

CUIDADO É FUNDAMENTAL

Escola de Enfermagem Alfredo Pinto – UNIRIO

ORIGINAL ARTICLE

DOI: 10.9789/2175-5361.rpcfo.v16.13405

SUICIDAL BEHAVIOR IN HEALTHCARE STUDENTS AT A PRIVATE UNIVERSITY

*Comportamento suicida em estudantes da área de saúde de universidade privada**Comportamiento suicida en estudiantes de salud de una universidad privada*Talita Cristina Marques Franco Silva¹ João Fernando Marcolan² 

RESUMO:

Objetivo: analisar presença do comportamento suicida em universitários dos cursos da saúde de universidade privada. **Método:** pesquisa quantitativa, exploratória-descritiva, análise pelo teste Qui-Quadrado de Independência. 415 participantes de nove cursos. **Resultados:** expressiva maioria inserida no grupo dos 18 aos 24 anos, do sexo feminino, heterossexuais, brancos, solteiros, católicos e praticantes de religião. 27,96% dos participantes relataram comportamento suicida 85 (20,48%) autoagressão, 116 (27,96%) pensamento suicida, 40 (9,63%) tentativa de suicídio, 16 (3,85%) pensamento ou tentativa suicida no último mês. Fatores de risco problemas familiares, emocionais e sociais, depressão, ambiente universitário. Associaram comportamento suicida ao meio acadêmico devido a competitividade, exigências, estresse, pressão, medo, dificuldades de adaptação, falta de habilidade para situações, ansiedade, depressão, imediatismo, mudança de rotina, sobrecarga, autonomia, aumento da responsabilidade. Fatores de proteção acolhimento, suporte psicológico/pedagógico, relacionamento social, familiar, acadêmico, relação com docentes, coordenadores e funcionários. **Conclusão:** parcela significativa dos participantes apresentou comportamento suicida associados às atividades acadêmicas.

DESCRIPTORIOS: Saúde mental; Comportamento autodestrutivo; Suicídio; Estudantes de ciências da saúde; Tentativa de suicídio; Saúde do estudante;

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Received: 2024/07/10; Accepted: 2024/07/23; Published: 2024/08/26

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How to cite this article: Silva TCMF, Marcolan JF. Suicidal behavior in healthcare students at a private university. u. R Pesq Cuid Fundam [Internet]. 2023 [acesso ano mês dia];16:e13405 Disponível em:

<https://doi.org/10.9789/2175-5361.rpcfo.v16.13405>



ABSTRACT:

Objective: to analyze the presence of suicidal behavior among university students in health courses at a private university. **Method:** quantitative, exploratory-descriptive research, analyzed using the Chi-Square test of Independence. 415 participants from nine courses. **Results:** the majority were in the 18-24 age group, female, heterosexual, white, single, Catholic and practicing religion. **27.96% of participants reported suicidal behavior:** 85 (20.48%) self-harm, 116 (27.96%) suicidal thoughts, 40 (9.63%) attempted suicide, 16 (3.85%) suicidal thoughts or attempts in the last month. **Risk factors:** family, emotional and social problems, depression, university environment. Suicidal behavior was associated with the academic environment due to competitiveness, demands, stress, pressure, fear, difficulties in adapting, lack of ability to deal with situations, anxiety, depression, immediacy, change of routine, overload, autonomy, increased responsibility. **Protective factors:** welcome, psychological/pedagogical support, social, family and academic relationships, relationships with teachers, coordinators and staff. **Conclusion:** a significant proportion of participants showed suicidal behavior associated with academic activities.

