



NURSES' ACTIONS TOWARDS SUICIDE ATTEMPTERS: REFLECTIVE ANALYSIS A ATUAÇÃO DO ENFERMEIRO COM A PESSOA EM SITUAÇÃO DE SUICÍDIO: ANÁLISE REFLEXIVA

LA ACTUACIÓN DEL ENFERMERO CON LA PERSONA EN SITUACIÓN DE SUICIDIO: ANÁLISIS REFLEXIVA

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RESUMO

Objetivo: realizar análise reflexiva da atuação do enfermeiro com a pessoa em situação de suicídio. **Método:** estudo descritivo, tipo análise reflexiva, a partir da literatura consultada na LILACS, SciELO e Banco de Teses/Dissertações CAPES, entre 2009 e 2014. Da análise da literatura emergiram três temas: 1. Espaços de atuação do enfermeiro com a pessoa em situação de suicídio; 2. Atuação do enfermeiro na prevenção do suicídio; e 3. Tecnologias relacionais com a pessoa e familiar em suicídio. **Resultados:** a atuação acontece em múltiplos espaços, que influenciam a forma de identificar, intervir e avaliar pessoas em situação de suicídio. A prevenção ocorre pela relação usuário-família. Há escuta, comunicação terapêutica e educação em saúde. Faz-se necessário investir na integração social e familiar; com grupos de risco já reconhecidos; avaliar comportamentos e riscos. **Conclusão:** a atuação do enfermeiro com as pessoas e familiares deve ter caráter emergencial, interdisciplinar, intersetorial; estratégias preventivas desde ideação à pósvenção. **Descritores:** Enfermagem; Suicídio; Assistência de Enfermagem.

ABSTRACT

Objective: to perform a reflexive analysis on nurses' actions towards suicide attempters. **Method:** descriptive study of the reflective analysis type based on literature consulted in LILACS, SciELO and CAPES Bank of Theses/Dissertations published between 2009 and 2014. Analysis of literature gave rise to three themes: 1. Spaces for nurses' actions towards people in situations of suicide; 2. Nurses' actions in favor of suicide prevention; and 3. Relational technologies to suicide attempters and their families. **Results:** early action takes place in multiple spaces, influencing the way to identify, intervene and evaluate people in situation of suicide. Prevention happens in the user-family relationship. Listening, therapeutic communication and health education take place. It is necessary to invest in social and family integration; to invest in already recognized risk groups; to evaluate behaviors and risks. **Conclusion:** the role of nurses towards people and families must have an urgent, interdisciplinary and inter-sectoral character and must employ preventive strategies including from ideation to postvention. **Descriptors:** Nursing; Suicide; Nursing Care.

RESUMEN

Objetivo: realizar análisis reflexivo de la actuación del enfermero con la persona en situación de suicidio. **Método:** estudio descriptivo, tipo análisis reflexivo, a partir de la literatura consultada en LILACS, SciELO y Banco de Tesis/Disertaciones CAPES, entre 2009 y 2014. Del análisis de la literatura surgieron tres temas: 1. Espacios de actuación del enfermero con la persona en situación de suicidio; 2. Actuación del enfermero en la prevención del suicidio; y 3. Tecnologías relacionales con la persona y familiar en suicidio. **Resultados:** la actuación acontece en múltiples espacios, que influyen la forma de identificar, intervenir y evaluar personas en situación de suicidio. La prevención ocurre por la relación usuario-familia. Hay escucha, comunicación terapéutica y educación en salud. Se hace necesario invertir en la integración social y familiar; con grupos de riesgo ya reconocidos; evaluar comportamientos y riesgos. **Conclusión:** la actuación del enfermero con las personas y familiares debe tener carácter de emergencia, interdisciplinar, intersectorial; estrategias preventivas desde ideación a la post-vención. **Descritores:** Enfermería; El Suicidio; Cuidado de Enfermera.

