


CONSUMPTION OF PSYCHOACTIVE SUBSTANCES BY NURSING WORKERS: AN INTEGRATIVE REVIEW

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ABSTRACT

Objective: to analyze the scientific evidence available on the factors and implications related to the use of psychoactive substances by nursing workers.

Method: an integrative review, which had the following as selection criteria: primary studies, published between 2008 and 2017, without language restrictions and that included aspects related to the consumption of psychoactive substances by nursing professionals. The bibliographic survey was carried out in the months of September and October 2018, in the following databases: CINAHL, MEDLINE, SCOPUS, Web of Science and LILACS, BDNF and IBECs via the Virtual Health Library.

Results: a total of 14 articles were analyzed, with predominance of cross-sectional (28.57%), qualitative descriptive (28.57%), and quantitative descriptive (14.28%) studies, with significant samples ranging from 12 to 33,588 nursing professionals, and with 2C level of evidence (100.00%). The synthesis of knowledge was formulated in two categories: Predisposing factors for the consumption of psychoactive substances by nursing workers; and Implications of the use of psychoactive substances in personal life and in the quality of nursing care.

Conclusion: the evidence found shows that the use of psychoactive substances represented a reality present in the daily lives of nursing workers and the close relationship with the working conditions represented the main associated factor, with the work environment being the major influencer for consumption.

DESCRIPTORS: Nursing. Nursing team. Psychotropic drugs. Worker's health. Substance-related disorders.

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CONSUMO DE SUBSTÂNCIAS PSICOATIVAS POR TRABALHADORES DE ENFERMAGEM: REVISÃO INTEGRATIVA

RESUMO

Objetivo: analisar as evidências científicas disponíveis sobre os fatores e implicações relacionados ao uso de substâncias psicoativas por trabalhadores de enfermagem.

Método: revisão integrativa, que teve como critérios de seleção: estudos primários, publicados no período de 2008 a 2017, sem restrição de idiomas e que contemplassem aspectos relacionados ao consumo de substâncias psicoativas por profissionais de enfermagem. O levantamento bibliográfico foi realizado nos meses de setembro e outubro de 2018, nas bases de dados: CINAHL, MEDLINE, SCOPUS, *Web of Science* e LILACS, BDENF e IBICS via Biblioteca Virtual em Saúde.

Resultados: foram analisados 14 artigos, verificando-se o predomínio de estudos transversais (28,57), descritivos qualitativos (28,57) e descritivos quantitativos (14,28), com amostras significativas, variando de 12 a 33.588 profissionais de enfermagem e com nível de evidência 2C (100,00%). A síntese do conhecimento foi formulada em duas categorias: fatores predisponentes para o consumo de substâncias psicoativas por trabalhadores de enfermagem; e Implicações do uso de substâncias psicoativas na vida pessoal e na qualidade da assistência de enfermagem.

Conclusão: as evidências encontradas mostram que o uso de substâncias psicoativas representou uma realidade presente no cotidiano dos trabalhadores de enfermagem e a estreita relação com as condições laborais representou o principal fator associado, sendo o ambiente de trabalho, o grande influenciador para o consumo.

DESCRITORES: Enfermagem. Equipe de enfermagem. Psicotrópicos. Saúde do trabalhador. Transtornos relacionados ao uso de substâncias.

CONSUMO DE SUSTANCIAS PSICOACTIVAS POR PARTE DE TRABAJADORES DE ENFERMERÍA: UNA REVISIÓN INTEGRADORA

RESUMEN

Objetivo: analizar las evidencias científicas disponibles sobre los factores y las repercusiones relacionados al consumo de sustancias psicoactivas por parte de trabajadores de Enfermería.

Método: revisión integradora, con los siguientes criterios de selección: estudios primarios, publicados en el período de 2008 a 2017, sin restricción de idiomas y que contemplasen aspectos relacionados con el consumo de sustancias psicoactivas por parte de profesionales de Enfermería. La búsqueda bibliográfica se realizó en los meses de septiembre y octubre de 2018 en las siguientes bases de datos: CINAHL, MEDLINE, SCOPUS, *Web of Science* y LILACS, BDENF y IBICS a través de la Biblioteca Virtual en Salud.

