

Depression and suicide risk in nursing

A depressão e o risco de suicídio na enfermagem

Depresión y riesgo de suicidio en enfermería

Janaina Sales Barbosa Araújo¹, Marlene Rocha Barbosa², Marcia Silva Nogueira³

Como citar: Santos RRP, Cardoso BP, Pereira MC. Depression and suicide risk in nursing. REVISA. 2021; 10(2): 250-9. Doi: <https://doi.org/10.36239/revisa.v10.n2.p250a259>

REVISA

1. Centro Universitário ICESP,
Nursing Departament. Águas
Claras, Federal District, Brazil.
<https://orcid.org/0000-0003-4086-4797>

2. Centro Universitário ICESP,
Nursing Departament. Águas
Claras, Federal District, Brazil.
<https://orcid.org/0000-0002-6862-5109>

3. Centro Universitário ICESP,
Nursing Departament. Águas
Claras, Federal District, Brazil.
<https://orcid.org/0000-0003-3775-2647>

Received: 22/01/2021
Accepted: 21/03/2021

RESUMO

Objetivo: analisar a depressão e o risco de suicídio entre os profissionais da Enfermagem segundo a literatura científica. **Método:** Trata-se de uma revisão integrativa da literatura realizada nas bases de dados eletrônicas: Literatura Latino Americana e do Caribe em Ciências da Saúde, Scientific Electronic Library Online e National Library of Medicine, via Pubmed, buscando artigos publicados entre 2010 a 2020. **Resultados:** Dentre os fatores desencadeantes para a depressão nos profissionais da enfermagem estão: conflitos no trabalho, de interesse e familiar, plantões noturnos, estresse, sobrecarga, relação interpessoal, baixa perspectiva profissional. Já os fatores desencadeantes para o suicídio estão: depressão, Burnout, baixa relação pessoa, uso de medicamentos e ansiedade. **Conclusão:** É um problema de saúde pública, em que afeta um grande número de profissionais da enfermagem, sendo mais comum nos técnicos de enfermagem. É preciso que haja criação de políticas públicas para que esse profissional seja atendido semanalmente por psicólogos e rodas de conversas. Desse modo, é de suma importância a detecção precoce de sintomas depressivos e ideação suicida.

Descritores: Depressão; Suicídio; Enfermagem; Depressão entre enfermeiros; Suicídio entre enfermeiros.

ABSTRACT

Objective: to analyze depression and the risk of suicide among nursing professionals according to scientific literature. **Method:** This is an integrative literature review carried out in the electronic databases: Latin American and Caribbean Literature in Health Sciences, Scientific Electronic Library Online and National Library of Medicine, via Pubmed, looking for articles published between 2010 to 2020. **Results:** Among the triggering factors for depression in nursing professionals are: conflicts at work, of interest and family, night shifts, stress, overload, interpersonal relationship, low professional perspective. The triggering factors for suicide, on the other hand, are: depression, Burnout, low person-to-person ratio, medication use and anxiety. **Conclusion:** It is a public health problem, in which it affects a large number of nursing professionals, being more common among nursing technicians. It is necessary to create public policies so that this professional is assisted weekly by psychologists and conversations. Thus, it is extremely important for the early detection of depressive symptoms and suicidal ideation.

Descriptors: Depression; Suicide; Nursing; Depression among nurses; Suicide among nurses

