SUICIDE ATTEMPT AT WORK, NURSING AND THE COVID-19 PANDEMIC

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ABSTRACT

Objective: To describe the experience of a nurse who cared for patients infected by Covid-19 in hospital care.

Theoretical framework: The research problematizes the relationship between the work environment of Nursing professionals in the context of the Covid-19 pandemic.

Methodology: This is a descriptive qualitative study, case study type, with an interview carried out in July 2021. To analyze the data, Content Analysis was used in the thematic modality proposed by Minayo.

Results and conclusion: It was observed that the work overload, the experience with the new, added to countless feelings such as fear, anguish, insecurity and sadness, reported by Isadora (fictitious name), generated moments of despair that resulted in an attempt to suicide within a hospital unit. It is concluded that psychological distress is something notable in the course of nurses' work in assisting patients hospitalized due to Covid-19 and, at high levels, can trigger a suicidal crisis.

Implications of the research: The research contributes, based on the case description, to a reflection of the emotional suffering that Nursing professionals are facing in their work environments during the Covid-19 pandemic.

Originality/value: The results obtained in this study are unprecedented and relevant to the scientific community, as they describe the culmination of the suffering of Nursing professionals within the work environment. Identifying nurses in emotional distress, using intervention resources and treating them with effective guidelines makes it possible to prevent suicidal crises.

Keywords: Occupational Stress, Emotional Health, Nursing, COVID-19, Suicide Attempt.

RESUMO

Objetivo: Descrever a vivência de uma enfermeira que cuidou de pacientes infectados pela Covid-19 na assistência hospitalar.


Metodologia: Trata-se de um estudo qualitativo descritivo, tipo estudo de caso, com entrevista realizada em julho de 2021. Para a análise dos dados, utilizou-se a Análise de Conteúdo na modalidade temática proposta por Minayo.

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Resultados e conclusão: Observou-se que a sobrecarga de trabalho, a vivência com o novo, somada a inúmeros sentimentos como medo, angústia, insegurança e tristeza, relatados por Isadora (nome fictício), geraram momentos de desespero que resultaram em uma tentativa de suicídio dentro de uma unidade hospitalar. Conclui-se que o sofrimento psíquico é algo marcante no decorrer da atuação de enfermeiros (as) na assistência a pacientes hospitalizados devido a Covid-19 e, em elevados níveis, pode desencadear crise suicida.

Implicações da pesquisa: A pesquisa contribui, a partir da descrição do caso, para uma reflexão do sofrimento emocional que os profissionais de Enfermagem estão enfrentando em seus ambientes de trabalho durante a pandemia de Covid-19.

Originalidade/valor: Os resultados obtidos neste estudo são inéditos e relevantes para a comunidade científica, pois descrevem o ápice do sofrimento de profissionais da Enfermagem dentro do ambiente de trabalho. Identificar enfermeiros (as) em sofrimento emocional, utilizar recursos de intervenções e tratá-los (las) com diretrizes eficazes é possível prevenir crises suicidas.


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1 INTRODUCTION

Covid-19 had its first outbreaks detected in Wuhan/China in December 2019 and in March 2020 the World Health Organization (WHO) declared a pandemic situation (WORLD HEALTH ORGANIZATION, 2020). The wide spread of the virus increased stress among healthcare professionals, with many developing mental disorders during the pandemic period. There are several triggering factors: sociodemographic (age, profession, gender, workplace and work department) and psychological variables (SPOORTHY MS, et al., 2020). It is well known that the dissatisfaction of needs or social demands results in negative emotions or emotional suffering, SE (VIAPIANA VN, et al., 2018).

It was observed that mental disorders in this population and proximity to lethal means have been an aggravating factor for suicide. Mental health care and assistance must be offered to this group of workers, as the majority relate emotional and behavioral responses as part of high stress (GUNNELL D, et al, 2020).