Resultados: se analizaron 14 artículos, entre los que se verificó el predominio de estudios transversales (28,57%), descriptivos cualitativos (28,57%) y descriptivos cuantitativos (14,28%), con muestras significativas que variaron entre 12 y 33.588 profesionales de Enfermería, y con nivel de evidencia 2C (100,00%). La síntesis del conocimiento se formuló en dos categorías: factores que predisponen al consumo de sustancias psicoactivas por parte de trabajadores de Enfermería; y Repercusiones del consumo de sustancias psicoactivas en la vida personal y en la calidad de la atención de Enfermería.

Conclusión: las evidencias encontradas demuestran que el consumo de sustancias psicoactivas representó una realidad presente en la rutina diaria de los trabajadores de Enfermería, y la estrecha relación con las condiciones laborales representó el principal factor asociado, puesto que el ambiente de trabajo fue el factor que más influyó para el consumo.

DESCRITORES: Enfermería. Equipo de Enfermería. Psicotrópicos. Salud del trabajador. Trastornos relacionados con el consumo de sustancias.

INTRODUCTION

Work is understood as an essential activity for human survival and is related to the objective and subjective needs of the worker. It is one of the forms of personal and social growth of man, helping to create bonds and to experience pleasure. The product generated by work is characteristic in the developmental role of a country, state or city, and also of a family, considered an adjunct in quality of life and health. Thus, the health problems of the workers develop in a multi-causal manner, being determined by the interaction between external and pathogenic agents.¹⁻²

When directed to health work, the nursing sector is inserted in this context, which is configured as a collective environment, permeated by rules and routines, complex in its organization and in its work processes, being frequently approached by suffering, fears, conflicts, tensions, power struggle, anxiety and stress, dealing with the life and death of patients, and facing exhaustive working hours, among other aspects that are part of their daily work.³⁻⁴

The relationships that are established between work and its conditions can interfere with the health of the nursing workers, since they directly influence the onset and/or development of diseases due to the risk situations that expose their lives to various health problems. The working conditions of the nursing team, especially in hospitals, have been considered improper, becoming health risk generators, forming a set of problems that encompasses inadequate remuneration, accumulation of service schedules, increase in the continuous workload in shifts, and tensiogenic characteristics of the health services, both by the nature of the care provided to people at risk, and by the social division of work.⁵⁻⁶

Due to these disorders, these professionals are affected by several symptoms and diseases, of the most varied forms and origins, such as: arterial hypertension, cardiovascular diseases, alcoholism, stress, and musculoskeletal disorders related to work, in addition to anguish and depression that cause harms to the body and mind of the nurses, impairing the work capacity of these professionals.⁷

Given these factors, nursing is one of the professional classes most susceptible to the consumption of psychoactive substances (PASs), because these are historically related as ways to relieve tension and reduce the stress caused by work. However, the inappropriate and abusive use of these substances can generate physical, psychological and behavioral harms for people who consume them, as well as losses for the work sector and risks for those who live with them.⁷⁻⁸

Problematic consumption has not been differentiated between different population groups and, especially, in the category of health professionals. Among the nursing staff, the rates have varied between 6% and 8%, and can be even higher when referring to the abusive use of sedatives (20%).⁹ A study conducted in Rio Grande do Sul, Brazil, with 106 professionals, of whom 74.5% were nursing technicians, there was a prevalence of 22.8% for the consumption of psychotropic drugs among the participants.¹⁰

A research study carried out with 416 nursing professionals showed that the drugs most consumed by the category, at medium/high risk level, were alcohol in the binge pattern with 35.8%, alcohol with 21.2%, and tobacco with 6.6% of the participants respectively.¹⁰ In the United Kingdom, a cross-sectional study with 623 nurses found that 22% of the respondents had never consumed alcohol, but 25% of those who did were at risk or with problems related to the consumption of this substance.¹¹

In this sense, due to the facts exposed, and considering the magnitude of the problem, as well as the vulnerabilities regarding the use/abuse of PASs by nursing workers, this research aims to analyze the available scientific evidence on the factors and implications related to the use of psychoactive substances by nursing workers.

