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SUICIDAL IDEATION AMONG HEALTH PROFESSIONALS: AN INVESTIGATION IN PRIMARY CARE

IDEAÇÃO SUICIDA ENTRE PROFISSIONAIS DE SAÚDE: UMA INVESTIGAÇÃO NA ATENÇÃO BÁSICA

IDEACIÓN SUICIDIAL EN PROFESIONALES DE LA SALUD: UNA INVESTIGACIÓN EN LA ATENCIÓN PRIMARIA

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ABSTRACT

Objectives: to investigate the prevalence of suicidal ideation among health professionals who provide primary care. **Method**: descriptive, cross-sectional and quantitative study, carried out with 57 health professionals from Basic Health Units between 2020 and 2021, using two instruments: Sociodemographic and occupational questionnaire and risk factors for Suicidal Ideation and the Beck Suicide Ideation Scale. Prevalence was analyzed using relative and absolute frequencies, using the Qui-quadrado and Mann-Whitney U test to verify associations between variables. **Results**: It was found that 80.7% did not have permanent conflicts with colleagues, had a good relationship with colleagues (87.7%), did not experience moral harassment (73.7%), had low self-esteem (84.2 %) and good relationship with the family (86%), with a prevalence of 3.5% of Suicidal Ideation. **Conclusion**: A low prevalence of suicidal ideation was observed in the studied population, and a statistically significant association was found with the variable low self-esteem.

Descriptors: Suicidal Ideation; Health Personnel; Primary Health Care; Mental Health.

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RESUMO

Objetivos: investigar a prevalência de ideação suicida entre profissionais de saúde que atuam na atenção básica. **Método**: estudo descritivo, transversal e quantitativo, realizado com 57 profissionais de saúde de Unidades Básicas de Saúde entre 2020 e 2021, utilizando dois instrumentos: Questionário sociodemográfico e ocupacional e fatores de risco para Ideação Suicida e a Escala de Ideação Suicida de Beck. A prevalência foi analisada por meio de frequências relativas e absolutas, sendo utilizados os testes de Qui-Quadrado e U de Mann-Whitney para verificar associação entre as variáveis. **Resultados**: Verificou-se que 80,7% não possuía conflitos permanentes com colegas, tinham uma boa relação com colegas (87,7%), não vivenciaram situação de assédio moral (73,7%), sem baixa autoestima (84,2%) e boa relação com a família (86%), com prevalência de 3,5% de Ideação Suicida. **Conclusão**: Observou-se baixa prevalência de ideação suicida na população estudada, tendo sido encontrada associação estatisticamente significativa com a variável baixa autoestima.

Descritores: Ideação Suicida; Pessoal de Saúde; Atenção Primária à Saúde; Saúde Mental

RESUMÉN

Objetivos: investigar la prevalencia de ideación suicida entre profesionales de la salud que actúan en la atención primaria. **Método**: estudio descriptivo, transversal y cuantitativo, realizado con 57 profesionales de salud de Unidades Básicas de Salud entre 2020 y 2021, utilizando dos instrumentos: Cuestionario Sociodemográfico y ocupacional y Factores de Riesgo para Ideación Suicida y Escala de Ideación Suicida de Beck. La prevalencia se analizó mediante frecuencias relativas y absolutas, utilizándose las pruebas de Qui-cuadrado y U de Mann-Whitney para verificar la asociación entre las variables. **Resultados**: Se encontró que el 80,7 % no tenía conflictos permanentes con los compañeros, tenía buena relación con los compañeros (87,7 %), no experimentaba acoso moral (73,7 %), no tenía baja autoestima (84,2 %) y buena relación con la familia (86%), con una prevalencia del 3,5% de Ideación Suicida. **Conclusión**: Se observó una baja prevalencia de ideación suicida en la población estudiada y se encontró asociación estadísticamente significativa con la variable baja autoestima.

Descriptores: Ideación Suicida; Personal de Salud; Atención Primaria de Salud; Salud Mental.

INTRODUCTION

Suicidal behavior (SC) comprises suicidal ideation, planning, attempts and completed suicide. In turn, suicidal ideation (SI) ranges from passing thoughts that belittle life to planning the suicidal act, being a heterogeneous phenomenon, varying in intensity, duration and character, making it necessary to evaluate and monitor the pattern, intensity, nature and its impact on the subject.[1]

Data on the phenomenon of suicide are alarming around the world, although there is a high rate of underreporting in some countries. In 2019, Brazil reported 13,540 cases of suicide, with an estimated rate of 6.4/100,000 inhabitants, reflecting the national alarm regarding suicide mortality.[2]