People with mental health problems can reach their limit and trigger suicidal behavior. Approximately 90% of suicides worldwide occur in individuals with mental problems, such as depression (MAMUN MA AND GRIFFITHS MD, 2020). Health professionals in self-destructive crises require special attention, monitoring by a multidisciplinary team and medical prescriptions with well-defined guidelines (Leo, 2020).

Due to the complexity of the moment, little is still known about the effects of the pandemic on the lives of nurses. Thus, this study aims to describe the experience of a nurse who takes care of patients infected by Covid-19 in hospital care, during the pandemic, who developed SE and at its peak had a suicide attempt within her workplace.

2 THEORETICAL FRAMEWORK

Covid-19 generated an unprecedented health emergency in this century, a situation of struggle and adaptation for the world population (CALLE-RAMÍREZ, et al., 2023). In this context, nursing assumed a prominent role in confronting this problem as they are on the front line of combating the disease. Also because they take on an extra workload in order to provide assistance to exposed and infected patients (BRASIL, 2020).
Healthcare professionals are vulnerable to ES and the high risk of infection, especially those who provide care to patients hospitalized with Covid-19. DECS, 2020 defines SE as a negative emotional state characterized by physical and/or emotional discomfort, pain or anguish.

Studies describe that the SE of front-line professionals, feelings such as insecurity, uncertainty, anxiety, stress, fear of becoming infected and becoming a transmitter of the disease, fear of not providing quality and safe care to patients are high in this population (PEREIRA et al., 2020a; SPAGNOL et al., 2021).

During the pandemic period, nurses are exposed to work overload, frustration and physical and emotional exhaustion, which triggers feelings of vulnerability and professional impotence. These situations generate several problems in their mental health, such as anxiety, stress and depression (PEREIRA et al., 2020a).

The psychological ills of the pandemic will likely last for months and years. The risk of a parallel epidemic is worrying, there are indications that suicide rates will rise and, possibly, become an emergency situation. Suicide prevention care needs to be considered urgently (GUNNELL et al., 2020; BRASIL, 2021).

Mental health care and assistance must be offered to this group of workers, as the majority relate emotional and behavioral responses as part of high stress. Facilitated access to emotional care can alleviate the severity of the problems that arise from this experience to which they are exposed. (GUNNELL et al., 2020).

At this time, when the pandemic period continues, the importance of nursing work is evident. Recognition is an important factor, such professionals feel satisfaction in knowing that patients recognize their efforts, but in addition to personal admiration, financial appreciation is essential. They usually have to work more than one job due to low wages. There are currently more than six hundred thousand professional nurses registered with the Federal Nursing Council (COFEN) in Brazil. Despite such impressive numbers, today, Nursing is the only health profession in Brazil without working hours and minimum wages regulated by law (COFEN, 2021).

It is necessary to value professionals who care for the health of the population; thus, it becomes a moral, ethical and political obligation of society, the State and health institutions. It is necessary to pay attention to these professionals, more than social recognition, public policies that prioritize better working conditions and financial recovery are urgent and lasting to prevent more workers from falling ill and dying (VEDOVATO TG, et al., 2021; LEE-BAGGLEY D and THAKRAR S, 2020).

3 METHODOLOGY

Qualitative, singular case study, with a nurse captured during the research, which led to the master's thesis ‘Quality of Life of Professionals working in the Health sector during the Covid-19 pandemic, in a Municipality of Mato Grosso’. The choice for the methodology occurred because this proposal has the ability to broadly describe a life experience, focused on a particular and singular event or situation relevant to the object of the investigation. The aim is to cover the entire situation experienced, in a creative way, narrating and understanding the complexity of this case (MARTINS, 2008).

During the primary research interviews, which described the experience of health professionals during the pandemic period, the case of a nurse emerged. She reported intense emotional suffering that triggered a suicidal crisis within her work environment. Thus, the proposal to report the situation arose, which became the objective of the research.

