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ORIGINAL ARTICLE

EXPRESSION OF THE ETHICS IN NURSING CARE FOR INTOXICATED YOUTH

EXPRESSÃO DA ÉTICA NA ASSISTÊNCIA DE ENFERMAGEM AOS JOVENS INTOXICADOS

EXPRESIÓN DE ÉTICA EN LA ATENCIÓN DE ENFERMERÍA PARA JÓVENES INTOXICADOS

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ABSTRACT

Objective: to analyze the process of taking care of the nursing staff in the view of users poisoning suicide attempt. **Methodology:** descriptive, exploratory qualitative approach, carried out in a support center intoxicated Paraíba/Brazil, with nine users. Data collection was performed using a semi-structured interview and a form whose data were processed by qualitative thematic analysis. The research was approved as rated by the Research Ethics Committee and by the UEPB CAAE nº 0003.0.349.133-10. **Results:** participants focused on the age of 14 to 26 years predominantly female and consumption of pesticides in suicide attempt. The discourse analysis identified the all members have demonstrated their satisfaction with nursing care, however, indicated the absence of communication with caregivers and delay to the completion of the procedures. **Conclusion:** ethics in nursing care involves the establishment of the human recovery during professional duties, promoting the well-being of those who do not see the greater gift, what is that plan, life. **Descriptors:** ethics; nursing care; poisoning; suicide attempt.

RESUMO

Objetivo: analisar sobre o processo de cuidar da equipe de enfermagem na visão dos usuários intoxicados por tentativa de suicídio. **Metodologia:** estudo descritivo exploratório, de abordagem qualitativa, realizada em um centro de assistência ao intoxicado da Paraíba/Brasil, com nove usuários. Como critérios de inclusão, participaram as pessoas que tentaram o suicídio por intoxicação, nos meses de abril e maio de 2010, período de coleta de dados do estudo, e que tivessem condições de responder as questões formuladas. A coleta de dados foi realizada por meio de entrevista semiestruturada com uso de formulário, cujos dados foram tratados pela Análise Temática. A pesquisa foi aprovada conforme avaliação do Comitê de Ética em Pesquisa da UEPB e mediante CAAE nº 0003.0.349.133-10. **Resultados:** os participantes concentraram-se na faixa etária de 14 a 26 anos, predominando o gênero feminino e o consumo de agrotóxicos na tentativa de suicídio. A análise dos discursos permitiu identificar que todos os integrantes demonstraram-se satisfeitos com a assistência de enfermagem, entretanto, apontaram ausência de comunicação com os profissionais cuidadores e atraso para a realização dos procedimentos. **Conclusão:** a ética na assistência de enfermagem supõe o estabelecimento da valorização do humano durante as atribuições profissionais, proporcionando o bem-estar daqueles que não enxergam a dádiva maior, que é nesse plano, a vida. **Descritores:** ética; assistência de enfermagem; intoxicação; tentativa de suicídio.

RESUMEN

Objetivo: analizar el proceso de cuidado del personal de enfermeira em el punto de vista del intento de suicidio de los usuarios de envenenamiento. **Metodologia:** enfoque descriptivo, cualitativo, exploratório, realizado en um centro de apoyo intoxicado Paraíba/Brazil, com nueve usuarios. La recolección de datos se realizó mediante una entrevista semiestructurada y um formulário de cuyos datos se procesaron mediante análisis temático cualitativo. La investigación fue aprobada según la clasificación por el Comité de ética e Investigación y por el CAAE UEPB nº 0003.0.349.133-10. **Resultados:** los participantes se cetraron en la edad de 14 a 26 años, predominantemente de sexo feminino y el consumo de plaguicidas em el intento de suicidio. El análisis del discurso identificó que todos los miembros han demostrado su satisfacción com la atención de enfermería, sin embargo, indicaron la ausencia de comunicación com los cuidadores y retrasar el cumplimiento de los procedimientos. **Conclusión:** la ética em los cuidados de enfermeris implica el establecimiento de la recuperación humana durante los deberes profesionales, la promoción del bienestar de aquellos que no vem el regalo más grande, cuál es esse plan, la vida. **Descriptores:** ética; cuidado de enfermeira; la intoxicación; intento de suicidio.

