

Psychological well-being and suicide orientation in teachers in Norte de Santander during COVID -19 confinement

Bienestar psicológico y orientación al suicidio en docentes de Norte de Santander durante el confinamiento por la COVID-19

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SUMMARY

The objective of this research is to analyze the relationship between psychological well-being and suicidal orientation in teachers from Norte de Santander during the COVID-19 confinement, implementing a methodology with a positivist approach, a non-experimental design of cross-sectional correlational scope, with a sample of 86 teachers from Norte de Santander. The findings obtained correspond to the identification of psychological well-being and the evaluation of suicidal orientation. Finally, the respective correlation between the variables was carried out. In conclusion, it is possible to determine that the population studied does not present anomalies in psychological well-being and suicidal orientation, taking into account the unforeseen change due to the confinement of COVID-19 and the new workload assignments.

Keywords: *Psychological well-being, suicidal orientation, COVID-19, teachers.*

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RESUMEN

El objetivo de esta investigación es analizar la relación entre el bienestar psicológico y la orientación suicida en docentes de Norte de Santander durante el encierro COVID-19, implementando una metodología con enfoque positivista, un diseño no experimental de alcance correlacional transversal, con una muestra de 86 docentes de Norte de Santander. Los hallazgos obtenidos corresponden a la identificación del bienestar psicológico y la evaluación de la orientación suicida. Finalmente, se realizó la respectiva correlación entre las variables. En conclusión, es posible determinar que la población estudiada no presenta anomalías en el bienestar psicológico y la orientación suicida, teniendo en cuenta el cambio imprevisto por el confinamiento del COVID-19 y las nuevas asignaciones de carga laboral.

Palabras clave: *Bienestar psicológico, orientación suicida, COVID-19, docentes.*

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INTRODUCTION

Suicide is an act of violence that generates consequences in individuals, families, communities, and countries, both in the short and long term, as it has detrimental effects on healthcare services. Due to the number of people who present suicidal ideation, there are approximately 20 people who attempt suicide for each completed suicide, this is due to the way they face the difficulties that arise in their daily lives and see this act as their only way out (1).

The mental health of the population is affected in times of isolation as they experience situations such as feelings of fear of death and feelings of loneliness, sadness, and irritability; leading to an increase in negative emotions (anxiety, depression, and indignation) and a decrease in positive emotions. In addition, lockdown increases the possibility of psychological and mental problems, mainly due to the distancing between people and over-information (2).

To understand this public health problem, it is necessary to take into account the statistical data on suicides in Colombia in recent years. The World Health Organization (3) states that every year 800 000 people commit suicide and many more attempt to do so likewise, at the national level according to the National Administrative Department of Statistics (4) between 2017 and the third quarter of 2018.

In Colombia 2 711 people committed suicide of which 2 204 were men and 507 women, at the local level according to the National Institute of Legal Medicine and Sciences (5) there was a death rate of 95 suicides which 76 of these were men and 19 women; Among the cities that occupied the first places in suicide during 2018 were Medellín, Cali, Barranquilla, Cartagena, and Bogotá.

Psychological well-being

Muñoz (6) who defines psychological well-being as a broad concept that includes social, subjective, and psychological dimensions, as well as health-related behaviors in general that lead people to function positively (7), with the purpose of understanding psychological well-

being, proposes a multidimensional model that encompasses the six dimensions of PWB which are self-acceptance, positive relationships, mastery of the environment, autonomy, purpose in life and personal growth.

Ryff defines self-acceptance as the ability of people to feel good about themselves, even though they are aware of their limitations. He then defines positive relationships as the perception of establishing stable social relationships and having friends to confide in. Autonomy is defined as the person's ability to make his or her own decisions without being affected by social pressure. The mastery of the environment is classified as the personal ability to choose or create a favorable environment, personal growth is the effort to develop one's potential and thus be able to reach one's maximum capacity, and finally, Ryff defines purpose in life as the ability of people to define a series of objectives that allow them to give meaning to life (7).

