenários da urgência e emergência: ideação suicida dos profissionais de enfermagem</td>
<td>Miranda NAF, Mendes PRF</td>
<td>2018</td>
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CONCLUSION

During the course of this research we can identify that suicide has become a major public health problem, and that nursing has a great aggravation due to stress, lack of recognition for work, and limitations, there is no structure to support the class, share feelings etc. Sociologist Durkheim himself claimed that depression is a major risk factor for suicide. The clinical picture of sadness, loneliness, disenchantment can create suicidal ideation. It is extremely important that health institutions take care of nursing professionals as a prevention tool, such as therapies, rest, and constant observation of their employees. One can not forget the impact on the families that have lost their loved one. According to the Federal Nursing Council, efforts to recognize the profession have been carried out, but much needs to improve in the area. They are outdated wages, many hours of work and no recognition at all. This research by itself does not exhaust itself. There is a need for a deepening of this study, because the subject has been treated veiled and the class needs a lot of support and recognition since without these professionals there is no care.

REFERENCES


BERTOLOTE JM. O suicídio e sua prevenção. Unesp, 2012

BRASIL. Ministerio da Saúde. PREVENÇÃO DO SUICÍDIO: sinais para saber e agir. 2019. Disponivel em:
http://portalms.saude.gov.br/saude-de-a-z/suicidio


HECK RM, KANTORSKI LP, BORGES AM, LOPES CV, SANTOS MC, PINHO LB. Ação dos profissionais de um centro de atenção psicossocial diante de usuários com tentativa e risco de suicídio. Texto Contexto Enferm [Internet]. 2012. Disponível em: http://www.scielo.br/pdf/tce/v21n1/a03v21n1