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INTRODUCTION

Suicide is a global phenomenon that in 2012 accounted for 1.4% of all deaths in the world, became the 15th leading cause of death in general, and the second among people between 15-29 years old. Among cases, 75% occurred in low and middle income countries.¹

In Brazil, suicide mortality rates have increased, and this is observed especially among youth and young male adults between 15 and 29 years old. In this group, suicide accounts for 3% of all deaths and is among the three major leading causes of death.²

Suicide mortality rates have increased in municipalities with up to 50,000 inhabitants, even exceeding the rates in more populated municipalities. Suicide mortality rates have decreased in municipalities with more than 100,000 inhabitants in the period 1996-2000; then turned to increase in 2001 and tended to stabilize between 2002 and 2005.²

Etymologically, suicide is a Latin term derived from the association of two words: "*sui*", which means "oneself", and "*caederes*", meaning action of killing. This becomes, therefore, the action killing oneself.³

The World Health Organization (WHO) defines suicide as the act of deliberately killing oneself. Suicide attempts and suicidal behaviors that do not end in death include intoxication, lesions or self-inflicted injuries that may or may not have a lethal intention or outcome. Suicidal behaviors encompass a plurality of behaviors including thinking (suicidal ideation), planning, attempting or committing suicide in fact.¹

Variables related to suicide attempts such as high or low lethality that occur within a social context bring elements that indicate the search for help. It is necessary to take into consideration the suicidal plan, the desire to die against the desire to live, and the chances of someone finding out suicidal plan to assess the intensity of this behavior. Suicidal ideation without suicide attempt is more common than suicidal behavior.⁴

Presence of suicidal ideation and history of previous suicide attempts are important predictive factors to assess the risk of suicide, as they can represent a first step towards the completion of the fatal destructive act.⁴

People with history of previous suicide attempts tend to run increased risk of another attempt, and the more serious and recent was the last attempt, the higher is the risk of the other. The danger of consummating suicide is usually very intense in the first year after the attempt, particularly in the first three

months. Suicidal thoughts can remain hidden for various reasons such as religious and cultural motivations, among others.⁵

Furthermore, certain physical diseases are also significantly associated with suicidal behavior. These include chronic pain syndrome, neurological disorders (epilepsy, spinal cord and central neurological injuries and stroke sequelae), infection with Human Immunodeficiency Virus (HIV) and the Acquired Immune Deficiency Syndrome and certain neoplasms.⁶

Usually, the risk of suicidal behavior can be predicted by indicators of socio-demographic and clinical nature, besides genetic factors whose direct precision is still the subject of speculation, but which can be inferred from the family history of the individual. The history of suicide particularly in first-degree relatives, and the presence of psychiatric illness in the family increases the risk for suicidal behavior.⁶

Suicide is considered a self-inflicted violence in every case of death practiced by a person who is aware that such action could produce this result. Thus, self-inflicted violence is a conscious and self-destructive act that can be understood as a multidimensional illness.⁷

Moreover, a recent study has listed several predisposing factors to self-inflicted violence, classifying them as proximal, facilitators of aggression, as for example the presence of a firearm in home; or distal, as a solid basis for such behavior that, together with the proximal factors, describe the scenario of self-inflicted violence.⁷

It is important to consider the emotions and attitudes of people under the care of nursing professionals. These must be explored and reconsidered with a view to find therapeutic activities for people with suicidal behavior. At the same time, these professionals need greater self-knowledge about their emotions to enables them to better manage towards decreasing stress and anxiety. These factors are very present among health professionals.⁸

One of the goals of nursing care is to help people with suicidal tendency to externalize their aggressiveness, their feelings and to provide support to their experiences. This externalization of aggressiveness can be a positive sign, indicating that the person is improving.⁹

The complexity of this phenomenon poses several challenges for nurses. Competence is indispensable to intervene positively towards people seeking to commit suicide and their

families. Developing preventive practices directed to communities and families is necessary, with the introduction of new ways to intervene, beliefs, values, and new possibilities for changes in the social perception of this issue.¹⁰