DESCRIPTORS: Mental health; Self-destructive behavior; Suicide; Health science students; Suicide attempt; Student health;

RESUMEN

analizar la presencia de comportamiento suicida en estudiantes universitarios de cursos de salud de una universidad privada. Método: investigación cuantitativa, exploratorio-descriptiva, analizada con el test Chi-Cuadrado de Independencia. 415 participantes de nueve cursos. **Resultados:** la gran mayoría tenía entre 18 y 24 años, eran mujeres, heterosexuales, blancas, solteras, católicas y religiosas. **El 27,96% de los participantes declararon conductas suicidas:** 85 (20,48%) autolesiones, 116 (27,96%) pensamientos suicidas, 40 (9,63%) intentos de suicidio, 16 (3,85%) pensamientos o intentos de suicidio en el último mes. **Factores de riesgo:** problemas familiares, emocionales y sociales, depresión, entorno universitario. La conducta suicida se asoció al entorno académico por competitividad, exigencia, estrés, presión, miedo, dificultades de adaptación, falta de capacidad para afrontar situaciones, ansiedad, depresión, inmediatez, cambio de rutina, sobrecarga, autonomía, mayor responsabilidad. **Factores de protección:** acogida, apoyo psicológico/pedagógico, relaciones sociales, familiares y académicas, relaciones con profesores, coordinadores y personal. **Conclusión:** una proporción significativa de participantes mostró comportamientos suicidas asociados a las actividades académicas.

DESCRIPTORES: Salud mental; Comportamiento autodestructivo; Suicidio; Estudiantes de ciencias de la salud; Intento de suicidio; Salud estudiantil;

INTRODUCTION

Suicide is a complex and multi-causal phenomenon with both individual and collective impacts, which can affect individuals of different backgrounds, genders, cultures, social classes, and ages. It is etiologically related to sociological, economic, political, cultural, psychological, psychopathological, and biological factors.¹

In 2019, there were over 700,000 suicides worldwide, one suicide for every 100 recorded deaths. The global suicide rate decreased by 36% between 2000 and 2019; however, in the Americas region, there was a 17% increase in the suicide rate. Among those aged 15 to 29 years, suicide was the fourth leading cause of death.²

In 2021, there were 15,507 suicides in Brazil, with a rate of 7.5 per 100,000 inhabitants, the majority being male. Suicide was the third leading cause of death among those aged 15 to 19 years and the fourth leading cause among those aged 20 to 29 years.³

During their undergraduate studies, health science students experience intense emotional situations, particularly concerning patient life and death issues. These, along with academic demands, contribute to interpersonal difficulties, anguish, sadness, incapacity, anxiety, and feelings of alienation, which may lead to suicidal ideation.⁴

Lima, Santos, and Faro (2022), in a study with 223 students from the Federal University of Sergipe, identified 118 (52.9%) participants with significant mental distress and 72 (32.3%) who reported suicidal ideation. It was found that individuals with significant mental distress had a high likelihood of suicidal ideation, with those experiencing such distress being about nine times more likely to have suicidal thoughts.⁵

A national study in Norway on student health in 2018, with 50,054 participants, showed that lifetime suicidal thoughts were reported by 10,494 (21%) participants, and 7.2% reported having suicidal thoughts in the year prior to the survey. There were 2,112 (4.25%) who reported suicide attempts, with 1,570 (3.1%) stating that their last attempt occurred before entering university; 220 (0.4%) reported having attempted suicide in the past year.⁶

There is insufficient literature on suicidal behavior involving young people and university students in Brazil, and there are no recorded studies on suicidal behavior at the university where this research was conducted. This study aimed to analyze the presence of suicidal behavior among health science students at a private university.

METHOD

This is a quantitative, exploratory-descriptive study conducted at a private university in Presidente Prudente-SP in 2021. The population consisted of university students regularly enrolled in the Medicine, Dentistry, Pharmacy, Veterinary Medicine, Physical Education, Psychology, Nutrition, Nursing, and Biomedicine courses.

The sample was convenience-based and non-probabilistic, as we were in the COVID-19 pandemic period during the research and, particularly, data collection. We kept the sample open to all participants whose questionnaires could be returned.

Inclusion criteria required students to be over 18 years old and regularly enrolled at the time of the questionnaire administration. The failure to return the questionnaire by the data collection date was established as a criterion for non-inclusion, and students' regret after completing the questionnaire was used as an exclusion criterion.

In September 2021, students who agreed to participate were provided with the Informed Consent Form (ICF) and the questionnaire, which were to be collected within a maximum of 72 hours. A total of 415 completed questionnaires were collected, with the respective ICFs signed by the participants and the researcher.