Suicidal Orientation

Suicidal orientation is defined by the appreciation that the individual has about himself, before a situation or circumstance through which he goes through in his environment, in such a way that he considers not to be useful for society and other people, highlighting the boom of thoughts and ideas that he has about the destiny of his life, where he considers that he should not be present or should stop being present (8). The risk of suicidal orientation is a state that precedes suicidal ideation that can lead to a suicide attempt and possibly to completed suicide. In this way, suicidal orientation is a set of beliefs of an individual and these precede the ideation, a stage in which the person is planning how to commit suicide, evaluating the damages and consequences, to later reach the act of completed suicide. This variable is composed of the following dimension: Low Self-Esteem, Hopelessness, Coping, Isolation, and Suicidal Ideation.

Therefore, low self-esteem is defined as the negative valuation of oneself, including experiences, feelings, and thoughts that are built over time, which are part of the life cycle process of individuals (9).

Hopelessness is part of the dimensions of suicidal orientation; it is a state in which the person usually does not emit any type of signal or response that allows controlling this situation, either because the individual cannot find a way out of this state or because he/she cannot focus on a reinforcing stimulus that generates pleasure (10).

Additionally, coping is characterized by the ability of an individual to overcome and persist in the face of the adversities of an event for which he/she is experiencing difficulties, coping is complemented by everything that the person does to combat and drastically change the interruptions that generate difficulties to cope in his/her environment, in addition, these situations are problematic in his/her family, social, economic, emotional environment and everything that intervenes and prevents the free development of the individual (11).

Isolation is a response to adverse situations for which an individual is not at ease and does not want to perform or comply, isolation is presented through pressures, obligations, threats, and non-tolerance; therefore, the person decides not to deal with the situation and isolate himself from those people with whom he lives or relates (12).

Subsequently, suicidal ideation is the set of ideas of a person and that are combined in the function of seeking a solution to the difficulties; it is also the moment when the individual considers that there is no solution and seeks, plans how to end his life, so that raises a set of ideas to achieve the next step which is suicide (13).

Adulthood

Adulthood is a stage characterized by the independence of the person, where he/she proposes long-term goals during his/her life project, and also in this stage stable relationships and emotional balance are sought (14). In this stage, "In love, in the constitution of a family, in the realization of a job (profession) that he chooses and exercises, in the assumption of a religious experience", the individual fulfills planned objectives in his life in order not to reach the stage of stagnation and to complete the process of transition between the age of adolescence and adulthood, given that in adolescence an identity

is sought, while in adulthood this facilitates the process of confidence in the individual, based on relationships that guarantee emotional, economic, family, work and health stability.

METHODOLOGY

The proposed development of the research was carried out using a quantitative methodology -Correlational, transversal- non-experimental, and with a probabilistic sample of 87 teachers from Norte de Santander (15).

The instruments used were: Psychological Well-Being Scale (PWBS), validated in Colombia (7) with a McDonald's Omega of (0.93); this scale consists of 39 Likert-type items that evaluate the dimensions of psychological well-being which are self-acceptance (1, 7, 13, 19, 25, 31), mastery of the environment (5, 11, 16, 22, 28, 39), positive relationships (2, 8, 14, 20, 26, 32), personal growth (24, 30, 34-38), autonomy (3, 4, 9, 10, 15, 21, 27, 33) and finally purpose in life (6, 12, 17, 18, 23, 29).

We used the Suicidal Orientation Inventory (ISO 30); this questionnaire was designed by King and Kowalchuk (1994) and adapted by Fernandez, Liporace & Casullo (2006) in Buenos Aires, Argentina, adapted in Colombia (8) with a Cronbach's Alpha (0.92), this instrument consists of 30 Likert-type items and measures the dimensions of suicidal orientation which are low self-esteem (1, 6, 11, 16, 21, 26), hopelessness (2, 7, 12, 17, 22, 27), coping (3, 8, 13, 18, 23, 28), isolation (4, 9, 14, 19, 24, 29) and finally suicidal ideation (5, 10, 15, 20, 25, 30).

RESULTS

As shown in Table 1, the sample consisted of 87 teachers, of whom 20.7 % (n=18) were female and 79.3 % (n=69) were male. In the same order, regarding the results of the psychological well-being (BP) scale, 18.4 % (n=16) of the population scored a moderate BP, on the other hand, 80.5 % (n=70) showed a high BP and finally, 1.1 % (n=1) reflected a high BP.