Nurses have at disposal the so-called soft technologies, that is, the relational. They are considered important instruments in nursing care as they allow the appreciation of the subjectivity of the subject.¹¹

Due to the relevance of this problem, it was necessary to perform reflexive analysis on the actions of nurses directed to people in situation of suicide. The study aims to contribute to the practice of these professionals in prevention, planning of interventions to people presenting suicidal behavior, in the early identification of these behaviors and in postvention.¹⁰

Thus, the following guiding question was established in the study: *What is the role of nurses in relation to people experiencing the situation of suicide?* To answer this question, the following objective was established: to perform a reflexive analysis of the nurses' actions directed to people experiencing the situation of suicide.

Situation of suicide in the present study represents the whole experience of people who attempted suicide, showed suicidal behavior or committed suicide, as well as the experience of their families and the professionals who deal with the issue.

METHOD

In order to promote the analysis and greater familiarity with the practice of nurses and suicide, a narrative literature review was conducted. This proved appropriate to describe and reflect on the proposed theme for allowing its development from a theoretical and contextual point of view. This type of review is constituted primarily of literature review published in books, articles from printed and/or electronic journals, under personal interpretation and criticism of the author. This study can be used for continuing education (about suicide, for example), because it allows readers to acquire and update their knowledge on a specific subject within a short time.¹²

This research was conducted by surveying articles in the following databases: Latin American and Caribbean Health Sciences (LILACS), virtual library Scientific Electronic Library Online (SciELO) and CAPES (Coordination for the Improvement of Higher Education Personnel) Bank of

theses/dissertations, in Portuguese. The survey included articles published in the period between January 2009 and December 2014.

The following accurate descriptors were considered in the search: "Nursing", "Suicide" and "Nursing assistance" among Descriptors of Health Sciences (DHSs); the Boolean operator "AND" was used.

The choice of articles was based on the following inclusion criteria: 1) scientific literature published in Brazil from 2009 to 2014; 2) available in full-length; 3) found in the LILACS database, the virtual library SciELO and CAPES bank of theses and dissertations that had relationship with suicide, nursing care, strategies and identification of suicidal behavior; 4) available *online*. Scientific literature was excluded in the following situations: unavailable in full-length; available only in the foreign language; available in other databases than the listed above; published before 2009 and after 2014.

Analysis of literature gave rise to three themes: 1. Spaces for nurses' actions towards people in situations of suicide; 2. Nurses' actions in favor of suicide prevention; and 3. Relational technologies to suicide attempters and their families.

RESULTS AND DISCUSSION

♦ Spaces for nurses' actions towards people in situations of suicide

Importantly, among the multiple spaces in which nurses can act in suicide situations, emergency services have been a privileged place. There, nurses can interact with people who tried to commit suicide. They establish a first contact endowed with empathy that builds trust in the person, and facilitates a good helping relationship with the person who presented suicidal behavior. Through verbal or nonverbal communication, nurses must be aware of the messages sent to a proper understanding and application of significant interventions for the cared person.¹⁰

The Family Health Strategy (FHS) is where there is the possibility to early identify people with mental disorders, who may have tried to terminate their own life, or thought of committing suicide. Nurses and health professionals have a diversified perspective and the opportunity to apply interventions to suicide attempters. There was, therefore, an evident need for training these professionals in theoretical, practical and emotional aspects, to help in preventing suicide attempts and intervene in a comprehensive manner.¹³

In turn, actions of nurses and of their multidisciplinary teams in psychiatric hospitals are geared towards rehabilitation, considering the need of people that live with the consequences of attempting against the own life.¹⁴

The Center for Psychosocial Care (CAPS) was another space for nurses' actions. People who showed suicidal behavior or tried to commit suicide are most commonly found in this space. Hosting is regarded as a link where humanization has a place, as well as the interdisciplinary work and attention in care networks. The nurse works with Singular Therapeutic Projects (STP), workshops, home visits, sports, cooking, in which the potential of people under psychological distress is worked, directing them to resume the meaning of life.¹⁵

Thus, it was evidenced that nurses' actions occur in multiple workspaces, namely, Emergency Services, the Family Health Strategy, Psychiatric Hospitals and the Psychosocial Care Centers. These are the spaces where interventions are applied to people who need such specific care.