METHOD

The methodological path defined to answer to the proposed objective was an integrative literature review. The strategy involved six research stages: definition of the theme and elaboration of the research question; sampling, literature search, and delimitation for the inclusion of studies; data extraction; critical evaluation of the included studies; analysis and synthesis of the results; and presentation of the knowledge review or synthesis.¹²

The guiding question was formulated based on the PICO acronym.¹³ Nursing workers were considered to be the study population; Consumption of psychoactive substances as a phenomenon of interest, and work as a context, and resulted in the following question: What scientific evidence is available on aspects and factors related to the use of psychoactive substances by nursing workers?

The controlled and uncontrolled descriptors (keywords) used in the search were selected after consulting the Health Sciences Descriptors (*Descritores em Ciências da Saúde*, DeCS), in the Medical Subject Headings (MeSH) and in the CINAHL list. The combination was performed using the Boolean operators OR and AND, and enabled the construction of the search strategy, which was adapted according to the specificities of each database. Chart 1 presents the descriptors, as well as the search strategy carried out on MEDLINE, which was adapted for the other databases.

Chart 1 - Controlled and non-controlled descriptors used for the construction of the search strategy. Teresina, PI, Brazil, 2018.

MeSH and CINAHL List		
P	Controlled	Nurses; Nursing; Nursing, Team; Nurse Practitioners; Nurses' Aides; Nurses, Male;
	Non-controlled	Nurse; Personnel, Nursing; Nursing Personnel; Nursings; Team Nursing; Nurse Practitioner; Practitioner, Nurse; Practitioners, Nurse; Aide, Nurses'; Aides, Nurses'; Nurse Aides; Nurse's Aides; Nurses Aides; Nurses' Aide; Nursing Auxiliaries; Auxiliaries, Nursing; Auxiliary, Nursing; Nursing Auxiliary; Male Nurse; Male Nurses; Nurse, Male.
I	Controlled	Substance-Related Disorders; Street Drugs; Alcoholism; Tobacco; Psychotropic Drugs.
	Non-controlled	Drug Abuse; Abuse, Drug; Drug Dependence; Dependence, Drug; Drug Addiction; Addiction, Drug; Disorder, Substance Use; Substance use disorders; Disorder, Drug Use; Substance Abuse; Abuse, Substance; Abuses, Substance; Substance Abuses; Substance Dependence; Dependence, Substance; Substance Addiction; Addiction, Substance; Prescription Drug Abuse; Abuse, Prescription Drug; Drug Abuse, Prescription; Drug Habituation; Habituation, Drug; Drugs, Street; Illicit Drugs; Drugs, Illicit; Drugs of Abuse; Abuse Drugs; Recreational Drugs; Drugs, Recreational; Alcohol Dependence; Dependence, Alcohol; Alcohol Addiction; Addiction, Alcohol; Alcoholic Intoxication, Chronic; Chronic Alcoholic Intoxication; Intoxication, Chronic Alcoholic; Alcohol Use Disorder; Alcohol Use Disorders; Use Disorder, Alcohol; Use Disorders, Alcohol; Alcohol Abuse; Abuse, Alcohol; Tobaccos; Nicotiana; Nicotianas; Nicotiana tabacum; Nicotiana tabacums; tabacum, Nicotiana; Drugs, Psychotropic; Psychopharmaceuticals; Psychoactive Agents; Agents, Psychoactive; Psychoactive Drugs; Drugs, Psychoactive.
Co	Controlled	Occupational Health.
	Non-controlled	Health, Occupational; Safety, Occupational; Occupational Safety; Employee Health; Health, Employee; Working Conditions.

Chart 1 – Cont.