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INTRODUCTION

The care of human beings reveals itself in maintaining its potential and depends on a design ethic that understands the meaning of life as a valuable asset.¹

The ethical disciplines human conduct in matters that involve life to contemplate the values, customs, duties and rights and constitutes a fundamental dimension to the humanization of health care, guiding professional practice for a decent caring, supportive and welcoming.²

However, with the benefits brought by technology, especially in health, has increased several times, to dehumanization in user assistance, which is transformed into a mere object of care, and your physical well-being and mental are subordinated to the requirements of the operation of machinery and scientific power that health professionals have served.³

Parallel to the increasing technological development, it also amounts to the crisis of human identity, where the man is not sure who he is, and the value that has its life, and faces in everyday affairs, with the increase of personal conflict and social violence that promote suicide.⁴

Faced with the reality of death, suicidal quest to solve a problem that results in intense distress associated with unmet needs, feelings of hopelessness and abandonment, conflict between survival and unbearable stress, perceived narrowing of options and need to escape it passes through a stage of interpersonal relations.⁵

This individual considered autonomous in its decisions, and that becomes user needs the respect of the health professional in the face of this reality, as well as an ethical attitude of understanding and non-judgmental in order to help establish a relationship and bond that enable staff to discuss the history, values, beliefs and psychological factors expressed.⁶

For this, it is essential that nursing workers are prepared to deal with their daily practice to establish the limits of its ethical, for assistance based on interpersonal communication and welcoming.⁷

Marcel Mauss in studying personal relationships of people report the archaic system of exchanges between these people and highlights the voluntary and compulsory at the same time of donation. In exchanges that were made, circulated in the form of gifts / donations, not only material goods but

also the immaterial, in opposition proceedings between the groups, which won the one that was more generous.⁸⁻⁹

Therefore, based on the Theory of the Gift of Marcel Mauss, perceives that it is intrinsic to a human need to relate to their peers and for this there is a symbolic exchange of goods, not only material goods but also a spiritual exchange, a communication between souls.⁹

By correlating the theory of the gift to do with the ethics of nursing, some authors claim that in the care process should be a relationship of exchange between professionals and users, in a symbolic way, which translates into feelings, values and attitudes that provide consolidation a more humane social relations.⁸

Thus, the intention to qualify the actions of care staff in nursing and health, for those users who do not see the point of living longer, the following question arises: What is the vision of users poisoning suicide attempt, on the care provided by nursing staff?

Based on the foregoing, the study aims to analyze about the care provided by nursing staff in the view of users poisoning suicide attempt.

Expected to find elements that characterize a carefully guided in establishing healthy interpersonal relationships aimed at developing ethical and humane actions which go beyond technical issues of care and prioritize the human person.

METHOD

The present study was extracted from the monograph Humanization of Care Process User Intoxicated by Suicide Attempt made to the department of nursing at the State University of Paraiba (UEPB) in 2010.

Exploratory, descriptive qualitative approach, carried out at Hospital Emergency and Trauma in Campina Grande, where the Toxicological Assistance Center (CEATOX), which has the main function of reporting and customer service poisoned by pesticides, pharmaceuticals, abuse drugs, chemicals or industrial and home use toxic plants, and accidents with venomous animals.

Annually, the CEATOX in Campina Grande, performs approximately 2000 reports of intoxicated individuals. It is a service directed to the general population, which operates under the permanent duty 24 hours, seven days a week, including holidays, with two on duty each shift, serving the local community and the surrounding towns.