The semi-structured questionnaire used to assess suicidal behavior included questions related to sociodemographic profile, academic life data, mental health, family history of suicidal behavior, tobacco use, alcohol and psychoactive substance use, psychological and psychiatric follow-up, treatment, and psychotropic medication use.

The final section of the questionnaire covered self-harm, ideation, and suicide attempts, both before and after entering the university. Questions addressed the time between different suicidal behaviors, whether help was sought, support and treatment received, as well as the number of attempts and methods used.

Quantitative analysis was performed using inferential analysis and the Chi-Square test of Independence to determine whether classifications in the categories between two categorical variables A and B were independent, meaning the distribution of proportions was unrelated.

The Chi-Square test was conducted with 95% confidence to assess the significance of the relationship between variables, specifically to provide evidence for rejecting the null hypothesis that the studied variable is equally distributed among the categories.

Of the 415 participants who returned the questionnaire, 16 reported having suicidal thoughts or attempts in the 30 days prior to participating in the study. These participants were contacted by cellphone to schedule an evaluation and, consequently, to offer help or referral.

Of these, only one agreed to a personal conversation in a reserved classroom and was subsequently referred to the University Psychopedagogical Support Service (SUAPP). Two were

referred to SUAPP, one to the CAPS, and another to the Basic Health Unit in Presidente Prudente; three participants reported being under treatment in the private sector, one in the public sector, and one in both the private sector and the University; one said they did not need help as their response was due to a momentary distraction; one participant scheduled a meeting but did not attend and no longer answered calls or messages; and four never answered the calls or returned the messages.

The research was presented to the Coordinators of each health course at the university and approval was sought from the Academic Dean, who issued a favorable opinion. The study was reviewed by the Permanent Research Ethics Committees involving Human Beings (CEP) of the Federal University of São Paulo (UNIFESP), with opinion number: 4,508,972, CAAE: 40344620.0.0000.5505, approved on January 25, 2021, and the University of Oeste Paulista (UNOESTE), with opinion number: 4,579,768, CAAE: 40344620.0.3001.5515, approved on March 9, 2021.

RESULTS

The study involved 415 students regularly enrolled in health courses at a private university. Table 1 shows the distribution of participants by course.

Table 1 - Total number of participants per health course at a private institution (=415). Presidente Prudente, SP, Brazil, 2024

Courses	n	%
Medicine	152	36,63%
Veterinary Medicine	83	20,00%
Psychology	72	17,35%
Nursing	57	13,74%
Pharmacy	20	4,82%
Dentistry	13	3,13%
Biomedicine	9	2,17%
Physical education	5	1,20%
Nutrition	4	0,96%

Source: Authors' data

Table 2 shows the sociodemographic data of the participants.

Table 2 - Sociodemographic data of health academics at a private institution (=415). Presidente Prudente, SP, Brazil, 2024

Gender	n	%
Female	302	72,77%
Male	113	27,23%
Age		
18 to 24 years old	338	81,45%

25 years old or more	77	18,55%
Sexuality		
Straight	369	88,92%
Bisexual/homossexual/pansexual	41	9,88%
Did not answer/did not know	5	1,20%
Race/color		
White/Caucasian	324	78,08%
Brown/Black or Afro-descendants	75	18,07%
Yellow	13	3,13%
No answer	3	0,72%
Marital status		
Single	379	91,34%
Married/Stable union	26	6,26%
Divorced/engaged/dating	8	1,92%
No answer	2	0,48%
Religion		
Catholic	269	64,82%
Evangelical/Jehovah's Witness/	81	19,52%
Spiritist/Buddhist-Catholic-Spiritist	19	4,58%
No religion/Christian with no religion	18	4,34%
No answer	12	2,89%
Agnostic/atheist/universalist	10	2,41%
Christian	6	1,44%
Practicing religion		
Yes	255	61,45%
No	119	28,67%
No answer	40	9,64%
Yes (more or less)	1	0,24%

Fonte: Autores(2024)

The minority, 22 (5.29%) of the participants, reported not having entered their desired course, which, obviously, influenced the responses of 30 (7.22%) participants who stated that the course did not meet their expectations.