DeCS		
P	Controlled	<i>Enfermeiros e Enfermeiras; Enfermagem; Equipe de Enfermagem; Profissionais de Enfermagem; Auxiliares de Enfermagem; Enfermeiros.</i>
	Non-controlled	<i>Enfermeira; Enfermeira e Enfermeiro; Enfermeiras; Enfermeiro e Enfermeira; Enfermeiros e Enfermeiras; Enfermeiros de cabeceira; Enfermeiras de cabeceira; Enfermeiro.</i>
I	Controlled	<i>Transtornos Relacionados ao Uso de Substâncias; Drogas Ilícitas; Alcoolismo; Tabaco; Psicotrópicos.</i>
	Non-controlled	<i>Abuso de Drogas; Abuso de Substâncias; Abuso de Substâncias que Produzem Dependência; Abuso de Substâncias Psicoativas; Adição a Drogas; Adição às Drogas; Adição a Substâncias; Dependência de Substâncias; Dependência de Substâncias Psicoativas; Dependência Psíquica; Dependência Psíquica de Substâncias; Dependência Química; Drogadição; Drogadição; Dependência de Drogas; Farmacodependência; Habituação a Drogas; Toxicodependência; Toxicomania; Uso Indevido de Drogas; Uso Indevido de Substâncias; Medicamentos Proibidos; Drogas de Abuso; Drogas de Uso Indevido; Drogas Recreativas; Abuso de Álcool; Intoxicação Alcoólica Crônica; Intoxicação por Álcool Crônica; Erva Nicotiana; Fumo; Nicociana; Nicotiana; Nicuciana; Agentes Psicoativos; Psicoativos; Psicofarmacos.</i>
Co	Controlled	<i>Saúde do Trabalhador; Condições de trabalho.</i>
	Non-controlled	<i>Saúde dos Empregados; Saúde Ocupacional; Higiene do Trabalho; Saúde dos Trabalhadores.</i>

The bibliographic survey was carried out in September and October 2018, in the following databases: Medical Literature Analysis and Retrieval System online (MEDLINE via PubMed®), Cumulative Index to Nursing and Allied Health Literature (CINAHL), SCOPUS, Web of Science™, and Latin American Health Sciences Literature (*Literatura Latino-Americana de Ciências da Saúde*, LILACS), the Nursing Database (*Base de Dados de Enfermagem*, BDEF) and the Spanish Bibliographic Index on Health Sciences (*Índice Bibliográfico Español en Ciencias de la Salud*, IBECS) via the Virtual Health Library.

Primary studies, published in the period from 2008 to 2017, with no language restrictions and that included aspects related to the consumption of psychoactive substances by nursing professionals, were included. The exclusion criteria focused on duplicate studies, being considered only once.

The articles were accessed through the journal portal of the Coordination for the Improvement of Higher Level Personnel and the search, selection, and inclusion were carried out independently by two reviewers who proceeded with the reading of titles and abstracts in order to ensure greater methodological rigor and reliability of the results.

A total of 1,857 productions were retrieved, among which 32 met the inclusion criteria, being selected for the study. It is noteworthy that 18 articles were excluded due to duplication in the databases, resulting in a sample of 14 publications. Figure 1 describes the path taken for the identification, inclusion and exclusion of studies, according to the consulted databases.

Data collection was conducted with the aid of a specific instrument that included variables related to the identification of studies (authors, journal and year of publication), methodological aspects (design and sample), main results, outcomes, conclusions, and level of evidence.

For analyzing the Level of Evidence (LoE), the recommendations proposed by the Oxford Center for Evidence-based Medicine were followed, which classifies the evidence according to the methodological outline: 1A - systematic review of randomized controlled clinical trials; 1B - randomized controlled clinical trial with a narrow confidence interval; 1C - therapeutic results of the “all or nothing”