The universe characterized for purposes of this investigation was composed of users admitted in hospital emergency rooms due to unintentional poisoning were registered in CEATOX. The sample consisted of 09 participants.

For inclusion, participants were all met people who had attempted suicide by poisoning in the months of April and May 2010, data collection period of the study, and were able to answer questions.

The instrument used for data collection was a form which identified the demographic and socioeconomic profile of a semi-structured interview guided by a script that addressed participants' views about the process of taking care of the nursing staff.

For data collection, interviews were conducted on different days of the week, according to the visits of one of the researchers CEATOX in order to ascertain the hospitalization of intoxicated users intentionally and that were already in the hospital ward.

Data analysis was based on the analysis technique, according to the methodology proposed by Bardin. We performed a reading of the entire material collected, followed by a more profound and reported to the important ideas, ordering them and listing them in order to identify the themes that were grouped into categories, considering applicants and frequently expressed opinions, dissension, and consensus in order to produce the final interpretation.¹⁰⁻¹¹

Each member of the research was identified by the letter U, corresponding to the user, then the appropriate number on the order of the interview, such as U1, U2 and so on, respecting the ethical secrecy and anonymity of the same.

Because this research with human subjects research was submitted to the Ethics Committee in Research of the State University of Paraiba (CEP / UEPB) under paragraph 0003.0.349.133-10 CAAE, pursuant to Resolution of the National Health Council (CNS) 196 / 1996.¹²

RESULTS

Initially, we chose to describe the socio-economic and demographic of the participants and then add the description of the categories that have considered the purpose of the study.

Of the participating subjects, five were female and four male, aged 14-26 years. Regarding marital status, five members

reported being without a partner (a). The level of education focused mainly on teaching the 2nd grade school (05) and three participants exercised a professional activity, working as farmers. The vast majority, six respondents were from the rural area.

With regard to chemicals used by users in a suicide attempt, it was realized that pesticides were the most consumed substances among members of the study (07), whichever is the ingestion of carbamate known as "BB" for four participants.

Regarding the views of respondents about the care process, three categories emerged: Home of the nursing staff, assessment of user assistance and reference to the provisions of attention to mental health.

• Home nursing team:

The reception process is based on relationships between health professionals, users and services, is essential for care by enabling social inclusion through the bond and qualified hearing.

In order to investigate the care provided by nursing staff, respondents were asked about the existence of nominal or presentation of professional duties, during the course of care, and his testimony revealed the following:

I do not know their names but recognize them from view. (U3)

There are many different professional, I know who are nursing, but since I came here I never said the name. (U9)

In fact, the information obtained showed an absolute consensus among the participants, who did not know the name and function and / or position that the professional nursing staff in the process of care exercised.

Participants were also asked about the experience of some important time during the period of hospitalization, which had helped to overcome the situation where they were:

Early in the service, because the professionals received me very well and this time I'm going through here will never be repeated. (U8)

In the following, another user states that the dialogue with health professionals at this time relieved the distress:

Some employees gave me words of comfort, saying I was too young and should take good care of my life. (U4)

We can see from the above description how important it is to listen, understand and respect that make up the host to be done by those who take care of health. Situation

experienced in the act of welcoming promotes bonding and helps to generate optimism and the challenges of life.

However, also have been reported, the majority (05), conditions of absence of the time of receiving, as speech follows:

For me there was this moment (...) they should talk more. (U5)

The user A5, 23, married, attempted suicide by ingesting "BB" and during the interview the patient was melancholy, little participation, however, reported feeling a lack of dialogue among professionals.

• Evaluation of user assistance:

With regard to the quality of care provided by health professionals to users in the sample, especially the nursing staff were obtained accounts that enable you to present three different situations:

It's been great, they treat me very well. (U1)

It is more or less, because I have to draw much to come and they replace the serum takes too long, but I serve well. (U2)

I'm enjoying the tour, but it's been a day and a half that I am fasting for do endoscopy and so far (19:00) did not, and I am very hungry and nobody tells me anything. (U4)

When interviewing the user A2, admitted by ingestion of pellet, smaller and with his mother, it was apparent that although I like the assistance, showed the same anxiety to be fasting for a long time, and stated that some professionals in the nursing dialogued about your health.