Data collection took place in individual meetings, with the invitation and scheduling being carried out via the WhatsApp application. The meeting was scheduled at a time and place
chosen by the interviewee and data collection took place in July 2021, lasting approximately 45 minutes. The interview had a previously structured script to conduct the dialogue. In order to describe this professional's experience during Covid-19, we sought to understand the impact of work on her personal and professional life. To this end, guiding questions were created: what has changed in your life during this pandemic period? What are your feelings related to the work environment? What are the impacts of work activity on your physical, emotional and spiritual health? What are the impacts of work activity on social life and family?

It is worth noting that privacy conditions and biosecurity measures were respected, as the interview was carried out during the height of the Covid-19 pandemic. The interview was recorded (voice) on a cell phone, saved as an audio file and transcribed in full manually into a Word document.

The data was subjected to Content Analysis in the Thematic Modality proposed by Minayo. The interviews, after transcription, underwent intense and exhaustive reading with organization of units and, later, regrouped into categories. Next, we sought to discover the implicit content, trends and ideologies, continuing with the interpretation and articulation of information and the theoretical framework of the research. Categorization occurred through the grouping of subjects and contexts, with a general title according to unusual particularities. This dynamic produced four categories: health work during the Covid-19 pandemic; Feelings related to the work environment and structure; Striking situations experienced in Nursing care; Emotional suffering and the moment of despair.

This study followed the compliances present in Resolutions No. 466/2012 and 510/2016 of the National Ethics and Research Council. Before the meeting, the objectives of the study and the Informed Consent Form were presented for signature. For the presentation of this article, we chose a fictitious name for the interviewee (Isadora), in order to protect her identity. The study was registered on Plataforma Brasil and approved under number 4,740,040 by the Ethics and Research Committee of the Universidade Luterana do Brasil, on May 27, 2021.

4 RESULTS AND DISCUSSION

Isadora is a nurse, 24 years old, and shortly after graduating from the Undergraduate Nursing Course she went to work at the Covid-19 clinic at the hospital in a city in the north of the state of Mato Grosso.

His first job was not in the municipality where he completed his degree; Thus, there was a need to move to another city to be close to the workplace. Thus, with this circumstance associated with the fear of contracting and transmitting the disease, they ended up losing contact with their family and friends.

At her workplace, her nursing team was made up of her and another nursing technician, both of whom provided nursing care and other activities.

[...] “we also changed the oxygen bullets [...] because no one went in there, it was a huge prejudice”. (Isadora).

The work routine was difficult, there were days when his team had to care for up to fifteen patients. Furthermore, they cared for critically ill patients although they were unaware of the pronation technique and which medications to use, as everything was very new and they did not receive guidance.

There are countless issues posed by the Covid-19 pandemic: the high risk of being infected by the virus, of becoming ill and dying; the chance of infecting others; despair and physical and mental exhaustion; the frustration at not being able to save more lives; frequent contact with death in pronounced dimensions; distancing from family and friends, due to work overload and the fear of infecting them (HORTA RL, et al., 2021).
In addition to the overload of work and experiencing new things, countless feelings were present in your daily life.

“First service, we never know how to deal with so many people dying; So, always sadness, depression, anxiety about not knowing what to do.” (Isadora).

The trauma of seeing so many patients dying, with whom he created emotional bonds, awakened feelings that he could not express.

[...] “someone you were attached to dies, you end up giving them a bed bath, food in their mouth, and minutes later the person dies [...] it’s even difficult to tell you what the feelings are ... ” (Isadora).

Nursing care has particularities in hospital care. This professional carries out activities in an environment full of intense experiences, full of pain, suffering, death and recoveries (ENETÉRIO NGP, et al., 2020). According to the MS, health professionals are in the group of people who can respond more intensely to the stress crisis (BRASIL, 2021).

In addition to several situations of fear and uncertainty, at times, the PPE provided by the hospital institution was not that recommended by the Ministry of Health (MS).