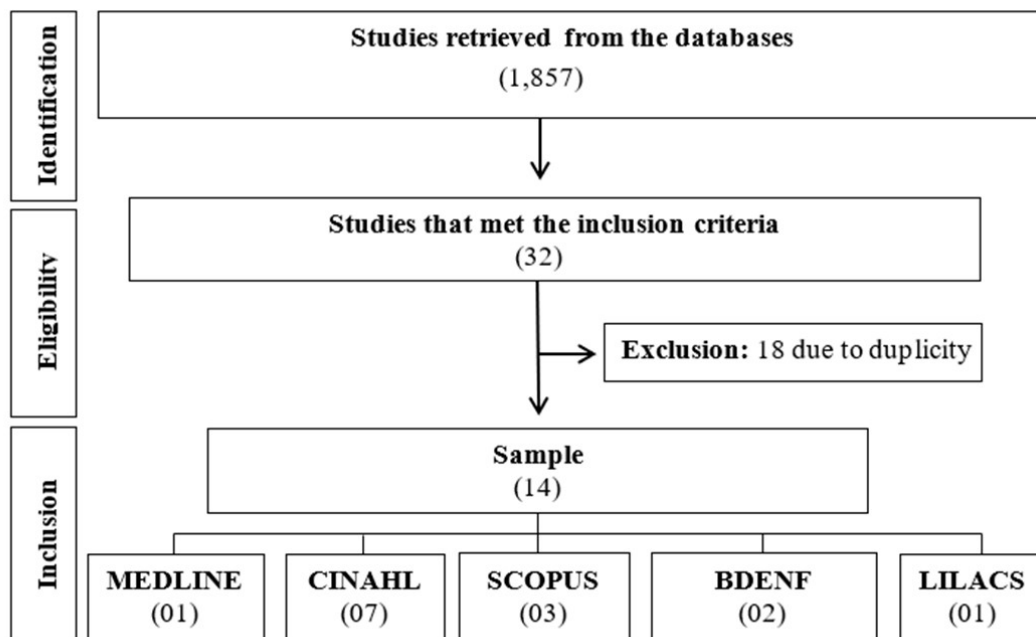


Figure 1 – Path for the identification, inclusion and exclusion in the electronic databases consulted. Teresina, PI, Brazil, 2018.

type; 2A - systematic review of cohort studies; 2B - cohort study (including randomized clinical trial of lesser quality); 2C - observation of therapeutic results or ecological studies; 3A - systematic review of case-control studies; 3B - case-control study; 4 - case reports (including lower quality cohort or case-control); 5 - expert opinion¹⁴.

The critical analysis and synthesis of the results were carried out in a descriptive manner, which enabled the classification of the studies by semantic similarity and the construction of two thematic categories.

RESULTS

Among the 14 productions included, there was predominance of studies indexed in the CINAHL (50.00%), SCOPUS (21.42%) and BDNF (14.20%) databases and published in Portuguese (64.28%), English (28.57%) and Spanish (7.14%). There was greater concentration of articles in 2017 (21.42%), followed by the years 2014, 2012 and 2009 (14.28%). There was predominance of cross-sectional (28.57%), qualitative descriptive (28.57%), and quantitative descriptive (14.28%) studies, with significant samples ranging from 12 to 33,588 nursing team professionals and 2C level of evidence (100.00%).

As for the consumption of psychoactive substances, it was observed that the practice was adopted by all the professionals who make up the nursing team, in which self-medication with the use of depressant drugs such as psychotropic drugs (78.57%) prevailed, followed by alcohol (50.00%) and by stimulating substances such as tobacco (35.71%).

It was verified that aspects such as the conditions of the work environment, physical and psychological exhaustion, long working hours, easy access to and handling of psychotropic drugs, family, emotional and sentimental issues (dissatisfaction, anxiety, depression and sadness), interpersonal

physician-nurse relationship, organizational support, and the lack of professional autonomy were presented as the factors that trigger the consumption of PASs.

While issues such as dismissal, loss of the nursing license, early departures, absenteeism, overload to other professionals, work accidents, medical care during the workday, drowsiness, diminished reflexes, chemical dependence, neglect in self-care, risks of intoxication, allergic reactions, drug interactions, and death were identified as the main consequences and harms to personal and work life due to the use/abuse of these substances.

Chart 2 presents the description of the studies according to the main author, year of publication and journal, methodological design, sample and level of evidence (LoE), professional category, classification and type of PAS, main results, outcomes, and conclusions.

Chart 2 - Synthesis of the studies included in the review. Teresina, PI, Brazil, 2018. (n=14).

Predisposing factors for the use of psychoactive substances by nursing workers			
Author/Year/ Journal	Design/Sample/ Level of Evidence	Classification and psychoactive substance	Main results, outcomes, and conclusions.
Junqueira MAB et al. 2017 ¹⁵ SCOPUS	Cross-sectional 416 - Nursing team 2C	Depressant (alcohol)	Sociodemographic and educational factors: male, single, higher education and nursing technician. Health behaviors: not practicing physical exercises or sports and drinking above the limit of two doses.
Dias JRF et al. 2011 ¹⁶ SCOPUS	Qualitative and descriptive 15 - Nursing team 2C	Depressants (psychotropic drugs)	Physical and psychological wear, poor working conditions and inadequate work environment, stress, workload, demands and dissatisfaction in the work environment, team or family and easy access.
Catalina LH et al. 2012 ¹⁷ SCOPUS	Cross-sectional 58 - Nurses 2C	Depressants (alcohol, antidepressants, opiates and barbiturates) Stimulants (tobacco, energy drinks and amphetamines)	Working conditions: High workload, need to be awake and relaxed, stress, easy access, and low pay.
Vieira TG et al. 2013 ¹⁸ BDENF	Descriptive Quantitative 49 - Nursing team 2C	Depressants (antidepressants, benzodiazepines and analgesics)	Diagnosis of mental disorder, long experience in critical care units, night work, inadequate working conditions, easy access to psychotropic drugs, stress, tiredness, loss of family members, problems involving children's school performance. Also, feelings of sadness, anxiety and depression.