PSYCHOLOGICAL WELL-BEING AND SUICIDE ORIENTATION

Table 1
Psychological well-being scale (PWBS)

		Psychological well-being		Valid percentage	Cumulative percentage
		Frequency	Percentage		
Valid	MODERATE PWB	16	18.4	18.4	18.4
	HIGH PWB	70	80.5	80.5	98.9
	VERY HIGH PWB	1	1.1	1.1	100.0
	Total	87	100.0	100.0	

Source: Statistical analysis of SPSS package

Table 2 shows the results of suicidal orientation 94.3 % (n=82) of the population scored a low level of suicidal orientation, on the other hand,

3.4 % (n=3) showed a moderate level of suicidal orientation and 2.3 % (n=2) reflected a high suicidal orientation.

Table 2
Suicidal Orientation Inventory (ISO-30)

		Suicidal orientation		Valid percentage	Cumulative percentage
		Frequency	Percentage		
Valid	LOW	82	94.3	94.3	94.3
	MODERATE	3	3.4	3.4	97.7
	HIGH	2	2.3	2.3	100.0
	Total	87	100.0	100.0	

Source: Statistical analysis of SPSS package.

For the results obtained in Table 3, where the correlation between psychological well-being and suicidal orientation is presented, it was found that there is no significant correlation between

the variables, with respect to the reflected scores that indicate ($r=0.842$) ($p= -0.022$) inferring with this that there is no evident correlation.

Table 3
Correlations between psychological well-being and suicidal orientation

		Correlations		Suicidal orientation
		Sig.Bil		
Spearman's Rho	Psychological well-being		1.000	-0.022
			87	0.842
				87

Source: Statistical analysis of SPSS package

The results reflected in Table 4 show a correlation between some of the dimensions of psychological well-being and suicidal orientation in the sample, the significant results between the dimensions are described below. In this order, there is evidence of a relationship between positive relationships and isolation ($r=0.014$) ($p=0.263$), a directly proportional correlation

between the dimensions, indicating that in the case of the sample, as positive relationships increase, so does isolation. Likewise, we found that the dimensions of positive relationships and suicidal ideation ($r=0.024$) and ($p=0.242$) have a directly proportional Spearman correlation, indicating that as positive relationships increase, so does suicidal ideation.

Table 4
Correlation of the dimensions of psychological well-being and suicidal orientation

Correlations between dimensions of psychological well-being and suicidal orientation			Low self-esteem	Despair	Isolation	Coping	Suicidal ideation
Spearman's Rho	Self-acceptance	Sig.Bil	-0.003 0.978	0.308 0.004	0.014 0.897	-0.046 0.672	0.055 0.612
	Mastery of the environment	Sig.Bil	-0.003 87	0.308 87	0.014 87	-0.046 87	0.055 87
	Positive relationships	Sig.Bil	0.194 0.071	0.066 0.544	0.263 0.014	0.150 0.165	0.242 0.024
	Personal growth	Sig.Bil	0.082 87	0.115 87	0.063 87	0.175 87	-0.117 87
	Autonomy	Sig.Bil	0.112 87	0.107 0.322	0.358 0.001	0.167 0.123	0.116 0.285
	Purpose In life	Sig.Bil	-0.128 0.236	0.298 0.005	-0.022 0.839	-0.299 0.005	-0.330 0.002

Source: Statistical analysis of SPSS package

DISCUSSION

It was found that psychological well-being in teachers is categorized at a moderate level scoring 18.4 %, at a high level of 80.5 %, and at a very high level of 1.1 %, which indicates that the population studied has good psychological well-being with an absence of low levels, It is understood that the population studied by presenting high levels of psychological well-being complements the eudaimonic perspective, transcending affective states and valuations based on life satisfaction since well-being is found in aspects that seek

and facilitate the realization of people and their optimal development (16). In agreement with the findings (17) found in the population, 52.76 % are at a high level, 40.70 % at a medium level, and 6.53 % at a low level.