Although the statements show contrassensos on the quality of the care process, it was found that all respondents were satisfied with the care received, and although there are gaps, suggest that health professionals are more attentive during care. The following excerpts expose opinions that reinforce recommendations in this regard:

They (nursing staff) should provide the right tests, talk with your doctor, tell me something concrete, as I am very hungry and thirsty. (U2)

Professionals should be more agile, changing just the serum, the doctor moves to and fro, sees me and does nothing well. (U4)

Despite the gaps in the service, it is noticed that the nursing staff needs to increase his care, by providing relief through communication and promote strategies that minimize the suffering of users, to make health care resolute and qualified.

• Reference to devices for mental health care:

In order to provide continual care and prevent further suicide attempts among respondents, they were asked whether health workers of the institution redirected them to networks of mental health care or professional specializing in this area, and obtained the following:

No, so far nobody has come for me to say anything about it, but I think it should be important to my recovery. (U6)

The psychologist and the nurse told me not to do that anymore and that I value my life and seek expert help when it was a difficult moment. (U7)

We observed that only three subjects received information from some institution's professionals on the need to seek specialist support for diversity, demonstrating the challenge of health workers to implement a comprehensive care to users with suicidal behavior, since many health workers turn away from accountability and commitment to properly manage this reality.

DISCUSSION

This study showed, in general, results consistent with the literature data Brazilian respect to the profile of the population that has suicidal behavior poisoning.

Regarding the sex was observed the predominance of females, and as some authors attempted suicide can be seen by the existence of differences regarding sex, because women are more likely to attempt suicide more often by using methods that allow a better chance of rescue, as the exogenic poisoning, while men are more often successful and tend to use more lethal methods.¹³

As age group identified the predominance of young people aged 14-23 years, corresponding to 08 users in the sample. Such evidence implies that in recent years, there has been a growing increase in suicide attempts among young people in this age group. This is the period of intense changes that make this population segment to experience increasing levels of anxiety and distress, making suicide as a means of coercion and revenge against the feelings of powerlessness and inability to change the situation.¹⁴

The suicidal behavior may emerge from the exploratory character of the young, but also by the influence of the context in which it

appears, however not being identified early, can lead to consolidation of these attitudes with significant implications at the individual, family and society.¹⁵

With regard to marital status, more recent studies have repeatedly shown that social characteristics such as single status, divorce or widowhood are risk factors associated with suicide. The method of suicide by poisoning showed that the chemical used by most participants was the carbamate pesticide, "BB".

It is considered a powerful insecticide, only authorized for agricultural use, despite being illegally sold in commerce, facilitating access to the product, either by use in agricultural activities, verifying the use in the field or in the home environment as an effective rat poison.¹⁷

Thus, most users being intoxicated coming from rural areas, because they have activities related to agriculture, it is believed that the ease and free access to the use of pesticides or other chemicals ocasionariam accidental poisoning and / or deliberate.

In reviewing the actions of care nursing staff in the view of respondents, perceives that the host as a relational process of the user with the worker was characterized by most members of the sample, as deficient, resulting in restoration of health impact .

In this respect we note that it was unanimous among the users not knowing the name and position / function of nurses and health professionals involved in the care process. Thus, it becomes essential to identify and presentation of health workers and family users in order to provide the bond and trust during the tour.

As recommended by the National Humanization Policy-HUMANIZASUS, the host should be adopted as attitude and practice in health care activities and management in health facilities, enabling every user of the Unified Health System (SUS), have knowledge of the professionals who care their health, favoring an ethical relationship of trust, commitment and mutual respect.¹⁸

Regarding interpersonal relations, communication by means of symbolic exchange and understanding between the beings involved, needs to be efficient so that assistance is resolutiva.⁸ However, it was observed in the study to a few members, the dialogue was a feature valuable in addressing the challenges and reconstruction of human dignity.