♦ Nurses' actions in favor of suicide prevention

It is relevant to point out that to prevent suicide, multidisciplinary and inter-sectoral action, and in particular the actions of nurses, need to have the purpose to enhance the care to the person who attempted suicide in all his/her entirety, as well as in all levels of attention, besides ensuring access to different therapies.¹⁵

Yet, nurses act favoring prevention when they get close to family members in order to seek information regarding daily behaviors of the person with suicidal tendency. The best preventive strategies are chosen based on the user-family integration, together with the multidisciplinary team, family and the cared person. This results in a better service.¹¹

Moreover, nurses establish a moment of care, education, health and guidance through primary prevention strategies in order to prepare and encourage the person to adopt a social and behavioral change, and to rule out the possibilities of a new attempt of suicide.¹¹ The training on suicidal behavior will bring an increase in effectiveness in the management of this person, contributing to reduction of morbidity and mortality due to suicide.¹⁶

Regarding the prevention of suicide, a lack of identification of risk factors for suicide by nurses was perceived. These factors could aid directing patients to networked care lines. There was also lack of recognition of suicidal

behaviors, which are gender, age, ethnicity, sexual orientation, previous suicide attempts, socio-economic changes, methods used by those who think about suicide, mental disorders, serious illness, social isolation, anxiety, hopelessness/dissatisfaction, marital status and employment status.

♦ Relational technologies to suicide attempters and their families

In the matter involving the nurse's assistance to people in situation of suicide and their families, the nurse assists through listening. This is an important relational technology of the care to people in this context, which requires the delicate helpful relationship between nurse and client. In this sense, this relationship aims to bring patients and nurses close to each other, and to establish trust after the suicide attempt. Nurses also provide assistance through clarification of interventions. However, the assistance aims to break the barrier of fear and prejudice.¹⁰

Another technology used by nurses to assist people with suicidal behavior is self-reflection. This aims to get an objective view of the patient's own problem. Aggression, feelings and supportive experiences with constructive confrontation can be externalized through this view and this, in turn, will contribute for the process of improvement.¹⁰

Nurses must be sensible and attentive to recognize implicit and explicit behaviors and use their power of observation, capturing the minimal body and verbal movements, mostly non-verbal expressions. It is essential to consider that before the suicidal behavior, there is a request for help. Through the identification of suicidal behavior, the chosen interventions will be applied together with the person who tried self-inflicted violence.^{13,17}

It is extremely important to identify stressors, suicidal or homicidal potential, physical and mental state, to appropriately choose interventions.¹⁸ Suicidal behavior calls attention because it is a multifactorial phenomenon. It involves articulated personal factors and external factors such as presence of traumatic environmental events, general living conditions, accidental crises, financial conditions, besides the peculiarities of each age group.¹³

Furthermore, it was clear that the family of individuals who attempted suicide also need humanized care from nurses, whether emotional support, regarding the doubts, or the provision of a favorable environment, one

with privacy and comfort. The family plays an important role in supporting the person who attempted suicide. Family must be present in cases of hospital admissions and be close to their loved one in the daily activities until the patient reaches the restored health state.¹¹

It is relevant to point out that the family must be integrated into the user's network because this is one of the main resources in the rehabilitation of such patients within the community of mental health services.¹⁵ Furthermore, nurses have therapeutic communication at their disposal as a way to assist the person who tried to commit suicide. However, this communication must aim a tranquil therapeutic relationship between the patient and the professional. In this sense, therapeutic communication helps the person to evolve in a structured manner, giving him/her the opportunity to have a healthier life.¹⁹ Nurses also act in the reception of subjects who need support for coping with life-threatening situations through the joint work of the multidisciplinary team.¹⁵