Chart 2 – Cont.

Predisposing factors for the use of psychoactive substances by nursing workers			
Author/Year/ Journal	Design/Sample/ Level of Evidence	Classification and psychoactive	Main results, outcomes, and conclusions.
Rocha PR et al. 2015 ¹⁹ LILACS	Cross-sectional 120 - Nurses 2C	Depressants (alcohol, anxiolytics, benzodiazepines and sedatives) Stimulants (tobacco and amphetamines)	Relaxation, celebration of special occasions, anxiety, sadness. Tiredness and long working hours.
Ficarra MG et al. 2011 ²⁰ MEDLINE	Sectional 258 - Nurses 2C	Stimulant (tobacco)	Professional category, in which nurses and assistants were more likely to consume the substance.
Schloze AR et al. 2017 ²¹ CINAHL	Cross-sectional 185 - Nurses 2C	Depressants (alcohol and sedative) Stimulant (tobacco)	Unfavorable work environment, interpersonal physician-nurse relationship, organizational support and professional autonomy.
Martins ERC et al. 2009 ²² CINAHL	Descriptive – Qualitative 40 - Nursing team 2C	Depressant (alcohol) Stimulant (tobacco)	Relief from work and family problems.
Oliveira AF et al. 2016 ²³ CINAHL	Descriptive, exploratory, and qualitative 25 - Nursing team 2C	Depressants (psychotropic drugs)	Easy access to the medication, self-confidence of knowing the drugs and their effects.
Mcnelis AM et al. 2012 ²⁴ CINAHL	Prospective 1,338 - Nurses 2C	Depressants (alcohol and opioids)	Among men, there was greater propensity to consume alcohol and among women, opioids.
Sang E et al. 2017 ²⁵ CINAHL	Retrospective 33,588 - Nurses 2C	Depressant (benzodiazepines)	Sleep disorder, depression and anxiety, increased risk of benzodiazepine consumption.
Implications of the use of psychoactive substances in personal life and in the quality of nursing care			
Bozimowski G et al. 2014 ²⁶ CINAHL	Prospective 111 - Nurses 2C	Depressants (opioids, alcohol, benzodiazepines) Hallucinogenic (cannabis) Stimulant (cocaine)	Dismissal from the graduate program, loss of nursing license and death. Factors: stress.

Chart 2 – Cont.

Implications of the use of psychoactive substances in personal life and in the quality of nursing care			
Author/Year/ Journal	Design/Sample/ Level of Evidence	Classification and psychoactive substance	Main results, outcomes, and conclusions.
Oliveira EB et al. 2014 ²⁷ CINAHL	Descriptive, quantitative 91 - Nursing team 2C	Depressant (anxiolytics)	Work problems: stress, workload. Repercussion at work: early departures, overload to other professionals, work accidents, absences from work; medical care during the workday - sleepiness 24 (68.5%), and decreased reflexes 8 (22.8%). Such effects have repercussions for performance and organization.
Baggio MA et al. 2009 ²⁸ BDENF	Exploratory, descriptive, qualitative 12 - Nursing team 2C	Depressants (analgesics and psychotropic drugs)	Access facilitated by environmental conditions, interpersonal relationships with other health or marketing professionals, knowledge of the effects of psychotropic drugs, monotony of everyday life, anxiety, depression, pain and pleasure. Dependence, neglect in self-care, risks of poisoning, allergic reactions and drug interactions.