[...] “and another situation was the N95 mask that had to last fifteen days, it had to last...” (Isadora).

The lack of materials was not just PPE, there was an insufficiency of materials such as mechanical ventilators and a lack of qualified human resources.

Nursing is exposed to the risk of infection and continually uses various PPE. Their protection is essential to prevent them from becoming infected, reducing the risk of nosocomial transmission. Due to the worldwide and frantic search for these supplies, at various times these materials were rationed or were absent for health professionals. The provision of protective equipment is mandatory for health institutions and its scarcity is characterized as government violence (AYDOGDU ALF, 2020).

Isadora expresses that this period was remarkable in her life and very difficult for her, as she had to quickly learn the entire routine, as she reports [...] “in the slap, either do it or he dies, just like that” [...] While speaking, it is clear from his facial expressions and tone of voice that these were moments of intense stress, which generated immense mental suffering.

“ We barely knew how to control oxygen, in addition to the lack of material, we didn't have many suitable professionals [...] if at that time we had what we have today, many people would have left there alive.” (Isadora).

Studies indicate that exhausting working hours, lack of PPE, biological risks, lack of structure and human resources, isolation in the hospital itself can generate generalized anxiety, chronic stress and burnout among workers. The lack of human resources tends to worsen this context and accentuates the feeling of impotence in the face of the complexity and seriousness of the situation (PAULA ACR, et al., 2021; HORTA RL, et al., 2021).

Isadora says that she went through countless sad moments in her work environment, but what impacted her most was the case of a 23-year-old pregnant woman. The patient was 22 weeks pregnant, positive for Covid-19, arrived at the clinic intubated and 57% saturated. She and the baby died.

Another memorable moment was that of a postpartum woman infected with Covid-19. She had just given birth and had a stop, during the cardiac massage it was possible to see breast milk coming out of the patient's breast.

In addition to these desolate situations, the constant experience with patients in agony without being able to breathe.

[...] “it's like a fish out of water, these patients, they look for air where there is no more (...) they agonized looking for air where there is none.” (Isadora).

He also says that he often cried because of patients. At the beginning of the pandemic, when they passed away, post-mortem care was also provided by the team. It was up to them to
dress them before putting them in the bag and in the coffin, these moments were surrounded by tears. It is impossible to be indifferent to so much suffering.

Due to the pandemic, these professionals are routinely exposed to death, having difficulty confronting it as something expected in the individual's life and correlating it with care failure. The feelings related to grief and death, experienced in their work environment, make them turn to death itself and the feelings related to it (SHORTER M and STAYT LC, 2021).

On the other hand, Isadora highlights some good moments, such as witnessing the improvement of patients infected by Covid-19, describing them as victories. Many patients returned to the hospital to see her and to thank her.

[...] “when they come back, we hug each other and it’s very comforting, it helps us move forward.” (Isadora).

In this broad set of issues related to work in times of pandemic, the emotional attachment to patients impacted the interviewee, fluctuating according to the prognosis of each of them. The greater the professional's involvement with the patient and family, the more relevant death is to them (BERALDO LM, et al., 2015).

During 2020, Isadora had to work two jobs, both in hospitals and related to Covid-19. The pay was low and he needed the money to support himself. As she experienced so many people dying, she developed a psychiatric disorder (anxiety and depression attacks) and is now being monitored at the Psychosocial Care Center (CAPS).

“With a lot of death, I had to undergo psychiatric treatment [...] because sometimes we don't know how to deal with death. I broke down!” (Isadora).

It wasn't long ago that he sought professional help. He believes that emotional suffering reached high levels due to work overload, contact with illness, pain and experiencing death on a daily basis.

[...] “I worked twenty-four, forty-eight, seventy-two hour shifts, so I wouldn’t go home for days.” (Isadora).

