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RESEARCH

The meaning of a young service attempted suicide for nurses of pre-hospital

O significado do atendimento a jovens que tentaram suicídio para o enfermeiro do pré-hospitalar

El significado de un servicio joven intentó suicidarse para enfermeras de pre-hospitalaria

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ABSTRACT

Objective: To grasp the meaning of the attending to youth who attempted suicide for the pre-hospital nurse and analyze how that meaning can influence the treatment of these young people. **Method:** An exploratory and descriptive study, with qualitative approach. Research participants were nine nurses who fulfilled the inclusion criteria. **Results:** From the analysis there emerged three categories: Significance of care to young suicidal; Feelings of nurses to meet a young suicide; Influence of significance in attending a young suicide and its relation to professional conduct. **Conclusion:** Attending a young suicide has special meaning to the study subjects and awakens feelings such as anxiety, sadness, fear and suffering. The prehospital nurse shows itself compromised in the patient care and family, regardless of the nature of the occurrence, however, puts the fact of suicide as relevant to the care provided. **Descriptors:** Attending services, Attempted suicide, Young, Nurse.

RESUMO

Objetivo: Aprender o significado do atendimento a jovens que tentaram suicídio para o enfermeiro do pré-hospitalar e analisar de que forma este significado pode influenciar no atendimento a esses jovens. **Método:** Estudo exploratório e descritivo de abordagem qualitativa. Os participantes da pesquisa foram nove enfermeiros que atenderam aos critérios de inclusão. **Resultados:** A partir da análise emergiram três categorias: Significado do atendimento ao jovem suicida; Sentimentos dos enfermeiros ao atender um jovem suicida; Influência do significado em atender um jovem suicida e sua relação com a conduta profissional. **Conclusão:** Atender um jovem suicida possui significado especial para os sujeitos do estudo e desperta sentimentos como: angústia, tristeza, medo e sofrimento. O enfermeiro do pré-hospitalar mostra-se comprometido no atendimento ao paciente e família, independente da natureza da ocorrência, no entanto, coloca a circunstância do suicídio como relevante para assistência prestada. **Descritores:** Serviços de atendimento, Tentativa de suicídio, Jovens, Enfermeiro.

RESUMEN

Objetivo: Aprender el significado del cuidado a jóvenes que intentaran suicidio para el enfermero de la atención pre-hospitalaria y analizar la forma en que esto significado puede influir en el tratamiento de estos jóvenes. **Método:** Estudio exploratorio y descriptivo con enfoque cualitativo. Los participantes de la búsqueda fueron nueve enfermeros que cumplían los criterios de inclusión. **Resultados:** Desde el análisis emergieron tres categorías: Significado del cuidado al joven suicida; Sentimientos de los enfermeros al atender un joven suicida; Influencia del significado en el cuidado a un joven suicida y su relación con la conducta profesional. **Conclusión:** Atender a un joven suicida tiene un significado especial para los sujetos del estudio y despierta sentimientos como: la angustia, la tristeza, el miedo y el sufrimiento. El enfermero de la atención pre-hospitalaria aparece comprometido en la atención al paciente y familia, independientemente de la naturaleza de la incidencia, sin embargo, pone la circunstancia del suicidio como relevante para el cuidado prestado. **Descritores;** Servicios de Atención, Intento de suicidio, Jóvenes, Enfermero.

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INTRODUCTION

Suicidal behavior a few years ago, has increased significantly worldwide, each year nearly one million people die from suicide an overall mortality rate of 16 per 100 000 inhabitants or one death every 40 seconds.¹ Suicide is one of the four leading causes of death among people aged between 15 and 44 and the sixth leading cause of ill health and physical disability in both developed and developing countries. Furthermore, it is known that suicidal behavior implies impact on health services, estimates that 1.4% of the global burden of care for diseases in 2002 were caused by suicide attempts, and it is estimated that reach 2,45% in 2020.²

In Brazil, the rate of death by suicide in 2005, was considered relatively low (5.6 deaths per 100 000 / inhab.) Compared with the rates of other countries. The country occupies the 67th position in a worldwide ranking.³ However, in absolute numbers, Brazil is among the ten countries with the highest number of suicides.⁴ In Teresina-PI, in the period from 2000 to 2004, rates between 4.7 to 7.2 suicides were discovered by 100mil/hab. If compared with the national average in the same period, which was 4.5 per 100 000 / hab., This average approximates that found in Teresina.⁵ Suicide occupied the fourth place in relation to all deaths from violent causes that have happened in this city.

