



SECONDARY TRAUMATIC STRESS AMONG NURSES IN A TERTIARY CARE HOSPITAL

KEYWORDS

Secondary traumatic stress, nurses, Post traumatic stress disorder (PTSD)

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ABSTRACT

Nursing is a highly stressful profession, because nurses provide help and support for people suffering from trauma, pain, disability, disease and even death. According to International Labor Organization Publication (1996), the nurse's environment has a limited atmosphere, full of time pressures, excessive noise or extreme silence, unpleasant sights and sounds, long working hours and lacks any promotion to excellent positions and a second opportunity. **Objectives:** To identify the prevalence of secondary traumatic stress among nurses and to associate with their socio demographic variables. **Methodology:** A descriptive study design where data was collected from 200 nurses who are working in Narayana Medical College Hospital using simple random sampling technique. Secondary traumatic stress scale was used to collect the data. Descriptive and inferential statistics were used to analyze the data. **Results:** Among 200 nurses 86(43%) have absence of STS, 69(34.5%) have risk for STS and 45(22.5%) had have STS. Income, years of experience, area of living have significant association at $p < 0.05$ level. **Conclusion:** The study has provided an insight that majority of the nurses experience traumatic stress. Strengthening the coping mechanism is vital.

INTRODUCTION

Nursing is a highly stressful profession, because nurses provide help and support for people suffering from trauma, pain, disability, disease and even death. Stress in nurses is a serious problem which results in health problems in them and decreases their efficiency¹.

Nurses are required to deal with emotional trauma issues on a daily basis, which may result in them experiencing symptoms of secondary traumatic stress, a consequence of stress experienced when helping or wanting to help a person traumatized or suffering².

According to International Labor Organization Publication (1996), the nurse's environment has a limited atmosphere, full of time pressures, excessive noise or extreme silence, unpleasant sights and sounds, long working hours and lacks any promotion to excellent positions and a second opportunity³.

One of the problems related to nurse's health is Secondary Traumatic Stress (STS). Symptoms of STS are divided into three categories: 1) Intrusive memories such as recurrent recollection of the event or dreams about the event, 2) Hyper arousal resulting in hyper vigilance, irritability and outbursts of anger, and 3) Avoidance symptoms, the patient actively avoid places, thoughts and activities associated with the traumatic event⁴.

Secondary Traumatic Stress (STS) can lead to the consequences such as anxiety, reactive heightened threat perception, sleep problems, lack of concentration, physical problems, intrusive thoughts, work interfering with personal life, feeling inadequate, avoidance, loss of energy, gratification, and hope, separation and self medication⁵.

BACKGROUND OF THE STUDY

Von Rueden KT et.al (2010) showed that 49% of trauma nurses have shown symptoms of STS⁶. The rate of experiencing secondary trauma among Japanese nurses was 90.3%. (Komachi MH, Kamibepu 2012)⁷. Dominguez-Gomez E, Rutledge DN (2013) the rate of the arousal, avoidance and intrusion symptoms in emergency nurses was 54%, 52% and 49% respectively, and 85% of the nurses reported one symptom in the previous week⁸. Heal my PTSD (2014) an estimated 1 out of 10 women develops STS; women are about twice as likely as men⁹.

In a national study of 154 social workers, Choi (2011) found that the mean score on the STSS was in the mild range, reporting that 42% of the sample had little or no symptoms of secondary traumatic stress,

28.5% had mild symptoms, 12% had mild symptoms, 10.4% had high STS symptoms, and 7% had severe STS symptoms¹⁰.

STATEMENT OF THE PROBLEM

A study to identify the prevalence of secondary traumatic stress among nurses in a selected hospital, Nellore

OBJECTIVES

- To identify the prevalence of secondary traumatic stress among nurses.
- To associate the prevalence of secondary traumatic stress among nurses with their socio demographic variables.

MATERIALS AND METHODS

An exploratory research approach was used to investigate STS among nurses using a descriptive research design. 200 staff nurses out of 750 nurses who are working in Narayana Medical College Hospital, Nellore was selected by probability simple random sampling technique. Nurses who were willing to participate in the study were included in the study. Nurses who have attended any training programme related to stress and who are practicing yoga were excluded from the study.