There were 193 (46.51%) participants who had family members undergoing psychiatric treatment, and 72 (17.35%) reported suicidal behavior within the family, with most cases being direct relatives. Suicidal thoughts, self-harm, attempts, and suicides were reported, with 13 (18.06%) deaths resulting from suicide. Among the methods used for suicide attempts, the participants cited medication and poison ingestion. Reports included suicidal behavior among parents, siblings, uncles, cousins, and grandparents; suicide cases involved parents, grandparents, uncles, cousins, and a great-uncle.

Of the 189 (45.54%) participants who reported undergoing psychiatric treatment, 128 (30.84%) were using psychotropic medications. Among those receiving psychiatric treatment, 118

(56.45%) were treated for anxiety, and 60 (28.70%) for depression. Regarding treatment duration, 55 (34.39%) had been in treatment for one year to over eight years. Few specified reasons for treatment; six (3.16%) cited family problems, and four (2.12%) mentioned personal pressure and overload. There were 107 (56.61%) participants who reported starting mental health treatment after entering university.

A significant number of participants were using psychotropic medications, citing reasons such as family, personal, social, and romantic problems, pressure and overload, self-knowledge and personal development, abusive relationships, trauma, drug use, and dissatisfaction with academic performance. Diagnoses mentioned by participants included depression, ADHD, stress, fear, nervousness, aggression, emotional changes, low self-esteem, bullying, and borderline personality disorder.

Regarding self-harm, 85 (20.48%) participants reported having engaged in it, of whom 52 (61.18%) occurred before entering university and 12 (14.12%) afterward. For 13 (15.30%) participants, the events were unrelated to academic life, and for six (7.06%), they were related. Reasons for self-harm included anxiety, depression, stress, and family problems. The majority performed self-harm through scratching and cutting.

Table 3 shows the variables with positive statistical correlation regarding self-harm, suicidal thoughts, suicide attempts, and suicidal behavior presented in the thirty days prior to participating in the research.

Table 3 - Sociodemographic data of health academics at a private institution (=415). Presidente Prudente, SP, Brazil, 2024

Self-injury	p-value
Sex	0.0217
Sexual orientation	0.0001
Use of psychoactive substances	0.0026
Suicidal thoughts	
Course	0.0213
Sexual orientation	0.0001
Race/color	0.0124
Psychiatric treatment in family member	0.0001
Suicidal behavior in family member	0.0001
Use of psychoactive substances	0.0404
Suicide attempts	
Sexual orientation	0.0001
Religion	0.0024
Psychiatric treatment in family member	0.0233
Use of psychoactive substances	0.0037
Suicidal behavior in the 30 days prior to participation in the survey	
Suicidal behavior in family member	0.0047
Use of psychoactive substances	0.0006

DISCUSSION

The report from the National Forum of Pro-Rectors for Community and Student Affairs (FONAPRACE) identified a significant increase in students under 20 years old in federal higher education institutions, with the percentage rising from 14.9% in 2014 to 18.6%⁷ in 2018. The results of our study align with this national trend, as the majority of participants are between 18 and 24 years of age.

The predominance of female participants in our study also matches the increase in female students reported by FONAPRACE from 1996 to 2018. The same report provided data on the sexual orientation of health students in federal institutions, which showed that 81.3% identified as heterosexual, 7.6% as homosexual, 6.8% as bisexual, 0.6% as pansexual, and 0.5% as other, with 3.2% preferring not to disclose or not answering. It was also noted that students over 25 years old found it easier to discuss these issues.⁷

Over the past fifteen years, there has been a significant change in the racial composition of students in federal higher education institutions, with an increase in the presence of Black and mixed-race students and a decrease in the number of White students. This shift is attributed to affirmative action policies and other measures aimed at increasing and supporting academic participation. Regarding marital status, the data indicates that 85.5% of students in federal institutions are single, while 13.2% are married or in a stable union.⁷