RESUMEN

Objetivo: analizar la depresión y el riesgo de suicidio entre los profesionales de enfermería según la literatura científica. **Método:** Se trata de una revisión bibliográfica integradora realizada en las bases de datos electrónicas: Literatura Latinoamericana y del Caribe en Ciencias de la Salud, Biblioteca Electrónica Científica en Línea y Biblioteca Nacional de Medicina, vía Pubmed, buscando artículos publicados entre 2010 a 2020. **Resultados:** Entre los factores desencadenantes de la depresión en los profesionales de enfermería se encuentran: conflictos laborales, de interés y familiares, turnos de noche, estrés, sobrecarga, relación interpersonal, baja perspectiva profesional. Los factores desencadenantes del suicidio, por otro lado, son: depresión, Burnout, baja relación persona a persona, uso de medicamentos y ansiedad. **Conclusión:** Es un problema de salud pública, en el que afecta a un gran número de profesionales de enfermería, siendo más común entre los técnicos de enfermería. Es necesario crear políticas públicas para que este profesional sea asistido semanalmente por psicólogos y conversaciones. Por tanto, es extremadamente importante para la detección precoz de síntomas depresivos e ideación suicida.

Descritores: Depresión; Suicidio; Enfermería; Depresión entre enfermeras; Suicidio entre enfermeras

Introduction

The word depression is used to describe a set of negative and somber feelings, long lasting in time and space, usually related to anguish. In some cases, depression can be considered a natural reaction of the human person in periods of transition, especially in times of change and growth.¹

Depression can cause abnormal changes in the individual's mental function, which can be understood as a prolongation of negative feelings.²

According to the World Health Organization (WHO), depression is considered the 5th biggest public health problem in the world. Leads workers' mental illnesses, and can affect individuals at any stage of life, however, its greatest incidence is in the average age between 40 and 49 years, being more common among women.³

The association between mental disorders and suicide is over 90%, among these disorders, we can mention mainly depression, bipolar mood disorder, alcohol abuse, schizophrenia and personality disorders.⁴

Among workers, nurses are among the professionals most likely to develop mental health problems. The health worker is directly affected, due to his involvement with the suffering process of patients and family members, where they end up being involved in the whole exhausting and tiring process.⁵

In addition to being a profession with various risks in its execution, including physical, chemical and ergonomic, it also has shift work, job insecurity, professional restriction, decreased autonomy, extensive bureaucratic tasks, which can cause a feeling of dissatisfaction and insufficiency the quality of the service provided.⁶ Along with depressive symptoms, the incidence of suicide is also high among health professionals. This is all influenced by the stress of the environment and work process, directly interfering with the quality of life of these professionals and their working life.⁷

Nursing is one of the fastest growing professions in the world and, with it, mental health problems among these professionals have stood out. Among health workers, nursing professionals are part of the group that, due to their high rate of mental disorders, anxiety depression, stress, in addition to the state of exhaustion, physical and mental exhaustion due to conditions that can evolve, and lead to the limit, increased the risk of suicide. The exhaustion stage represents the most serious stage of physical and mental exhaustion, with chronic symptoms of permanent sadness, discouragement, pessimism, isolation, feelings of guilt, sleep disturbance and suicidal or death thinking.⁷

Among the factors that contribute to the development of depression in nursing are working conditions, excessive workload, non-professional recognition, night shift, conflicts at work, stress and family conflicts. Depression and suicide are public health problems, with a high rate of professionals with these disorders and who have been suffering and losing their lives. Such data demonstrate the importance of understanding this phenomenon, prevention strategies and suicide risks.⁷

In this sense, the objective of this study was to analyze depression and the risk of suicide among nursing professionals according to the scientific literature.

Method

It is an integrative literature review, for the elaboration of the integrative review, the reviewer determines the specific objective, formulates the questions and the hypotheses to be tested. Based on this, it carries out the search to identify and collect the maximum of relevant primary researches within the established inclusion and exclusion criteria.⁸

For this research, the following steps were followed: establishment of the hypothesis and objectives of the review through the establishment of a guiding question, definition of the descriptors and keyword to guide the searches; definition of the information to be extracted from the selected articles; presentation of results and discussion. The research question that guided this review was: What is the knowledge produced about depression and the risk of suicide among nursing professionals?