Nurses can detect suicidal behavior through groups of conversations or in private moments. This favors the self-analysis by the person presenting suicidal behavior, not to stir up the consummation of the act, but to reduce the risk of doing it.⁹

Moreover, nurses play a key role in the family context. They, in a way, help to strengthen family relations, with respect to emotional ties between patients, the community and their close relatives.¹⁷

Another way nurses can assist suicide attempters includes cases of emergency in mental health. In this cases, they act in a humane way, giving singular attention, with due agility in decision making and seeking to get close to the user, passing the desire to help. However, in some cases of individual with exacerbated behavioral manifestations that present risks to themselves or to others, nurses, after exhausting all interventions, use humanized physical restraint.¹⁷

It does not matter how hidden are emotions, in a way or another they always show up. People with suicidal ideation may exhibit increased impulsivity, marked expression of anger, and these can be leveraged with the use of psychoactive substances,¹⁷ especially if related to a scenario full of clinical, psychiatric and social problems, coupled with crime. Young adults and adolescents are part of the risk group that uses these substances. They represent the public that has the higher suicide mortality rate.¹⁵

Considering the nurses' assistance to the person who attempted suicide, it became clear that these professionals must be ready to provide such support, understanding people with suicidal behaviors and their families in a comprehensive way. They also give support to the emotional distress of families who experienced the situation.¹¹

Another group of people that nurses should consider is the elderly population, which has a high risk of attempting suicide too. When elderly leave work due to retirement, illness or disability, they are usually affected by depression and this is the greatest risk factor for suicide.¹⁹

In the texts consulted, there was a lack of other ways for nurses to identify suicidal behavior, such as the use of quantitative assessment tools. These aim to quantify the intensity of the current suicidal ideation, use of general and specific protocols to different groups of people with suicidal ideation or suicide attempts.

CONCLUSION

This study enabled us to make the following reflections: suicide appears secretly and silently in the inner of a drama inserted in interpersonal, social, political and cultural relationships. It was also highlighted the fact that nurses work in multiple health care spaces including emergency services, Family Health Strategy, CAPS and psychiatric hospitals. These spaces influence their way of identifying, intervening and evaluating people in situation of suicide. Furthermore, it was clear that nurses use preventive activities against suicide, which aim to enhance the service to the user in all his/her entirety, through a user-family relationship, keeping new suicide attempts away.

Nurses assist by understanding the attempters and their families in an integral manner, through listening, self-reflection and therapeutic communication, and interpersonal relationship technologies that support the care in a humane way.

Thus, nurses and health staff must be qualified and work in a network with other health spheres in order to prevent and identify early suicide, provide security for both people with suicidal behavior and their families, and be ready to act in cases of attempt or suicide risk.

From the reflections on the nurse's role in matters related to suicide, it is possible to conclude that the approach to people with suicidal behavior should be treated as emergencies. Nurses must be ready to detect

these behaviors, share with the multidisciplinary team, do the reference and counter-reference of the individual within health services, besides establishing preventive strategies.

Nursing professionals cannot solve the multidimensional issues of suicide alone. They need the nursing staff and other professionals for an interdisciplinary and inter-sectoral work and networking, essential for solving this problem.

The need for urgent nursing operations towards risk groups such as people with mental disorders, the elderly and people who make use of psychoactive substances was evident. This leads to rethink, discuss, reflect and find forms of social and family integration in the face of this reality, in search of alternatives for such situations.

The approach to people and families with suicidal behavior should be treated with emergency, multidisciplinary, and inter-sectoral character in the logic of care networks, with reference and counter-reference within the health system and establishment of preventive strategies to early and postvention identification.

Based on this reflection, it is suggested they further research demonstrating possibilities of nursing care to suicidal people, nationally and internationally, be developed. A need for improving the nursing training process was detected. Such training must address the nursing care for several suicide contexts, to better deal with the various situations that may arise. We emphasize the importance of debating the subject, that is, suicide, in order to demystify it. The more discussed is the issue, the more frequent is the application of preventive strategies.

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