DESCRIPTION OF TOOL

The tool consists of two sections. **Section I** deals with the socio demographic variables such as age, gender, marital status, educational qualification, designation, income, area of living, area of working, number of working hours, number of night duties done in a month, support system, coping mechanism used, relaxation technique used, presence of illness and the type of illness. **Section II:** Secondary traumatic stress scale which has 17 items. The participants rated their STS based on how frequently they had experienced each symptom during the past 7 days, ranging from 1 (never) to 5 (very often). The range of possible scores was 17 to 85. The STSS is composed of three subscales: intrusion, avoidance, and arousal.

DATA COLLECTION PROCEDURE

After obtaining permission from IEC, Medical superintendent, Nursing dean data collection was started. Data collection was done in the month of December 2015. Informed consent was obtained from the nurses and it took 20 minutes to collect the data.

DATA ANALYSIS

Descriptive and inferential statistics was used to analyze the data. SPSS-15 was used to analyze the data.

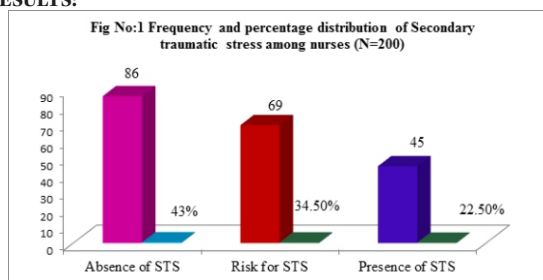
RESULTS:

Table 1: Percentage distribution of level of Secondary traumatic stress symptoms among nurses (N=200)

Secondary traumatic stress symptoms	Percentage (%)
Avoidance	50
Intrusion	54
Hyperarousal	46

Table 2: Mean and Standard deviation of level of Secondary traumatic stress symptoms among nurses (N=200)

Secondary traumatic stress symptoms	Mean	Standard deviation
Avoidance	1.93	0.9
Intrusion	1.88	0.9
Hyper arousal	1.66	0.7

DISCUSSION**Findings related to the prevalence of secondary traumatic stress among nurses**

From the Fig no :1 it is evident that 86(43%) have absence of STS, 69(34.5%) have risk for and 45(22.5%) suffer with STS which is similar to the study conducted by Meredith L. Mealer(2006)¹¹ where in 24% (54/230) of the ICU nurses tested positive for symptoms of PTSD related to their work environment

In the current study the Table No:1 percentage distribution of level of Secondary traumatic stress symptoms among nurses, avoidance is 50%, intrusion is 54%, hyper arousal is 46%. Table No :2 the mean and SD of level of Secondary traumatic stress symptoms among nurses, in avoidance the mean score is 1.99 with an SD of 0.9, in intrusion the mean score is 1.88 with an SD of 0.9 and in hyper arousal the mean score is 1.66 with an SD of 0.7% which is similar to the study conducted by Saeed Ariapooran (2013)¹² where in the symptoms of STS the rate of the arousal, avoidance and intrusion symptoms in emergency nurses was 54%, 52% and 49%.

Findings related to association between the prevalence of secondary traumatic stress among nurses with their socio demographic variables

The study revealed that among 200 samples 193(96.5%) are between age group of 21-30 years, with sex 182(91%) were females, majority 117(58.5%) are Hindus, unmarried nurses are 179(89.5%), with education of B.Sc(N) is 159(79.5%), most of them 140(70%) earn about Rs.8000-11000, majority of the nurses 139(69%) have 1-3 years of experience, 190(95%) work as staff nurse, about 80(140%) work in various wards, majority of them 180(90%) live in urban area, 188(94%) attended programme related to stress, 191(95.5%) listen to music as a way of relaxation.

In associating with the socio demographic variables it is revealed that income and experience is significant at the level $p < 0.001$ and area of living have significant association with the prevalence of secondary traumatic stress at the level $p < 0.02$ and variables such as age, gender, religion, marital status, professional education, designation, area of work, programme attended related to stress, relaxation technique used have no significant association with the prevalence of secondary traumatic stress at the level of $p < 0.05$ level. Among the nurses, it is identified that they feel that they receive a low income, many years of exposure to the same kind of work pattern

without any counseling or debriefing sessions could be reason to have a significant impact of STS. Nurses living in urban area have high level of STS where this could be attributed to being the witness for increased traumatic events in forms of accidents.

CONCLUSION

The study has provided an insight that majority of the nurses experience traumatic stress. The impact of STS can lead to various other issues for the nurses and it can affect the quality of patient care. Support system must be strengthened for the nurses

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