The data collection took place in August 2020, the search places used for the elaboration of this research were the electronic databases: American and Caribbean Literature in Health Science (Lilacs), Scientific Electronic Library Online (SciELO) and National Library of Medicine (Medline / via Pub Med), and official documents from the Ministry of Health (MH). For the search, the following descriptors registered in the Health Sciences Descriptors (DESC) were used: Depression AND Suicide AND Nursing AND Depression among nurses AND Suicide among nurses.

The inclusion criteria were: scientific articles in English and Portuguese, published between 2003 and 2020, with full and free text available, referring to depression and suicide related to nursing. Articles that were not recognized academically and that were published more than 17 years ago were excluded.

Initially, an exploratory reading of the titles and abstracts was performed to recognize the articles that met the eligibility criteria. Then, the previously selected articles were read in full, and they were again submitted to the inclusion and exclusion criteria.

After the selection of the final sample, the following variables were extracted from the publications and made up the summary table of this review: year of publication, magazine webqualis, publication periodical, objective, method, result and conclusions. To carry out the research, elaboration and formatting of the project, the Google platform and the Microsoft Office Word text editing tool were used.

Results and Discussion

Initially, 70 articles were found, after applying the inclusion and exclusion criteria, 29 articles were selected to serve as a basis for the elaboration of the project.

Characterization of Depression and Suicide in Brazilian Nursing

In Brazil, the largest number of health professionals are nurses. They exercise great care in the health of the Brazilian population; so there is a great emotional and physical demand. When depression and suicide appear, there are several signs and symptoms, which are shown in Chart 1.

Chart 1- Signs and Symptoms of Depression and Suicide. 2020.

Depression	Suicide
Absence of understanding of performing tasks	Depression
Low professional expectation	Burnout
Interest conflicts	Low personal achievement
Family conflicts	Anxiety
Stress	Use of medication
Overload	
Night shifts	
Interpersonal relationships	
Not knowing how to deal with grief	
Job insecurity	
Professional inexperience	
Conflicts at work	

Furthermore, according to a survey conducted by de Souza (2020), the female sex (62%) is the most affected because the demand for women is much greater in their daily lives and for having more professionals of this gender working in nursing. In a study by Oliveira et al (2020), it revealed the percentage of nursing professionals with symptoms of depression. The nursing technician is the most affected (59%), followed by the nurse (25%) and finally the nursing assistant (16%).⁹⁻¹⁰

Based on the above, it is necessary to consider that the health and quality of life of nursing professionals, considering that their professional practice takes place in complex realities, the most diverse human relationships, having to deal with different demands on a daily basis, facing them if with factors that can produce risk for depression and suicide, and that contribute to illness and compromise the full provision of care. Thus, nursing professionals with more depressive symptoms are nursing technicians, perhaps because they are more in number than other workers in the field. In addition, the female gender is the most prevalent, and this gender is the most prevalent in nursing, in addition to its high daily demands, such as the third shift (at home) and work overload, favor the development of depression and suicidal ideation.⁹⁻¹⁰

Thus, it is necessary to pay attention to the seriousness of the risks that these professionals run, both in their work and in their personal lives, in developing mental disorders and which is often neglected, even by the professionals themselves. Measures to improve interpersonal relationships in the work environment of nursing professionals must be adapted as dialogue, listening, bonding and welcoming, as they favor the understanding of suffering, appreciation of experiences and attention to the needs of the different people involved in the work process. For example, you can create a circle of weekly conversations and psychologists available free of charge for each professional.

Therefore, psychological problems should be identified among these professionals, in order to formulate educational programs and clinical strategies for early guidance and diagnosis, with the aim of preventing the chronicity of depressive disorder, reducing the risk of suicide and reducing the risk of suicide. increase in other psychiatric disorders.