Suicide is a complex topic worthy of reflection by professionals in various areas, their causes are still reasons of curiosity and research, is defined as any case of death resulting directly or indirectly from a positive or negative act committed by the victim himself and reflects the desire to kill oneself, giving rise to a triad: the will to die, to be killed and to kill.^{6,7,8}

Suicidal behavior can be described in three categories: a) suicide threats - are the warnings J. res.: fundam. care. online 2013.dec. 5(6):217-223

The meaning of a young service attempted... that indicate the possibility of suicide, b) suicide attempts - any self-directed action, committed by that person and that can result in death if not be interrupted c) suicide - is the realization of suicidal intent.⁹

According to psychoanalysis, human nature has two trends: Eros (leads to life) and Thanatos (leading to death). On one side, there search for life, the maturation and growth, however the other hand refers to the death, to the inert, so when the urge to die overrides the will to live accordingly suicide happens.¹⁰

Suicide is not random or pointless act, but rather an attempt to solve something born of intense suffering, so there are risk factors and protective factors. Among the risk factors are: chronic diseases, stroke, acute myocardial infarction, sclerosis, but are psychiatric factors among them depression, anxiety, delusions, personality disorders that are most frequently reported as risk. Among the protective factors stand out pregnancy, religiosity, of confrontation skills and family support. These being able to decrease the potential risk of suicide.¹¹

Suicide is now understood as a multidimensional disorder that results from a complex interaction between environmental, social, physiological, genetic and biological factors. In this sense, the psychological and social impact of suicide on the family and society is immeasurable. On average, a single suicide affects at least six other people.¹² If a suicide occurs in a school or in any workplace, has an impact on hundreds of people.

The motivation for conducting this research arose from observations about the significant number of deaths by suicide in Brazil and the small number of studies found in the literature, addressing the experience of health professionals and, above all, the nurse about the patient care in suicide imminent. Furthermore, the study enables

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to recognize possible implications, both positive and negative, in nursing care to the individual at imminent suicide.

In this context, the study was guided by the following questions: What is the meaning of serving youth who attempted suicide for nurses prehospital? How this meaning can influence the treatment of these young people? The objectives were: Grasping the meaning of serving youth who attempted suicide for nurses prehospital and analyze how that meaning can influence the treatment of these young people.

METHODOLOGY

Descriptive exploratory qualitative study, which was the scenario the Central Regulation of Mobile Medical Service (SAMU) located in the south of the city of Teresina-PI. The study participants were nine nurses who met the following inclusion criteria: working in team of advanced support for at least one year, have completed serving youth who attempted suicide and take part in the study after signing the Free, Prior and Informed Consent.

Data collection occurred from November to December 2012, through semi-structured interviews using a questionnaire with open questions. The data obtained were analyzed and discussed through thematic analysis of Minayo.¹³

The rules of Resolution 196/96 regulating human research were followed and the study was approved by the Ethics Committee in Research of the University Center UNINOVAFAPI under CAAE No 05265512.0.0000.5210.¹⁴

RESULTS AND DISCUSSION

The Meaning of Care Youth Suicide

For health professionals there is some peculiarity in attending a youth who attempted suicide, and in the case of nurses prehospital this is no different. By analyzing the statements of the

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subjects of this study were able to identify such peculiarity. This is, the assistance to a young suicide reflects the meanings of great relevance for nurses. As indicated by the lines:

The beginning is shocking, depending on the type of suicide attempt, because for me one thing is that I'm shocked when suddenly, someone attempts suicide [...] (Witness 1)

It's a treatment [...] more delicate, first because a young [...] when we'll attend, we'll be more touched [...] we see that it is a potential of years of life lost (Witness 2)

It is disturbing, because reflects social isolation which causes depression (Witness 7)

For most nurses, care to suicidal young man has a special meaning, especially because the young. The deponent 1 makes this clear when to report that it is "shocking", the deponent 2 considers the most "gentle" care. For the interviewee 7, there may be relationship between the psychological problems with the suicide attempt. Studies in Psychoanalysis report that suicide is a psychotic situation. This does not mean that the person is psychotic, but that at the time of the act, have it activated cores and psychotic components of personality that remained inactive and neutralized by non-psychotic parts of the personality, which eventually manifest in a given moment of crisis. Culminating with this, in the suicide attempt.