Next, the suicidal orientation in teachers shows that 94.3 % are at a low level, 3.4 % at a moderate level, and 2.3 % at a high level. This data represents that the sample studied has low levels of suicidal orientation, while a minority has high levels of orientation, which represents according to (18) “from a dynamic point of view, we all have in our nature suicidal desires

to a greater or lesser degree. Therefore, almost all people have thought about the possibility of killing themselves or have carried out acts that have endangered their lives in some way”, therefore this degree of suicidal orientation does not represent a risk for the population. Thus, this study contrasts the research conducted (19), in which they found the average suicidal orientation, which indicates a significant presence of the variable in the population with an average score of 40.70. Therefore, it can be deduced that the isolation required by COVID-19 did not influence a risk factor in the suicidal orientation of teachers in Norte de Santander.

On the other hand, in general, no significant correlation was found between the two variables studied, since it yielded a Spearman’s Rho ($r=.842$), supporting similarity with the research conducted (20) in which they found no correlation between the variables psychological well-being and behaviors associated with suicide.

However, it should be noted that a positive relationship was found between the dimensions of isolation and positive relationships ($r=0.014$), indicating that the higher the isolation scores, the higher the positive relationships increase proportionally. This represents that isolation in a person is characterized by avoiding situations that are not to the individual’s liking and in cases where the individual is strictly independent, managing to fend for himself (12), in contrast, positive relationships are a set of characteristics in which the individual can create close ties and fully trust each of the members (7). On the other hand, the dimensions of isolation and suicidal ideation ($r=0.024$) indicate that a person with the presence of suicidal ideation is in a state of vulnerability given that their thoughts revolve around how to plan the termination of their life (21-26).

CONCLUSIONS

In conclusion, it was determined that the population studied did not present anomalies in psychological well-being, considering the unforeseen change due to the confinement of COVID-19 and the new workload assignments.

Consequently, it can be deduced that the population studied does not show signs of suicidal

orientation due to mandatory confinement during the pandemic.

In relation to the above, it is necessary to point out the absence of information on the relationship between the variables studied in this research.

On the other hand, it is worth mentioning the difficulty that limits the evaluation process in the population and the support from the directors of the educational institutions, taking into account the availability of timetables.

REFERENCES

1. Arenas A, Gómez C, Rondón, M. Factores asociados a la conducta suicida en Colombia. Resultados de la Encuesta Nacional de Salud Mental 2015. *Rev Colomb Psiquiat*. 2016;45(1):68-75.
2. Huarcaya J. Consideraciones sobre la salud mental en la pandemia de COVID-19. *Rev Peru Med Exp Salud Publica*. 2020;37(2):327-334.
3. OMS. Suicidio. 2019. Available at <https://www.who.int/es/news-room/fact-sheets/detail/suicide>
4. DANE. Información 2017 definitivo, III trimestre 2018pr y año corrido 2018pr. 2018. Available at <https://www.dane.gov.co/index.php/estadisticas-por-tema/salud/nacimientos-y-defunciones>
5. Instituto Nacional de Medicina Legal y Ciencias Forenses. Forensis datos para la vida. 2018. Available at <http://www.medicinalegal.gov.co/documents/20143/386932/Forensis+2018.pdf/be4816a4-3da3-1ff0-2779-e7b5e3962d60>
6. Muñoz A. ¿Qué es el bienestar psicológico? El modelo de Carol Ryff. 2017. Available at <http://www.uniminuto.edu/documents/702814/0/Qu%C3%A9+es+el+bienestar+psicol%C3%B3gico/94cf47ca-be8b-44cf-85a7-d9359f351f95?version=1.0>
7. Pineda C, Castro J, Chaparro R. Estudio psicométrico de las Escalas de Bienestar Psicológico de Ryff en adultos jóvenes colombianos. *Pensamiento Psicológico*. 2017;16(1):55.
8. Paniagua RE, González CM, Rueda SM. Orientación al suicidio en adolescentes en una zona de Medellín, Colombia. *Rev Fac Nac Salud Pública*. 2014;32(3):314-322.
9. Panesso K, Arango M. La Autoestima, Proceso Humano. 2017. Available at <https://aprendeonline.udea.edu.co/revistas/index.php/Psyconex/article/viewFile/328507/20785325>
10. Gonzales T, Hernández A. La desesperanza aprendida y sus predictores en jóvenes: Análisis desde El Modelo