DISCUSSION

Predisposing factors for the use of psychoactive substances by nursing workers

The work environment corresponds to the main factor and facilitator predisposing for the use of PASs by nursing workers. It is necessary to observe the context in which the person and the psychoactive substance used are inserted, when considering the values, beliefs, sociodemographic condition, and the relationship with the work that this individual has, in order to understand the factors that led to such use.^{16,22}

With the changes in the world of work, psychic illness became more incident, when compromising the health and work relationship, there was a constant increase in depressive and anxious symptoms in professionals in Brazil and worldwide. According to a study conducted in Bogotá, Colombia, nursing and medical professionals had higher rates of psychotropic substance abuse, especially younger professionals, recently sent to the labor market.^{17-18,24}

There are several factors that culminate in the abuse of psychoactive substances by nursing professionals. One of these can be explained by the non-harmonious coexistence with such substances, when observing the under-graduation years. According to a study carried out with nursing professionals at a University Hospital in Rio de Janeiro, it is assumed that such workers did not obtain adequate knowledge about psychotropic drugs and, thus, became professionals with limitations in the issue of dealing with the drugs in the work environment, when noting the vastness of substances available in health institutions.¹⁶

However, this is just an assumption, there are other factors that can contribute to PAS abuse. The changes, over the decades about work, led to transformations regarding the view and the

physical and emotional conditions of nursing professionals in the face of work. This class of health workers constantly faces physical exhaustion, they deal with the pain and death of patients, they have limitations due to the number of existing staff members in the institution, increased care requirements, inadequate working conditions, low wages that force them to double their working hours, in addition to other variables that can be associated with personal problems, such as financial situation, social support, risk perception, problem solving capacity, and family members, who can discourage them and compromise performance and well-being at work.^{16,18,21-22}

The predisposing factors mentioned in national studies are similar to the results of international studies, in which nursing professionals claim that the use of psychoactive agents occurs mostly due to workload, stress, ease of access and poor remuneration, and associated mental disorders such as anxiety and depression, in addition to being more incident and prevalent in women, due to the female predominance in the profession.^{17,20,24}

Thus, in order to obtain comfort with daily suffering and disturbances, some workers resort to the use of psychoactive agents as a situational escape in order to minimize tension, sadness and stress, *a priori* starting with self-medication.²³

Self-medication corresponds to a multidimensional problem, in which there are differences in terms of drugs used for each individual. When analyzing the reason for use by a given professional, it is necessary to observe the subject's relationship with their values, beliefs, economic and social relationships, and work, as some have greater predisposition to the consumption of PASs than others. Although the nursing professional is aware of the benefits and harms of self-medication, many allow themselves to be deceived by the idea that the medications alleviate the suffering they are going through and thus, without realizing it, they gradually increase consumption and, sometimes, switch to medications with stronger psychoactive effects.^{23,25}

The drugs that have higher consumption prevalence among the nursing team correspond to sedatives such as morphine and anesthetics, antidepressants, barbiturates, analgesics, amphetamines and benzodiazepines, as they are more accessible within health institutions.^{15,17,19,21}

Among the legal drugs, alcohol, tobacco and energy drinks are more prevalent among nurses, with higher consumption by women, with a mean age of 34 years old for alcohol abuse, 25 years old for cigarette consumption, and 24 to 49 years old for energy drinks, according to a study carried out with physicians and nurses in Bogotá. In contrast, marijuana and opium are at a higher level of consumption in illicit terms. Unlike the data presented in the aforementioned study, a survey conducted in Indiana, United States, showed different results when comparing PAS consumption associated with gender, obtaining a higher consumption of alcohol by men and of opiates by women.^{17,24}

Therefore, the individual who initiates PAS consumption can be motivated by a work environment with inadequate working conditions for the mental health of that subject, or it can result from personal or even family problems. Each being has unique aspects that must not be analyzed unilaterally. It is noteworthy that all use of psychoactive agents is surrounded by a complex network of triggering and protective factors that can prevent or encourage their consumption, thus, this complex network must be studied and analyzed in order to provide the best assistance and support to this individual.²¹

Implications of the use of psychoactive substances in personal life and in the quality of nursing care.