During a shift, she was feeling emotionally exhausted and had an extreme spike in anxiety.

“ There's a lot that nursing has to do, it's paperwork, it's taking care of patients, it's resolving patient disputes, it's resolving food issues, general services, and call here, call there, and I couldn't handle it.” (Isadora).

Thus, at the apex of the SE, he had an attitude of despair.

“ It was a lot of pain [...] sometimes we can't take it [...] I ended up having a suicide attempt in one of the hospitals I worked in [...] I had a spike in anxiety and took I had half a bottle of Clonazepan and cut my wrists.” (Isadora).

Reports of suicide among healthcare professionals have emerged during the pandemic period. In New York, the head of the Emergency Department of a Hospital, 49 years old, committed suicide after reporting to her family the great suffering she experienced while caring for patients with Covid-19 (O GLOBO, 2020). Living with unpredictable situations, having a feeling of imminent danger and high levels of stress and anxiety can lead to despair, helplessness and hopelessness, reaching ecstasy with suicidal crises (LEE-BAGGLEY D and THAKRAR S, 2020). With the advancement of the Covid-19 pandemic, researchers observed a high risk and extreme consequences for mental health, including suicide ideation and attempts (FITZPATRICK KM, et al., 2020).

She was found unconscious by nursing technicians. After recovering, she was fired from her job.

“ I was sent away from the service [...] I was very sad because I didn't do it because I wanted to [...] but they treated me like I was crazy (crying).” (Isadora).
The health emergency caused by the Covid-19 pandemic exposed adversities and violence that health workers suffer in their daily lives. The work environment must provide protection, safety and health, and not the opposite (IDA, et al., 2023).

Currently, he works in a hospital in the Gynecology and Obstetrics sector, but still works shifts in the Covid-19 sector. He reports that he feels better due to the treatment he has received from the CAPS team and the improvements in the environment where he works.

“I'm much better now [...] after relieving a little of Covid-19, I'm much better off dealing with people being born than people dying.” (Isadora).

Isadora believes that during this period she became more attached to God. She says that she always said her prayers and as several pastors were hospitalized with Covid-19, many of them prayed with health professionals, which helped her a lot.

Amid the abundance of situations that nurses have experienced, spirituality is a positive strategy, as it points to feelings of hope and helps them to remain more resilient (GUERRERO GP, et al., 2011). Leaning on God or something considered sacred occurs in an attempt to overcome fear, loneliness and the unexpected (SOARES SSS, et al., 2020).

Nursing is the art of caring, but it clearly highlights the suffering and difficulties that this profession faces in the exercise of the profession. In general, the challenges are enormous and are heightened in health emergency situations. Like the interviewee, nurses practice their chosen profession with love, but with high SE. At this juncture, something needs to be done, as Nursing is getting sick and dying (VEDOVATO TG, et al., 2021).

5 CONCLUSION

Nursing is essential in facing the Covid-19 pandemic. Due to the essence of the profession, comprehensive care defines it. However, the working conditions and lives of these professionals are constantly put at risk. Care for infected patients makes them absolutely vulnerable. Fears, desires and pains of patients and families are shared with the Nursing team and these feelings are mixed with the nurses' scourges.

We can say that the objectives of this work were achieved, as the impacts and experiences of a recently graduated nurse working on the front line in the Covid-19 pandemic were described. The research has limitations, as it is a single case study, and therefore may not express the full complexity of the experiences of this class. However, this is an unprecedented work, as there is no bibliography describing the suicide attempt of nurses in the workplace during the Covid-19 pandemic. It is suggested that more in-depth investigations on the subject be carried out, with proposals that measure the emotional suffering of these professionals, quantifying real numbers of suicidal crises experienced during this period.

Through this work, we recommend that class councils, institutions and government spheres be aware of the effects of ES in the work environment and develop efficient and lasting policies for nurses and other health professionals, guaranteeing decent working conditions, with care for physical and emotional health.

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