The choice of an undesired course often stems from objective factors such as the need to work for financial return or family pressure, rather than a genuine interest in the field. This finding is supported by Anderson, Tonato, and Tavares (2019), who found that many students choose careers based on external pressures rather than personal affinity.⁸

Regarding psychiatric treatment among family members, a study at the Federal Institute of Education of Cubatão/SP revealed that most participants had family members with mental disorders, though less than one-third were in treatment. A significant portion reported suicidal behavior among family members, with depression being the most common diagnosis, followed by anxiety, and a history of suicide in the family.⁹

Sousa, Medeiros, Rebouças Júnior, Apolinário, Sousa, Batista, et al. (2023) observed higher rates of suicidal ideation among students in physiotherapy, veterinary medicine, and psychology, particularly among first-year female students. They noted that the highest levels of suicidal ideation were among those who experienced significant daily stress, knew someone who had committed suicide, needed someone to talk to, and had family members with mental disorders.¹⁰

Sousa, Ramos, Tonaco, Reinaldo, Pereira, and Botti (2022) highlighted the concern for individuals who live with friends or family members who have attempted suicide, as they may adopt similar behaviors as a solution to their problems.¹¹ Suicidal behavior has a cascading effect on families, friends, colleagues, communities, and societies.²

Andrade, Ferreira, Sequeira, Felipe, Zanetti, Nogueira, et al. (2023) found that the risk of suicide was associated with suicidal behavior among family members. Their study revealed that 27.7% of participants reported suicidal behavior among family members, 12.3% reported family suicides, 36.8% had contact with friends and colleagues with suicidal behavior, and 12.9% had lost friends to suicide.

University students face various changes, development challenges, frustrations, fears, and anxieties. Consequently, the academic environment, which should support their formation, may instead promote psychological disorders. If academic stress is not addressed, it can exacerbate existing problems and lead to new ones.¹³

Sousa, Ramos, Tonaco, Reinaldo, Pereira, and Botti (2022) observed in 1087 health students that high academic stress led to suicidal ideation, with feelings of discouragement, sadness, lack of energy, hopelessness, concentration problems, social and occupational impairments, and negative thoughts.¹¹

A study with 849 students from health courses at a public university in Piauí found the highest rates of suicidal ideation among psychology students, followed by medical students. Increased suicidal ideation was associated with lower academic performance, including missed assignments, concentration issues, and even abandonment of studies.⁴

Lima, Santos, and Faro (2022) found that the realities of university life contributed to psychological problems among students, explaining the high levels of suicidal ideation (32.3%) reported.⁵

The high percentage of students in psychological distress in health courses is attributed to the demanding nature of their programs.¹⁴

The high use of psychotropic medications among students, to address depression, anxiety, sleep issues, or to enhance academic performance, is linked to daily stress, academic pressures, work-study balance, and socio-economic issues.¹⁵

Self-harm, often mistakenly attributed to weakness or a mere desire for attention, should be understood as a means for individuals to express what they cannot articulate in words. Misconceptions about self-harm, viewed as a taboo, hinder effective help.¹⁶

The pressure on students is intense due to decision-making, future concerns, and feelings of inadequacy, compounded by time constraints for completing tasks. This environment can generate stress and mental health issues, potentially leading to suicide in severe cases.¹⁷

A study with 223 nursing and medical students found that 142 (63.07%) had depressive symptoms, with 28 (12.6%) reporting a weak desire to live and seven (3.1%) reporting no desire to live. The highest levels of desire to die and attempts at suicide were reported by nursing students.¹⁸

Suicide attempts and suicides have profound emotional effects on everyone involved, particularly in a university setting with young adults transitioning from adolescence.¹⁷

Globally, common methods for suicide include han-

ging, pesticide poisoning, and firearm use. In Brazil, from 2016 to 2021, the most common methods among youth aged 10 to 19 were hanging, followed by poisoning and firearm use.¹⁹

