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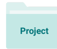

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Depression and Suicidality: Silent Killers Among Health Workers

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Abstract: Health workers learn how to prevent and treat illnesses including their own. However, mental illness is not easy for the health workers to prevent. Although depressive illness is a treatable illness in many facilities it has been identified as one of the most common illness among the health professionals. According to various studies, doctors and nurses have very high risk of dying by suicide compared to other members of the population. Yet, these are the very people meant to help other members of the population when they become suicidal. Specific plans for depression and suicide prevention among health workers should be put in place.

Introduction

For most people, occupational health and safety is about physical injury or physical illness. However, recent evidence shows that emotional and mental health problems are now the leading causes of absenteeism among professionals at their places of work. For example, violence in the workplace, sick leave and disability claims, all demonstrate how the increasing demands of the job are taking a toll on workers' mental health. It is important to note that the effects of depression and other mental health problems don't stop at the workplace. Their negative consequences reach beyond the job and impact workers' personal well-being, their families and their communities.

Different professions have varying risks for depression. For instance, personal-care providers have been reported top the list, with about 11% of people in this field reporting a bout of major depression. in such a profession, a typical day can include feeding, bathing, and caring for others who are "often incapable of expressing gratitude or appreciation…probably because they are too ill or too young or they just are not in the habit of it,"

Professionals in the second place for increased risk for depression are the health workers. This category includes doctors, nurses, therapists, and other professions that attract people who might end up giving a lot without saving for themselves. Health-care workers can have long, irregular hours and days in which other people's lives are literally in their hands. They may make relatively good salaries, but they tend to work long hours and under often stressful conditions, jeopardizing their emotional health. Medical careers may seem glamorous, especially on TV dramas, but these jobs are not for everyone. In addition to depression, several studies have reported that suicide rates are higher among health workers doctors than in the general population.

During their training, health workers learn how to prevent and treat illnesses. As a result they suspect, diagnose and treat their own illnesses like hypertension, diabetes, and infections. However, they tend to a higher mortality compared to other graduates (Hawton, Agerbo, Simkin, Platt, & Mellanby, 2011). The lowest estimates of mortality for doctors are for many physical diseases. However, depression and suicidality do not follow the same trend in this group. Doctors, nurses, dentists& pharmacists have high rates of depression and a very high risk of dying by suicide compared to other members of the population (Aasland, Hem, Haldorsen, & Ekeberg, 2011). Yet, these are the very people meant to help other members of the population when they become suicidal.

The high rates of depression and suicidality among health workers raise questions in the minds of people (Sancho & Ruiz, 2010). For example: Is the increased depression and

suicidality a complication of their work? Is it by natural selection that those with increased suicide risk choose the health profession?
What factors are associated with increased suicide risk among health professionals?
Why is it that they can treat themselves of other health conditions and not depression or suicide?

Objective: This paper aims to raise awareness among health workers so that they can care for themselves as much as they care for others. It also helps the administrators and potential administrators to care about the health of their workers. In addition, the general population needs to know so as to provide support and care to their carers.

Methods

This was a literature based study that aimed to determine factors responsible for the increased risk for depression and suicidality among health workers. Various studies in different settings were reviewed. Most of the available and reviewed studies were from the developed world.

Results, Discussion and Conclusions

About 17% of the health workers are officially married, 28% co-habit, 19%) are divorced, 23%) are single. There is a higher tendency of health workers to live with a partner (52% versus 31%) is a common observation (Shanafelt et al., 2011). More females than males tend have higher risk for depression and suicide attempt. However, more males than women die by suicide. The elevated risks are not associated with greater psychiatric service contact. The female health workers tend to kill themselves in younger age (Gagne, Moamai, & Bourget, 2011).

"People tend to think health workers are used to death because encountering it in their daily experience. But, this is not true. Each death they observe or encounter affects their feelings and thoughts"

"Every day the health workers are seeing sickness, trauma, and death and dealing with family members of patients," "It can shade one's outlook on the whole that the world is a sadder place." ---Willard

Why are the health workers at increased risk for depression?

Generally, the lifetime risk of depression among health workers is similar to that of the general population. However, health workers face more stress than an average person. They work harder and make inappropriate self-sacrifices. In addition, they work for long and irregular hours. They are frequently on call. They do night and emergency work and they do not sleep enough. They treat very sick and dying patients and have to deal with nervous and distressed relatives and friends.