It is thus evident that, given the emotional vulnerability, the pursuit of solving the problem is not just a technical question. Nursing requires the development of communication skills translated cordiality, solidarity, the ability to perceive others and their needs, able to create an interpersonal relationship rich in symbolism and meaning processors assistance, making it more personalized and humanized.⁸

This is how the gift is described as an act of altruism as by giving generously we need to put yourself in another's place and realize that it is indeed necessary. Thus, exchanges or gifts were not only of material goods and economic, were exchanged, too, expressed in preparing delicacies of the rites of the feasts and serviços.⁸⁻⁹

Relating theory to nursing gift it is clear the circulation of symbolic goods between nursing staff and patients during hospitalization. Requiring nursing acts of listening, attention, respect, solidarity, commitment, acceptance, and others as important in interpersonal relationships humanizantes.⁸

On the quality of care provided by professional nursing staff and health, there were contradictions in the information reported by participants, they all showed satisfied, however, some members pointed out the lack of communication and the delay to perform therapeutic procedures.

This divergence demonstrates "that the condition of frailty, dependence, fear and uncertainty generated by the disease itself, and potentiated by the hospital, make people likely to be immensely grateful".^{8:3} Thus, it can interfere with the naïveté of the judgments of those individuals who threaten life and that permeate the social prejudice.

However, the work processes of professional nursing staff, particularly in hospitals, have been characterized by some scholars as a stressful routine, with high demand, excessive workload, exposure to risks of contamination and with an emphasis on hard technology.¹⁹ This scenario favors the delay, lack of communication and clarification on the completion of therapeutic procedures and user frustration.

One must consider that, associated with this fact, suicide attempts and consummated acts constitute a public health problem worldwide, and few nurses and health are prepared to face this problem, requiring the development of policies prioritizing public actions for comprehensive care, prevention

and reduction of suicide rates, minimizing its impact on população.²⁰

Thus, it was apparent that a minority of users participating in the study was focused on the importance of looking for professionals specializing in mental health care in order to promote strategies for coping with the challenges of daily lives and prevent further suicide attempts.

In the process of taking care of the professional nurse autonomy is essential as it provides links with other areas of health and science, working in an interdisciplinary and integral to setting priorities in assistência.²¹

In this scenario, despite the barriers in the care process, it is for nursing and other health professionals the ethical responsibility of providing a service according to demand it expects for the purpose of supporting those users with suicidal behavior, without pre-judgments, being sensitive to dialogue during the technical and scientific tasks and articulate intersectoral specialized networks to provide full assistance to the user.

FINAL CONSIDERATIONS

The present study sought to contribute to the discussion on the expression of ethics in nursing care for intoxicated youth suicide attempts, especially as the sight of them, the reception and care provided.

It was evident that in general, users found that they were satisfied with the assistance of nursing staff and health, were however expressed a lack of communication, dialogue and the delay in carrying out the procedures. Such gaps may be associated with organization of the work that still has strong influence of hard technologies, tends to the technical and healing.

In this case, it was noticeable that all participating users develop to cure confirmed, confirming thus the resolution of the services offered in the technical sense and scientific.

Indeed, considering the social, not enough to solve problems without considering the human being and his dignity as a person, their values, rights and duties. It is urgent that when implementing a service, this is based on ethics, which is rescued by the human being and his dignity, and establish working relationships that enhance the autonomy of workers and humanity, promoting the development of skills and "sensitivity".

Finally, the study hoped to contribute for the prevention of suicidal behavior, particularly among young people, the need to

plan and develop intersectoral actions that address the diversity and specificity of risk factors in order to reduce mortality from this cause and promote well-being to those who can not see over the greater gift, what is that plan, life.

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