Depression

The term depression is relatively new, being used for the first time in 1960, to indicate a state of discouragement or loss of interest in life. The development of the concept of depression emerged with the decline of magical beliefs that underlie the understanding of mental disorders until then. Depression has a series of implications for humans, caused by, among other diseases, some symptoms such as insomnia, sleep and eating disorders¹¹

People with depression describe the loss of the ability to take pleasure in activities in general, show less interest in the surrounding environment, neglecting their professional and social activities. Complaints of fatigue and lack of energy even in activities that do not require physical efforts are some of the symptoms involved.¹²

Depending on the number and severity of symptoms, a depressive episode can be classified as mild, moderate or severe. Mild depression can be a normal adaptive response to loss and brief separation, whereas severe depression is the consequence of repeated separations, losses and immense traumas, causing a lot of suffering and dysfunction.¹³

When the severe depressive episode occurs, the individual is troubled or shaken. You have a loss of self-esteem, feelings of worthlessness or guilt. The severe depressive is unable to develop his daily social and domestic activities, and may present psychotic symptoms such as psychomotor retardation, hallucinations and delusions, and suicide is a marked risk.¹⁴

According to the Brazilian Health Technology Assessment Bulletin (2012), for the diagnosis of depression, an interview must be conducted to identify the symptoms, taking into account the tendency of the patient to deny himself, or even to minimize and justify. To establish the differential diagnosis, additional information is important to identify the factor that causes depression. Therefore, the diagnosis of depression depends on the patient's assessment, general condition and personal and family history. Based on the correct diagnosis, the most appropriate treatment must be implemented in order to reduce symptoms and improve the patient's quality of life.¹⁵

Psychosocial treatments are effective for mild depression. Antidepressants may be an effective form of treatment for moderate to severe depression, but they are not the first line of treatment for mild depression.¹⁶

The necessary medical assistance, together with the patient's collaboration and the correct use of medication, is very important. Therefore, it is a partnership work in search of improving the individual affected by the pathology. Still for the author, antidepressant drugs have the function of regulating the substantial components of the brain, thus bringing temporary relief to the patient, who is encouraged by the partial result and works hard to solve the problem.¹⁷

Drug treatment is essential to obtain clinical benefits, but the patient should not abandon it when he perceives improvement of symptoms. It is very common for patients to abandon treatment early, believing that they no longer need it, but this should only be done with medical guidance.¹⁸

Nursing depression

Studies show that psychic illness is increasingly common among professions, with the health area and among them the most affected, especially nursing, which is exposed to various stressful situations. The health professional must be able to deal with all types of pathologies, including those of a terminal character, which lead the patient to an aggravated depressive condition, and for that he has to be well psychologically, but this is not always what happens, because the professional gets involved and absorbs this depressive situation.^{6,19}

The health area, mainly nursing, is considered one of the most stressful professions, and this is due to the unsatisfactory conditions of the workplace, the direct contact with suffering, death, insufficient number of professionals, large number of tasks and low salary support from the manager overloads the employee making him unmotivated and stressed. The most striking consequence of professional stress is the reduction of work, which interferes in relationships and events are no longer important, and all personal effort seems useless to the affected professional.²⁰⁻²¹

Occupational stress is that arising from work, that is, it is a set of phenomena that present themselves in the worker's body, unable to face the demands required by their occupation, which may affect their health and well-being. When this stress becomes continuous, it can favor the onset of some diseases, including depressive disorders and burnout syndrome.²²

Burnout is a response to chronic stress that affects the worker's performance, interpersonal relationships, productivity, as well as the individual's quality of life. It is worth mentioning that not every depressive professional develops burnout syndrome, because sometimes the agent that causes depression can be other reasons, besides work.²³

In addition to the factors mentioned, other factors that trigger psychic disorders in nursing are the occurrence of rotating shifts, which can cause sleep disorders, gastrointestinal and cardiovascular disorders, psychic disorders, especially depression.²⁴

Likewise, night work, in addition to causing difficulty sleeping and waking up, can lead professionals to the abusive use of alcohol or other substances, including dependence on some types of medication, causing irritation and aggression and, thus, causing damage to their work, family and social life. The pathogenic suffering experienced at work starts to function as an agent of health fragility.²⁵⁻²⁶