Systematic review and meta-analysis developed in Australia discusses the importance of identifying the phenomenon of suicide in health professionals, pointing

out a general mortality rate for suicide in doctors of 1.44, where female professionals present greater risks, surpassing the suicide rates of women in the general population. Furthermore, the study highlights the scarcity of data regarding the phenomenon of suicide in health professions other than medicine.[3]

Health professionals are exposed in their work process to stressful situations that can cause psychological suffering and consequent suicidal ideation; therefore, in addition to many other risk factors that consider the subjectivity of the individual's biopsychosocial aspect, the health work process It can also expose the professional to risk factors for suicidal ideation, such as extensive physical and emotional exhaustion related to overscheduling, sleep deprivation, frequent contact with pain and suffering, double working hours, separation from family life and social and exposure to harsh behavior on the part of patients.[3-5]

Health professionals often deal with complex situations directly linked to other human beings, lacking broad techniques and knowledge that not only provide care, but also meet other people's expectations, which goes beyond the caregiver's limits.[4-5]

These situations are also observed in all types of care, however, in primary care, they are also accompanied by other problems of a structural and emotional nature, where there is a greater presence of interpersonal conflict among the team, mainly because they live together on a daily basis without professional turnover, bringing harm to the mental health of these workers.[6-7] Therefore, it is inferred that health professionals are more susceptible to the risk of suicide when compared to the general population.[4]

It is necessary to direct attention to these workers, who are, before any title, people susceptible to mental illness, especially when exposed to so many stressors, such as those presented in primary care, given that in addition to harm to the mental health of the individual, these situations can trigger problems in the quality of care to be provided by them.[4-5]

The need for this study was due to the lack of robust statistics involving the object of study in the studied population, currently, with data on health professionals in addition to doctors.[3] There is also a need to assess risks and identify IS3 in health professionals who work in primary care, the gateway to the Unified Health System (SUS), to contribute to a solid and evidence-based body of knowledge on the subject, which enables the creation of preventive strategies for the development of suicidal behavior and consequent suicidal ideation in health professionals, improving the quality of life

of this public and contributing to the general health well-being of the entire society.

The objective was to investigate the prevalence of suicidal ideation among health professionals who work in primary care.

METHOD

This is a cross-sectional and descriptive study, with a quantitative approach, carried out in the twenty-one Basic Family Health Units (UBSF) located in the urban area of the municipality of Caicó/RN, headquarters of the IV Health Region of Rio Grande do Norte, with a population of 61,146 people[8], with, in its urban area, 17 UBSF and 21 teams from the Family Health Strategy (ESF), two hospitals, two Psychosocial Care Centers (CAPS), one CAPS III and one CAPS AD, in addition to a Therapeutic Residence.

The population was made up of doctors, nurses, nursing technicians and dentists who were part of the higher education staff of the Municipal Health Department of Caicó-RN, who worked in the respective UBSFs, totaling 105 participants, including: 42 nursing technicians, 21 doctors, 21 nurses and 21 dental surgeons.

The sample used was that admitted for studies with a finite population, indicating a base sample of 53 workers, with the final participation of 57 professionals (n), of which: 22 nursing technicians, 11 dentists, 12 nurses and 12 doctors.

The inclusion criteria for participation in the research were: doctors, nurses, nursing technicians and dentists who were part of the staff (statutory or contracted for a limited period of service) of the Municipal Health Department of Caicó-RN, who worked in their respective UBSFs for at least four months, and those who were away from work (labor, medical, maternity or other leave) at the time of collection were excluded.

Data collection took place between the months of December 2020 and February 2021. Two instruments were used, namely a sociodemographic and occupational questionnaire and a questionnaire on risk factors for IS in health professionals constructed by the researchers responsible for obtaining scientific data. in a judicious manner, without content validation, containing 13 variables, considered sociodemographic and occupational: age, sex, marital status, current occupation and length of service in primary care. Working hours, conflict with co-workers, situations of harassment and/or humiliation, sexual orientation, low self-esteem, marital status and assessment of the relationship with family were considered the variables that indicated risk factors for suicidal ideation; and the Beck Suicidal Ideation Scale.[9]

Beck's suicidal ideation scale contains 21 groups, with three response alternatives each, scoring from 0 to 2, subdivided into two parts. If in the first part the answers to questions 4 or 5 are different from zero, SI is identified, making it necessary to fully follow up on the second part of the scale, characterizing the severity of SI more clearly. Finally, one responds to the penultimate group (20), allowing inference of previous suicide attempts, where, if the response is different from zero, one must respond to group 21, characterizing the intensity of the desire to die in the previous attempt.[9]

The collection was carried out by one of the authors, who received prior training for this. Participants were approached in their work environment, after the end of their appointments, in a calm, private and silent environment. Research participants were guaranteed the free choice of participation, by signing in two copies of the Free and Informed Consent Form (ICF), as well as their integrity regarding confidentiality regarding the information collected, with no identification of the participant being expressed in the publication of data. The study received approval from the Research Ethics Committee of the State University of Rio Grande do Norte, under opinion 4.397.30.