Furthermore, they have to deal with distressed colleagues, some incompetent administrators and other mentally needy people they encounter. As a result, the health workers frequently feel anxious and insecure. These experiences predispose them to depression and suicidality.

The high effort-low reward and the work-related over-commitment have a negative impact on healthcare workers' health (Li, Guo, Lu, Wang, & Chen, 2006). Health workers used to be the pillars of any community. If the individual was clever, sincere, ambitious and the top of their class, there was nothing else nobler they could aspire to become other than the health profession. During those days, the health workers possessed special knowledge, were caring and smart, the best kind of people you could know. However, things seem to have changed in the recent past. The health professions are now just like other professions. therefore, the health workers have become like everybody else: insecure, discontented and anxious about the future. It is important for the health workers to be healthy not only for themselves, but also for their patients. For example, it has been shown that it is easier for doctors with healthy habits and lifestyles to discuss preventive behaviour with their patients, and they have more credibility (Aasland et al., 2011) as compared to those who struggle with similar 'bad' habits.

In the course of their duty, the health workers frequently experience burn-out (a state of emotional, mental and physical exhaustion caused by excessive and prolonged stress). Burnout starts during training and worsens after graduation (Dyrbye, Harper, et al., 2011; Pompili et al., 2010).

In addition, during training and practice the health workers may have an acquired capability for suicide (Dyrbye, Schwartz, et al., 2011; Skegg, Firth, Gray, & Cox, 2010). During medical training individuals may become less fearful of pain, injury and death. They get used to the suffering associated with injury. They also tend to become familiar with the properties and dosing of potentially lethal medications.

Could the risks really be due to burnout?

Burnout is the index of dislocation between what people are and what they have to do. It represents an erosion in values, dignity, spirit, and will and erosion of the human soul. It may manifest as depersonalisation, low productivity, and feelings of low achievement.

When a health worker has burnout, they develop an inability to engage fully with many aspects of the job especially the aspects involving interaction. Their speech may become flattened and body and facial gestures diminished as the person becomes less responsive to the demands of the situation of a professional interaction. When this happens, the health worker has lost it. They can no longer fit to be in the profession unless they are helped.

Due to the influence of burnout is the health worker may see patients as part of routine rather than seeing them as individuals who need care. in addition, individuals with burnout tend to feel little sense of achievement in relation to the job, even if the reality is very different.

Causes of burnout

1. Quite often, the health workers feel they lack control over several things responsible for causing stress. For example, there may be inability to influence decisions that affect work like work schedules, assignments or workload, and lack of the needed resources.

2. In addition, sometimes, there are unclear job expectations. Uncertainty regarding the degree of authority or what is expected at work. .
3. Inability to balance work and other life priorities, leaving insufficient time and energy to spend with family and friends.

3. Dysfunctional workplace dynamics – e.g. bullying, feeling undermined.

4. Different personal values from those values in the workplace environment.

5. The job doesn't fit a person's interests and skills, causing stress.

6. A job that is either always monotonous or chaotic, which can both lead to fatigue and occupational burnout.

7. Lack of social support when at work and when away from work.

When the above factors are not addressed, the individual is likely to develop depression that can in turn lead to suicidality.

What can be done to reduce the risk for depression and suicidality

1. Professional attitudes and institutional policies need to be changed to encourage health workers with mental health problems to seek help. They should be informed of their rights, privileges, and obligations regarding disclosure of a psychiatric diagnosis and treatment. There is need to increase health workers' awareness of warning signs of depression and suicidalilty.

   *"If the physician cannot heal himself, perhaps he can learn to recognize the need for assistance" (Pr*even)

2. Organisational interventions need better focus on reduction of stressors.
   The health workers must stop considering stress and burnout as an inherent part of their job. They should be aware of the impact of stress and burnout on themselves and colleagues.
3. Personal well-being should be seen as important for health workers. For example, occupying free time for personal life and recreation should not be seen by health workers as a sign of laziness or lack of ambition.

4. There is need for specific interventions for suicide prevention among health workers.
5. There is need to train health workers in how to recognize their own and other people's symptoms of depression.

Conclusions

As health workers train to take care of other people, they also need to prepare to take care of their own health since their health is not only important to them but to their patients as well.
In addition, people in authority should policies so that health workers with depression and other mental disorders can access care without prejudice or fear about their employability after treatment.

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