When someone from the nursing team goes into depression, there are several setbacks to the institution, to which he provides services, mainly a probable breakdown of the work team. Which in a way ends up causing several situations related to work organization and customer service.²⁷

The work overload and the duration of the work, the lack of autonomy and control in the work processes, the presence of physical, chemical and biological risks, dealing with suffering, insufficient resources, responsibility for

people, remuneration, family situation, the home-work conflict, are considered stress factors in health professionals.²⁸

The crisis of suicide in nursing

Nurses are at higher risk of suicide than the general population and are four times more likely to commit suicide than people who work in any other profession. In addition, nurses are more likely to commit suicide than men.²⁹

Gomes and Oliveira add that the external factors that are pushing some nurses to the limit are largely related to the nature of the health sector and the work environment. Many of today's healthcare professionals are working in environments that are a breeding ground for stress and trauma in the workplace. For nurses, they are also faced with dangerous working conditions, inconsistent working hours and long shifts, often on double working hours.¹⁶

There are some occupational factors related to nurses' suicide, such as self-sacrifice, as they are regularly caught between the demands of the system and those of their patients.³⁰

A culture of self-sacrifice is prevalent in the health field, which means that nurses often do not develop the self-care and self-compassion strategies needed to thrive in demanding conditions - they are more concerned with the well-being of patients than with their own.³¹

Other factors that are related to suicide are bullying, emotional pressure, long hours due to lack of staff, which contribute to mental health problems and violence and abuse in the workplace.³⁰

We cite the example of visitors and family members who end up physically and verbally assaulting the health team, also taking their anger out on nurses during what can be an emotionally difficult time for them.¹⁶

Nurses who work in the emergency room or on night shifts are more likely to be exposed to violence because these are the times when they are most often in contact with patients under the influence of drugs or alcohol. Many cases of abuse are not reported and are seen as part of the job. All this burden is imposed on these professionals, without having a backup for their emotional physical health, leaving them to resolve on their own what is a major generator of depression.^{16,32}

Warning signs are not always present or are reliable. When present, they can be difficult to detect. A heavy workload and a fast pace of work often mean that colleagues are too busy or worried to notice the first warning signs. Care should be taken, as signs such as sadness, demotivation and behavior change may simply indicate deterioration in mental health, and attention is needed to avoid aggravation, such as suicide.³⁰

Some preventive measures for depression and suicide among health professionals include reducing working hours, attractive and rewarding working conditions, recognizing the need for ongoing training and investing in professional development, social support for teams and encouraging their participation in decisions. Thus, there must be an approach that sees this as a collective and organizational problem and not an individual one.²³

It is essential that there are preventive and therapeutic strategies to deal with conflict situations of the nursing professional, especially for those who work

in critical units. Multidisciplinary strategies for the emotional preparation of these professionals should be included, aiming to minimize the states of anxiety, reducing depression, and thus avoiding the risk of suicide.²⁴

Conclusion

Depression is a set of negative and somber feelings, long lasting in time and space, which can be associated with anguish, being considered the 5th biggest public health problem in the world, with its peak between 40 and 49 years, prevailing in women.

Professionals in the field are the most affected, as they must deal with all kinds of human diseases, including terminal ones, which lead the patient to an aggravated psychological condition. In this group, nurses are the ones who suffer the most, as they go through more stressful situations. Women are the most affected by this situation and among the nursing professions, it is more prevalent in nursing technicians.

Among the triggering factors for depression in nursing professionals are: conflicts at work, of interest and family, night shifts, stress, overload, interpersonal relationship, low professional perspective. The triggering factors for suicide are: depression, Burnout, low person-to-person ratio, medication use and anxiety.

Finally, the psychological problems among these professionals must be identified, in order to formulate educational programs and clinical strategies for early guidance and diagnosis, with the objective of preventing the chronicity of depressive disorder, reducing the risk of suicide and the risk of suicide. increase in other psychiatric disorders.

Acknowledgment

This research did not receive funding for its performance.