The use of psychoactive substances is a public health issue that is difficult to solve, considering the complexity, severity, and diversity of problems resulting from it, in addition to a health system with unequal service offerings, which presents difficulties in fully meeting users' needs. Thus, drug abuse, which means harmful or risky use, but without loss of control, encompasses social, psychological, economic and political losses, and reflects negatively on the family and social life of those who use

psychoactive drugs. Therefore, when the use is made by the professional of the nursing team, the view on the implications regarding the use is aggravated, emphasizing that health professionals have the function of ensuring health promotion and prevention of health problems to the population, thus harming the activities in their execution. That said, nursing professionals who use PASs are unable to develop their assistance with quality, moreover, they will have difficulty in managing their personal life.^{28,29,30}

A quantitative research study, carried out with nursing teams from a public hospital in Rio de Janeiro, adds the fact that nursing professionals, as they face moments of difficulty or crises of varying contours and meanings, can perceive PAS use as a strategy to facilitate the conduct of their daily life and to minimize wear and tear in the face of existing problems in the family and occupational scopes. Easy access in the work environment contributes to consumption, since the professionals are also responsible for their storage and control, despite having information about their effects and the risks involved in their consumption.²⁷

Among the psychoactive substances most used by nursing professionals, opioids are the most frequent drugs of choice, as pointed out by a review study conducted in the United States. This choice can corroborate for the emergence of psychiatric disorders and maintenance of the family history of substance abuse. The research findings also relate abuse to withdrawal from the programs of which they were a part of, loss of nursing license, and death.²⁶

Another study highlights anxiolytics and, among them, benzodiazepines, which are products that reduce anxiety and that have depressive properties on the central nervous system, cause physiological, behavioral and psychological changes such as relaxation, decrease in the state of consciousness, in mood and in cognitive functions. It is also inferred that the use pattern of a psychoactive substance negatively affects the performance of the individual's social roles. In addition to representing a dangerous behavior when the professional activity performed puts at risk the safety of the worker and of others.²⁷

It is evident that the nursing professionals are aware of the neglect of self-care when using self-medication, an attitude which, in addition to being palliative, can cause systemic harms to their health.²⁸ When positioning themselves about the effects experienced and the repercussions of consumption of psychoactive agents in performance and organization, problems were identified that affect workers' health due to the need for medical assistance during the day and due to work accidents. Regarding the quality of the service offered, there can be errors in carrying out technical procedures and overloading other workers due to early departures, among other problems.²⁷

In this sense, nursing workers are daily exposed to critical situations, living with suffering, pain and death. The worker makes use of PASs as a defense strategy, as their action on the central nervous system generates a temporary feeling of well-being. However, this use has consequences such as complications in the processes of learning and memory, attention and decision-making, as well as chronic non-communicable diseases, especially mental disorders.²¹ It also alters motor functions and affects activities that require quick reflexes.²⁷

The synthesis of the studies included in this research demonstrated the complex relationship and influence that the world of nursing work can have on these professionals, to the point that they seek and perceive in PAS use/abuse a strategy to alleviate the tensions and disturbances caused by the tough work routine. However, it is believed that the predominance of national studies and their low scientific evidence have limited the possibility of a broader and deeper analysis of the issues that permeate the problem of PAS use/abuse by Nursing.

CONCLUSION

The diverse evidence found in the studies shows that PAS consumption represented a reality present in the daily lives of nursing workers, and the close relationship with the working conditions

represented the main associated factor, the work environment, considering its specificities and aspects, being the greatest influencer for use. Although the prevalence of alcohol and tobacco consumption has become evident, it is noteworthy that self-medication was a frequent practice, being constantly related to psychological disorders, such as stress and depressive and anxious symptoms. Not to mention that easy access, provided by technical handling, was one of the means for obtaining and consuming certain substances found in the work environment.

Notoriously, the use of these substances imposes risks and harms that directly affect quality of care, compromising not only patient safety, but causing a problem that affects the entire institutional health system to which this professional belongs, and may also bring health complications, as well as in the personal, social and professional lives of these individuals. Assistance errors, absenteeism, chemical dependence, loss of class registration, and even death are some of the implications found in the research in question.

Despite the limitation shown by the low methodological evidence of the studies selected for the sample, the knowledge raised in the present review was important in order to answer some gaps. Finally, attention is drawn to the need to conduct new and more complex methodological studies, in order to better understand this problem that permeates the world of health work, and which result in the formulation of policies and action plans, and in the development of research instruments and protocols that meet the real needs of this working class in solving this issue.

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NOTES

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