The data obtained was subjected to analysis using the IBM SPSS Statistic software version 29.0 for Windows. From there, descriptive statistics were applied to evaluate the relative and absolute frequencies regarding the verification of the prevalence of IS among health professionals, and qualitative variables referring to sociodemographic, occupational data and IS risk factors.

The numerical variables were analyzed using measures of central tendency and dispersion, which had their normality tested using the Kolmogorov-Smirnov test, adopting a p value <0.05. Inferential statistics were applied to the data using the Chi-square, Fisher's exact, Fisher-Freeman-Halton and Mann-Whitney U tests. The inferential analysis intended to verify the statistical association between risk factors for SI. Thus, for the statistical significance of specific tests, a level of 5% ($p < 0.05$) was adopted.

RESULTS

It was found that the participants were predominantly female (70.2%), heterosexual (87.7%) and single (54.4%) (Table 1). Regarding age, the average was 39.4 years (±10.7), with a minimum of 24 and a maximum of 79.

Table 1 –Characterization of participants according to sociodemographic variables. Caicó-RN, 2021.

Variables	N	%
Gender		
Female	40	70.2
Male	17	29.8
Sexual Orientation		
Heterosexual	50	87.7
Homosexual	5	8.8
Bisexual	two	3.5
Marital status		
Married/Stable Union	22	38.6
Single	31	54.4
Divorced/Separated	4	7.0

Source: Research Data.

Table 2 shows the variables related to the participants' occupation/work. There is a predominance of nursing technicians (38.6%), with an average working time in Primary Care (PC) of 9.3 years (±7.3) and a weekly working hours of 39.5 hours.

Table 2– Characterization of participants according to occupational/work variables. Caicó-RN, 2021.

Variable	N			%
Current Occupation				
Nurse	12			21.1
Nursing Technician	22			38.6
Doctor	12			21.1
Dentist	11			19.3
	Average	**DetourStandard**	**Minimum value**	**Maximum value**
Service Time at AB	9.3	7.3	0.3	30.0
Workload	39.5	1.9	30.0	40.0

Source: Research Data.

Table 3 shows the characterization of risk factors for SI, where the majority of participants do not have permanent conflicts with colleagues (80.7%), have a good relationship with co-workers (87.7%), have not experienced harassment. moral/humiliation (73.7%), does not have

low self-esteem (84.2%) and has a good relationship with family (86%).

Table 3 –Characterization of participants according to risk factor variables for suicidal ideation. Caicó-RN, 2021.

Variables	N	%
Permanent conflicts with colleagues		
Yes	11	19.3
No	46	80.7
Relationship with co-workers		
Bad	two	3.5
Regular	5	8.8
Good	50	87.7
Situation of Moral Harassment/Humiliation		
Yes	15	26.3
No	42	73.7
Low self-esteem		
Yes	9	15.8
No	48	84.2
Relationship with family		
Regular	8	14.0
Good	49	86.0

Source: Research Data.

Table 4 provides data on the prevalence of IS. It was identified that a prevalence of IS in the sample was 3.5%.

Table 4 –Characterization of participants according to the variable of suicidal ideation. Caicó-RN, 2021.

Variable	N	%
Suicidal Ideation		
Yes	two	3.5
No	55	96.5

Source: Research Data

Statistical tests were performed considering the outcome/dependent variable presence of IS (Table 5) in relation to the independent variables presented in the previous illustrations. A statistically significant association was found only with the Low Self-Esteem variable (p=0.023).

Table 5–Distribution of the association between ideation and the independent variables. Caicó-RN, 2023.

Variables	p-value
Age	0.452***
Gender	0.511*
Sexual Orientation	1,000**
Marital status	0.281**
Current Occupation	0.283**
Length of service at AB	0.228***
Workload	0.914***
Permanent conflicts with colleagues	0.352*
Relationship with co-workers	0.783***
Situation of Moral Harassment/Humiliation	1,000*
Low self-esteem	0.023*
Relationship with family	0.406***

Source: Research Data.
Caption: *Fisher's Exact Test; **Fisher-Freeman-Halton Exact Test; ***Mann Whitney U test.

DISCUSSION

The predominance of women is closely related to the process of feminization of the health workforce, that is, an increase in the number of women making up the workforce in health services, a process that is related to the functions of attention and care historically. constructed in society as a woman's duty.[10]

Regarding the participants' sexual orientation, research that associates this variable with suicidal behavior shows that homosexuals are more likely to have SI and commit the act, mainly due to the discrimination they suffer from society. It is evident that among young people from sexual minorities and heterosexuals, the prevalence of these problems has remained consistently high, proving the social vulnerability in which people who are part of sexual minority groups find themselves.[11] In this sense, the predominance of heterosexuals is in agreement with the low prevalence of IS found.