However, this opinion is not unanimous on the part of the study subjects. This is noticed in the statement below:

I consider this occurrence as any other, can not let me take the emotional [...] No judgment no concerns or comments, do everything in their power to save him (Witness 6).

The deponent 6 behaves in a neutral way, making it clear that for him there is nothing special

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to attend a young suicidal. The subject reports that do everything possible to save the patient, however, not influenced by the nature of the occurrence.

Feelings of the nurse to attend a young suicide

Evaluate a suicidal patient is complicated by the fact awakening, often, strong feelings on the examiner, especially anxiety for misconduct and a catastrophic consequence. Nurses in the study expressed feelings of anxiety, fear and sadness.

Distressing, especially to see terrible scenes, like hanging, and even worse, witness the desperation of the family (Witness 5)

There is a greater sensitivity to this type of case. It's different you attend a patient who had an accident. With inevitable and attend a youth who attempted suicide, I feel so scared (Witness 2)

It is a feeling of sadness associated with impotence, of not having been able to be part of what this young has incorporated the biggest goal of his life is the dropout of life (Witness 8)

According to a study performed with nurses experience feelings, most often, conflicting and distressing, since stigma and religious issues involved with the suicidal act.¹⁶

Nurses who attend the suicidal young perceive mixed feelings: anguish, grief, fear, emotion. We know that suicide is often a cry for help, is the way that the victim considers most efficient in healing their suffering. The waiver of life, this is something so delicate. Maybe that's why everyone sensitized with the attempt and / or suicide.¹⁷

Still on this line of thought suicide is not a random or purposeless act, on the contrary, is the best solution perceived to output a problem or crisis that is invariably causing intense suffering.⁵

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The deponent 8 reports something peculiar: "impotence" to not be able to be part of completing your larger goal, death. However, one should take into account that those who attempt suicide, are seeking an outlet for their suffering. It is notorious that death only leads to more suffering. Then save the life of this young man is very worthwhile. For the professional will be contributing to that he has a second chance and it is up to the suicidal young man with his family to seek help for this young man did not attempt suicide again.

It is much suffering, when I get in that occurrence I see that young suffering ... As a professional I'm thrilled ... Because I think of my family, that could be one of them ... But the excitement does not reflect a deficit in attention (Witness 4)

Suicide can cause reactions of shock and mixed feelings: anger, guilt, fear and sadness, and may result in an organizational dysfunction.¹¹ However, what is observed in the speech of the interviewee 4, that emotion is not beyond reason. That is, it does not let the feeling generated by the occurrence hinders care for the victim.

Studies related with the thematic identify difficulties caused by the psychological unpreparedness and lack of skills for care in situations of attempted suicide reveal, on the part of health professionals, behaviors of aggression, contempt, prejudice and misunderstanding, reflecting the care provided.

Influence of significance in attending a young suicide and its relation to professional conduct.

In this category it is observed that the nurses have differing opinions about the influence of meaning in a suicide attend and professional conduct, is what shows in the lines below:

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No influence at all. Because when we work in the prehospital, we'll imbued with such a great feeling to save that it's not much difference be a suicide, a traffic accident (Witness 1)

Positive influence because we are professionals in emergency, so we want to save to give a new lease of life to them. It is a positive emotion (Witness 4)

For me it has no effect whatsoever, attendance, strength of will to help and give the best of me (Witness 8)

Requires professional involvement plus the circumstances of the incident, when it comes to suicide (Witness 9)

The deficiencies in the psychological structure of the professionals in understanding suicidal trigger a plot of non personal involvement. The deponent 8 reports that regardless of the nature of the occurrence, he always does what is necessary to help the patient, leaving not lead by emotions. However, the deponent 9 puts the circumstance of suicide as relevant for assistance to be provided.

The subjects expressed themselves committed to the patients under their care, but it is known that beyond the individual and collective commitment of the staff have knowledge that the specialist qualification is required in order to establish a therapeutic alliance, able to promote the relationship with the patient in order to help leave of this episode more mature.¹⁰

In this sense it is important to try to transmit hope to the patient, but without giving false assurances that "all will be well" because the consequences can be dramatic and should be considered the possibility of further attempts. The reports below express this concern.