Reference

1. Gomes AMA. Um olhar sobre depressão e religião numa perspectiva compreensiva. REVER/ 2011; 25(40): 81-109.
2. Gherardi-Donato ECS, Cardoso L, Teixeira CAB, Pereira SS, Reisdorfer E. Associação entre depressão e estresse laboral em profissionais de enfermagem de nível médio. Rev Latinoam Enferm. 2015;23(4):733-40
Doi: <http://dx.doi.org/10.1590/0104-1169.0069.2610www.eerp.usp.br/rlae>
3. Organização Mundial Da Saúde. Conquering Depression: Some facts and figures. Geneva: WHO, 2001. Disponível em:<<https://apps.who.int/iris/bitstream/handle/10665/204901/B0756.pdf?sequence=1&isAllowe=y>>. Acesso em: 08 out 2020.
4. Meleiro A, Teng CT, Wang YP. Suicídio: estudos fundamentais. São Paulo: Segmento Farma; 2004.
5. Farias MCON. Os cuidados da enfermagem no tratamento da esquizofrenia. Florianópolis. Monografia [Especialização em Linhas de Cuidado em Enfermagem - Atenção Psicossocial]- Universidade Federal de Santa Catarina; 2003. Disponível em: < <https://repositorio.ufsc.br/handle/123456789/167547> >.

Acesso em: 15 out 2020.

6. Araújo GS, Sampaio AS, Santos EM, Barreto SMG, Almeida NJV, Santos MLD. Perfil de trabalhadores de Enfermagem acompanhados por equipe multiprofissional de saúde mental. *Rev Rene*. 2014 mar-abr; 15(2):257-63.
7. Barbosa KKS, Vieira KFL, Alves ERP, Virgínio NA. Sintomas depressivos e ideação suicida em enfermeiros e médicos da assistência hospitalar. *Rev Enferm UFSM*. 2012; 2(3):515-22. <https://doi.org/10.5902/217976925910>
8. Mendes K D S, Silveira R C C P, Galvão C M. Revisão integrativa: Métodos de pesquisa para incorporação de evidências na saúde e na enfermagem. *Texto contexto enferm*. (2008): 17(4) 758-764.
9. Sousa EPN, Silva HTA, Cardoso LP, Nunes RL. A relação de depressão e suicídio no profissional de enfermagem: Uma revisão integrativa. *ReBIS*. 2020; 2(4):44-50.
10. Oliveira AV, Nascimento EB, Lima RN, Aoyama EA. Suicídio entre os profissionais de saúde. *ReBIS*. 2020; 2(4):11-6.
11. Quevedo J, Geraldo SA. *Depressão: Teoria e Clínica*. Porto Alegre: Artmed; 2013.
12. Jardim S. Depressão e trabalho: Ruptura de Laço Social. *Rev bras saúde ocup*. 2011; 36(123): 84-92. Doi: <http://dx.doi.org/10.1590/S0303-76572011000100008>
13. Dalgalarondo P. *Psicopatologia e Semiologia dos Transtornos Mentais*. 2. ed. Porto Alegre: Artmed; 2008.
14. Feitosa MP, Bohry S, Machado EL. Depressão: família, e seu papel no tratamento do paciente. *Rev Psicol*. 2011; 14(21): 127-44.
15. Boletim Brasileiro de Avaliação de Tecnologias em Saúde. Antidepressivos no Transtorno Depressivo Maior em Adultos. Disponível em: <http://bvsmms.saude.gov.br/bvs/periodicos/brats_18.pdf>. Acesso em: 14 out 2020. 2012.
16. Gomes RK, Oliveira VB. Depressão, ansiedade e suporte social em profissionais de enfermagem. *Bol Psicol*. 2013; 63(138): 23-34.
17. Velasco PM. *Depressão e transtornos mentais: tudo o que você precisa saber*. 2ª ed. Rio de Janeiro: Wak Ed; 2009.
18. Ibanez G, Mercedes BPC, Vedana KGG, Miasso AI. Adesão e dificuldades relacionadas ao tratamento medicamentoso e em pacientes com depressão. *Rev bras enferm*. 2014; 67(4): 556-62. Doi: <https://doi.org/10.1590/0034-7167.2014670409>
19. Kolhs M, Machrib E, Ferrib G, Brustolinb A, Boccac M. Sentimentos de Enfermeiro frente ao paciente oncológico. *J J Health Sci*. 2016; 18(4): 245-0. Doi: <https://doi.org/10.17921/2447-8938.2016v18n4p245-50>
20. França TLB de, Oliveira ACBL, Lima LF, Melo JKF, Silva RAR. Síndrome de Burnout: características, diagnóstico, fatores de risco e prevenção. *Rev enferm UFPE*. *Rev enferm UFPE on line*. 2014; 8(10):3539-46. Doi: <https://doi.org/10.5205/reuol.6039-55477-1-ED.0810201434>
21. Skorek J, Souza RA, Bezerra RM. Síndrome de Burnout em profissionais de enfermagem atuantes em unidades de terapia intensiva. *J Nurs UFPE on line [Internet]*. 2013 Oct [cited 2014 Apr 08]; 7(10):6174-83. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/3146/pdf_3761