In relation to self-inflicted violence, 114,159 cases were recorded on SINAN in Brazil in 2021, 70.3% of which were in females, with 29.0% of cases in the 20-29 age group; 28.5% in the 30-49 age group; and 23.2% in the 15-19 age group. In males, 33.8% of cases were in the 20-29 age group, 32.8% in the 30-49 age group and 17.5% in the 15-19 age group.³

The high rate of deaths by hanging is justified by the fact that it is a method that guarantees death, and pesticide poisoning is justified by the fact that it is sold illegally, without supervision or control, while the use of firearms is justified by easy access and illegal trade.²⁰

Some interventions have proved successful, mainly restrictions on access to means and instruments, as well as guidance to the media regarding coverage of suicidal events and the implementation of programs to develop skills in young people to deal with stressful moments and for early identification and monitoring of individuals at risk of suicide.²¹

Melo, Tenório, Pascoal, Sampaio, Barbosa, Carvalho, et al. (2023) in a study of 161 medical students from two higher education institutions, public and private, found some academic aspects that were associated with suicidal ideation, including thoughts of abandoning studies, insufficient academic performance, the stress produced by the course, extensive workload, lack of motivation, demands regarding professional choice, physical discomfort related to academic work, difficulties in relationships with parents and lack of physical activity.²²

As a protective factor against suicidal ideation, the affective family bond favors social support in the face of stressful situations and has an impact on reducing suicidal ideation. The affection, complicity and love between family members and friends favors social support for individuals with suicidal behavior. The feeling of being cared for, having people to talk to and who are concerned are demonstrations of love and support, which become essential to help with the suffering generated by suicidal ideation.²³

With regard to suicidal behavior in the thirty days prior to taking part in this study, the risk of new attempts is reiterated, as previous attempts are the main risk factor for suicide, but not every attempt is aimed at death, as there are those that are messages that individuals make with the intention of warning about their situation and receiving help.²⁴

A previous suicide attempt is considered a risk factor for suicide and the risk can last for decades, with the risk being higher in the first year after the attempt; the severity of the intention and the violent method used should be considered in the five years after the attempt.²⁵

Previous suicide attempts, mental disorders and a family history of suicide are among the risk factors for suicide at an individual level.²⁶

The WHO points to four main prevention interventions with proven efficacy: restricting access to the means of sui-

de, promoting social and emotional learning for adolescents, early intervention for anyone affected by suicidal behavior, and involving the media to minimize the spread of cases of suicidal behavior.²¹

The research data is pioneering in the municipality and institution and points to the urgent need for a policy aimed at preventing and caring for students with suicidal behavior.

CONCLUSION

As for suicidal behavior, 85 (20.48%) participants said they had provoked it, 116 (27.96%) reported suicidal thoughts, 40 (9.63%) had attempted suicide and 16 (3.85%) had shown suicidal behavior in the 30 days prior to taking part in the survey.

It was found that university students in the health area were exposed to suicidal behavior in the face of various stressors, such as family, emotional and social problems, which, together with the difficulties faced in the academic environment, caused psychological suffering or aggravated the condition of many participants.

This work contributes to the institution's ability to delve deeper into the reality of students, learn about their problems and causes of suffering and propose policies for care and interventions, promoting changes and activities that can minimize or avoid the situation. It provides data on a subject that has been little studied in the country, such as suicidal behavior among university students, specifically in the health sector, and the association with academic life.

The main limitation of this research was the social isolation caused by the COVID-19 pandemic, as the presentation of the project in classrooms and the application of the questionnaire took place just as university activities were resuming, student attendance was still low due to fear of contagion, in addition to the refusal of many to engage in conversation or get close due to the danger of contagion. It was not possible to carry out interviews to collect data, which could have provided more in-depth data.

The pandemic possibly contributed to the sensation and perception of the suffering and symptoms presented by the participants, although we don't know how much of this influence because we didn't link the data to this event.

Another limitation concerns the low number of participants from some courses, such as dentistry, nutrition and physical education. The justification for this low percentage was the lack of interest of some students when the project was presented in the classroom and the fear of maintaining contact or getting closer due to the COVID-19 pandemic.

THERE IS NO CONFLICT OF INTEREST.

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