We try to do everything possible, endeavor to give faster service, quality of this youth [...] Talking to escort gives support to avoid further attempts (Witness 2)

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Thus respond with utmost care right, observe that fragility of it [...] Driving the family to seek care to avoid it completes its attempt (Witness 3)

It is noted that the deponents 2 and 3, besides providing the assistance necessary care to guide the family to seek help in order to prevent further suicide attempts. This is because it is possible that the young try again.

The threat of suicide should be taken seriously, even when it seems false or manipulative character. Repeated attempts is a risk indicator for the consummation of suicide. The risk of suicide after a deliberate attempt to self-harm is much greater than in the general population.¹⁹ Based on this assumption, the positioning of the subject is significant in preventing further attempts.

From this perspective it is necessary to rethink postures to the practice of health professionals, especially nurses, expecting this, acumen detecting the triggering factors of psychological distress not only to their customers at risk of death, but the family who are vulnerable and destabilized emotionally from fear of the loss of your being. This corroborates the importance of nurses in the conduct of suicidal patients and their families.¹⁶

The care provided to individuals who attempt suicide, most often, is tumultuous and demand great attention from all health team. The professionals that are there direct their primary attention to the care of life support, postponing the service to the individual who attempted suicide, leaving it anxious for information, or even a word of comfort family.¹⁸

In this sense the professional should encourage the family to give greater attention to social and behavioral changes of the member who attempted suicide, which are remarkable signs that something is not right, and this care a primary

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prevention strategy to new attempts at self-annihilation.¹⁶

However it is essential that nurses have the power to intervene positively in the face of attempted self-harm patients. With this, it is necessary to identify the factors that influence their professional practices, seeking adaptations with appropriate interventions, through continuous professional development and the search for concrete strategies.

CONCLUSION

The attempted suicide and / or suicide is an act of courage or will be cowardice? Depending on the culture of each nation, that has several ways of being conceptualized. In many cultures suicide is seen as an act of bravery, with religious purposes, but in most countries it is seen as an act of desperation, cowardice shaping up as a public health problem.

The suicide attempt happens overly and to be an emergency nurse in the pre-hospital is routinely asked for the salvation of suicide, providing essential care in order to save it. This service takes the meanings, that because of its peculiarity. Most of the subjects reported that caring for suicidal youth has a special meaning, especially because the young. They reported being a shocking, disturbing and delicate care.

The service to young suicidal triggers many feelings to nurses prehospital as: anxiety, sadness, fear, grief and others. That's because there is a stigma about suicide plus to this, there are religious issues that condemn suicide.

The meaning of attendance to the young suicide influences the professional conduct of some nurses in the study. They say that "the influence is positive," because, being emergency professionals, want to save the life of that young, enabling a new opportunity for life.

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The nurse prehospital shows up committed to the care provided. Moreover, the same worries about conducting the family, guiding them to seek specialized assistance in order to prevent further attempts. The literature shows that all threatening of a person in a situation of vulnerability for suicide should be taken seriously, even when it seems false or manipulative character. Therefore, it is known that whoever tries suicide possesses a greater likelihood of committing suicide compared to the general population.

Suicide attempts, especially those that occur among adolescents and young adults represent an important public health problem that demands continuous research efforts, aimed at identifying risk factors that may contribute to the development of prevention and care strategies.

The main merit is to give voice to the teenager who attempted suicide and present their perception on the subject. Besides knowing the problem, we need to seek more effective ways of intervention.

Being aware that professional of Nursing is one of the first health care professionals who receive the patient in emergencies, configures itself emerging its proper qualifications for nursing care front of those patients who had attempted suicide, this care should be done with ethics, psychological support, continuous observation to patients and family in order to prioritize communication with emphasis on the need for qualified hearing, as this is often unsecured patients, fragile, anxious, ashamed and frustrated.

Based on these considerations, we highlight the importance of the theme and the need of new studies, because this are required to support, increasingly, the actions of nurses in the approach to youth suicide and the families of these patients, to enhance and generate new sources of interventions with patients and services involved, seeking preventive measures that improve the

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