22. Rodrigues CSD. Modelo Demanda-Controle e estresse ocupacional entre profissionais de enfermagem: revisão integrativa. *Rev Bras Enferm.* 2013; 66(5): 779-88.
23. Pinto A. Burnout versus stress: investigações em profissionais. *Nursing.* 2008; 20(240): 6-10.
24. Rios KA, Barbosa DA, Belasco AG. Avaliação de qualidade de vida e depressão de técnicos e auxiliares de enfermagem. *Rev Latinoam Enferm.* 2010; 18(3): 413-20.
25. Vargas D. Prevalência de depressão em trabalhadores de enfermagem de Unidade de Terapia Intensiva: estudo em hospitais de uma cidade do noroeste do Estado São Paulo. *Rev Latinoam Enferm.* 2011; 19(5): 1114-21.
26. Silva, Patrícia Costa da, Álvaro Roberto Crespo Merlo. Prazer e sofrimento de psicólogos no trabalho em empresas privadas." *Psicologia: Ciência e profissão* 27.1 (2007): 132-147.
27. Seeman S, Garcez EMS. Adoecimento Psíquico em Profissionais da Enfermagem. *Rev saúde públ. santa cat.* 2012; 5(2): 46-71.
28. Velez, C. Gestão do stress nos Profissionais de Saúde. *Nursing* 179 (2003): 10-13.
29. Cano-Langreo M, Cicirello-Salas S, López-López A, Aguilar-Vela M, Veiga-de Cabo J. Marco actual del suicidio e ideas suicidas en personal sanitario. *Med Segur Trab.* 2015; 60(234): 198-218.
30. Kinman G, Leggetter S. Emotional Labour and Wellbeing: What Protects Nurses? *Healthcare(Basel).* 2016; 4(4): 89. Doi: <https://doi.org/10.3390/healthcare4040089>
31. Kinman G, Leggetter S. Emotional Labour and Wellbeing: What Protects Nurses? *Healthcare(Basel).* 2016; 4(4): 89. Doi: <https://doi.org/10.3390/healthcare4040089>
32. Antônio MCR, Candi MCFS, Contrera L, Duarte S, Furegato AR, Pontes ERC. Alterações de saúde e sintomas sugestivos de depressão entre trabalhadores da Enfermagem do serviço de atendimento móvel de urgência. *Enferm. foco (Brasília).* 2014; 5(1/2): 4-7.

Correspondent Author

Janaina Sales Barbosa Araújo
QS 05, 300 St., lot 01. ZIP: 71961540. Águas
Claras, Federal District, Brazil.
janaina.araujo@souicesp.com.br