When reflecting on the marital status of health professionals, it can be inferred that married workers are more susceptible to stress that can trigger psychological problems, mainly because they have to deal with the demands of home, family relationships and work, resulting in a intense burden of responsibility, worry and stress, given that excess time dedicated to work can cause disruption of family ties, leading to a situation of mental stress that can trigger more serious problems.[12]

The average number of years in primary care was slightly higher than the

average found in a study in Bento Gonçalves-RS, which corresponded to 5.5 years.[5] Furthermore, the working day is linked to the fact that higher education professionals working in UBSF's have exclusive dedication, with a minimum weekly workload of 40 hours, making an exception for dentists and doctors who can work a minimum of 20 or 30 hours/week.[13]

Undoubtedly, the working day affects the worker's mental health, given that it promotes potential damage, such as physically strenuous work that leads to exhaustion, inferring that professionals with longer workloads present a greater risk of developing SI. In this sense, a reduced workload allows professionals to have more free time for leisure activities, associated with improving the worker's quality of life, reducing stress and other neuropsychological symptoms.[14]

A study similar to the one carried out corroborates the findings, pointing out that the majority of participants reported no permanent conflicts with co-workers (79.8%), with a good relationship between the team5. This data is relevant, given that teamwork faces some challenges, mainly with regard to interpersonal relationships, where conflicts and the lack of a good relationship with the team generate a load of stress and psychological suffering for the worker, affecting directly their quality of life, contributing to the development of serious damage to mental health.[7,15]

With regard to moral harassment and/or humiliation, exposure to situations of moral harassment, humiliation, embarrassment, persecution, bullying and prejudice in the workplace harm the worker's quality of life and health, causing greater depressive symptoms, use of psychotropic drugs and psychological stress, regardless of the worker's gender.[16]

Such circumstances tend to negatively affect the mental health of workers and can cause psychological distress that tends to generate suicidal behavior, and the fact that they are predominantly absent in the experience of those investigated in this research gives more strength to the prevalence of SI found.

In turn, low self-esteem and a good relationship with the family are predictors of the risk for SI, considering that people with low self-esteem and a poor family relationship are more susceptible to developing suicidal behavior, mainly due to issues such as internal and/or family conflicts, lack of family support, non-acceptance and personal dissatisfaction that end up generating sadness, triggering psychological suffering, with consequent suicidal behavior.[17-18]

A study carried out showed a significant statistical difference related to

people with IS who had low self-esteem, corroborating the findings of this study, and poor family relationships, when compared to those who did not present any of the variables mentioned.[18]

The prevalence of SI found in this research was lower than that found in primary care workers in the interior of Rio Grande do Sul, corresponding to 7.2%5, with a larger sample, corresponding to 597 people, also with a greater diversity of professional categories. In a sample of 167 family and community doctors in the United States, the presence of SI was identified in 10 of them, corresponding to a prevalence of 5.9%.[19]

AB healthcare professionals face several challenges in their work process that can negatively interfere with their mental health, increasing the risk of mental suffering. In this sense, the psychological suffering of healthcare workers may be associated with different variables present in the work process. A mentally and physically exhausting work practice can compromise the worker's mental health so that they no longer see the service in a positive way, obtaining a regretful and painful view of their work, thus compromising the assistance provided.[20]

CONCLUSION

The participants in this study were mostly women, heterosexual, single, aged between 30–39 years old, with an average length of service in primary care of 9 years and 3 months, working an average of 39.5 hours/week, without permanent conflicts with colleagues and a good relationship with them, not having experienced situations of moral harassment/humiliation, with a good relationship with the family, high self-esteem and no suicidal ideation. A low prevalence of SI was observed in the studied population, and a statistically significant association with low self-esteem.

It is extremely important that the management of health services knows the profile of its employees, especially with regard to their mental health issues, considering that this issue affects not only their quality of life, but also the service offered to them. the population.

This research can contribute to raising awareness among health managers in the municipality of Caicó-RN, providing support for the creation of strategies that encompass the prevention, diagnosis and treatment of SI among their employees, as well as alerting the need to carry out more in-depth studies on the theme in this area.

Despite having a low prevalence in this research sample, IS presents itself as a problem that needs to be treated urgently,

after all, lives are at risk. Thus, this study presents a great social responsibility towards health professionals, so that the warning given from the results can and should trigger health promotion attitudes on the part of management, and everyone involved.

The limitations of the research were: type of study (cross-sectional) and sample size, despite good quantitative representation in the researched scenario.

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