- De Beck. Enseñanza e Investigación en Psicología. 2012;17(2):313-327.
11. Gómez G, Berra E, Silva R, Vega Muñoz S. Emociones, estrés y afrontamiento en adolescentes desde el modelo de Lazarus y Folkman. *Rev Intercont Psicol Edu*. 2014;16 (1):37-57.
 12. Oñate M. Aislamiento y Patología Inherente: Paralelismo Entre El Renacimiento En Doña Juana I De Castilla y La Época Actual. 2014. *Rev Aequitas*. 2014;4:83-166.
 13. Rodríguez Pulido F, Glez de Rivera y Revuelta JL, Gracia Marco R, Montes de Oca Hernández D. El suicidio y sus interpretaciones teóricas. *Psiquis*, 1990;11:374-380.
 14. Sánchez G. Teorías del desarrollo III. 2012. Available at http://www.aliat.org.mx/BibliotecasDigitales/Educacion/Teorias_del_desarrollo_III.pdf
 15. Hernández R, Fernández C, Baptista P. Metodología de la investigación sexta edición, pagina 9. McGraw-Till. México. 2017. Available at <https://www.uca.ac.cr/wp-content/uploads/2017/10/Investigacion.pdf>
 16. Barrantes-Brais K, Ureña-Bonilla P. Bienestar psicológico y bienestar subjetivo en estudiantes universitarios costarricenses. *Rev Intercont Psicol Educ*. 2015;17(1):101-123.
 17. Millán A, García D, D' Aubeterre-Lopez M. Efecto de la Inteligencia Emocional y Flujo en el Trabajo Sobre Estresores y Bienestar Psicológico: Análisis de Ruta en Docentes. *Rev Colomb Psicol*. 2014;23(1):207-228.
 18. Cano P, Pena J, Ruiz M. Las conductas suicidas. 2017. Available at <http://www.medynet.com/usuarios/jraguilar/Manual%20de%20urgencias%20y%20Emergencias/suicidas.pdf>
 19. Cornejo C, Rojas A, Bonilla N. Estrategias de afrontamiento como elemento terapéutico en la orientación suicida de adolescentes de un colegio de la comuna 7 en Cúcuta. *Arch Vene Farmacol Terap*. 2018;37(5):528-533.
 20. Torres C, Espinoza V, Sandoval A, Eguiluz L. Bienestar psicológico, conductas asociadas al suicidio y desempeño académico en estudiantes universitarios. *Rev Electr Psicol Iztacala*. 2017;20(3):1124-1150.
 21. Cañón Buitrago S, Carmona Parra J. Ideación suicida y conductas suicidas en adolescentes y jóvenes. *Rev Pediatría de Atención Primaria*. 2018;20:387-397.
 22. Bahamón MJ, Vásquez-Alarcón Y, Cudris Torres L, Trejos-Herrera AM, Campo Aráuz L. Bienestar psicológico en adolescentes colombianos. *Arch Vene Farmacol Terap*. 2019;38(5):519-523.
 23. Cudris-Torres L, Barrios-Núñez Á, Bonilla-Cruz NJ. Coronavirus: epidemia emocional y social. *Arch Vene Farmacol Terap*. 2020;39(3):309-312.
 24. Bahamón MJ, Alarcón-Vásquez Y, Cudris-Torres L, Cabezas Corcione A. Diseño y validación de una escala de bienestar psicológico para adolescentes (BIPSI). *Arch Vene Farmacol Terap*. 2020;39(3):334-340.
 25. Olivella-López G, Cudris-Torres L, Medina-Pulido PL. La telepsicología: una perspectiva teórica desde la psicología contemporánea. *Desbordes Rev Investig Esc Cienc Sociales Artes Humanid*. 2020;11(1):95-112.
 26. Ebratt-Castro L, Cudris-Torres L, Bahamón MJ, Bonilla-Cruz NJ, Pinzón-Atencio E, Navarro-Rodríguez F. Bienestar psicológico y contextos relacionales en adolescentes con ideación suicida en el caribe colombiano. *Arch Vene Farmacol Terap*. 2020;39(3):268-273.