

In Nurses, What Elements Impact Post Traumatic Growth: A Systematic Review

Presented by: David Payne

St. David's School of Nursing. College of Health Professions. Texas State University

Introduction

- Suicide is the 10th leading cause of death in the United States, and 2374 nurses completed suicide between 2007 and 2018 (Patrician et al., 2021).
- Suicide among nurses was more common compared with the general population in age ranges from 18 to 64 years of age (Patrician et al., 2021).
- Both male and female nurses had an increased rate of suicide with incidence rates for females and male nurses averaging an increase of 8.5 suicides more per 100,000 as compared to the general population (Patrician et al., 2021).
- Suicide rates are alarming but so are the rates of post-traumatic stress, depression, anxiety, and substance use disorders and 85% of nurses having negative symptoms associated with depression and anxiety (Kim & Yang 2021; Chen et al., 2021; Hunsaker et al., 2015).
- Nurses focus all their time at work treating, providing care, and educating patients that the often forget about their own self care needs and this can lead to poor patient outcomes and reducing of job and life satisfaction for nurses involved in patient care (Chen et al., 2021; Hunsaker et al., 2015).

Purpose

- The purpose of this systematic review is to evaluate both positive and negative factors affecting post traumatic growth among the nursing population.

PICOT

- In Nurses What Elements Impact Post Traumatic Growth Scoring: A Systematic Review

Methods

- This systematic review was gathered using an electronic search of databases which included CINAHL PubMed and Medline.
- Dorothea E. Orem's Self-Care Deficit Nursing Theory helped focus the core of the research to include that each patient is a distinct individual that may require an individual treatment plan or assistance, with expanded focus on work life balance.
- Search included the key words nurses, coping strategies, post-traumatic stress, secondary traumatization, post traumatic growth, post trauma scores and resilience
- Inclusion Criteria: Studies published in the English language over the last 10 years. Adult nurses ranging from 18 to 65. Nurses as focus demographic. Nursing resilience and post traumatic growth measures as key results.
- Exclusion Criteria: No full text or only abstract available. The patients as focus demographic following traumatic experiences.
- An Evidence synthesis table was used to collect data including the level of evidence for each article included in this study. Rapid critical appraisal descriptive studies tool was utilized with minimum cut off score of 8.
- This search resulted in 176 total articles and 24 total articles remained after screening and appraisal. 17 articles were excluded during final analysis due to lack of positive or negative associations with post traumatic growth
- After Review one qualitative study was included, One Cross sectional and longitudinal interview, One quantitative empirical research study and four cross sectional surveys.
- Literature synthesis focused on survey, questionnaires and interviews to focus on key characteristics that effected positive and negative trauma scores as express by the individuals experiencing the trauma.

Implications For Practice

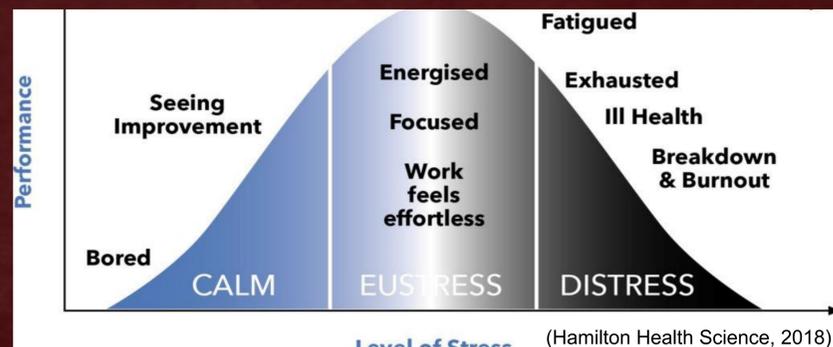
- Proactive approaches will lead to improvements in long term mental health before long term effects of depression and anxiety begin. Implementing screening early for those exposed to trauma and can enhance quality of life and reduce long term effects of depression and anxiety. (Maben, 2022; Chen 2020; Okoli et al., 2021).
- Interventions and resources should be allocated that contribute to coping mechanisms and training. The implementation of these changes before secondary traumatization will increase post traumatic growth enhancing staff resilience. (Maben et al., 2022).
- Individualized and focused treatment plans will help promote mental health, equip nurses with effective coping mechanisms and increase resilience within all aspects of their lives (Okali, 2021; Cui 2020).

Recommendations

- Programs, education and training that support nursing coping management skills, will improve quality of life, reduction of stress, reduction of long-term mental health issues and complications that will lead to improved nursing retention rates and overall improvement of quality of patient care (Okoli et al., 2021; Cui et al., 2021; Hamama et al., 2019; Itzhaki et al., 2015).
- Strategies and policies should be developed by national certifying boards will help in reduction of the stigma of seeking help for mental health and receiving appropriate treatment (Maben et al., 2022).

Results

- Short-term exposure to stressors can lead to positive mental and emotional changes that including increased confidence, personal growth in abilities and knowledge. (Yu et al., 2018). However, long term exposure to these stressors without adequate support and coping lead to , depression, anxiety, and increased suicide risk (Yu et al., 2018).
- Traumatic events are detrimental to productivity, mental health, job, and life satisfaction leading to burn out and increasing risk for many negative effects and poor coping strategies for many nurses including self-medication with drugs and alcohol, poor diet, and lack of adequate sleep (Hamama et al., 2019). 41% of these nurses describe having high levels of depression, anxiety, and post-traumatic stress disorder from work experiences (Kim & Yang 2021).
- Up to 85% of nursing professionals develop at least one negative symptom during critical care and traumatic experiences and over 90% of these nurses did not seek mental health assistance or counseling (Chen et al., 2021; Hunsaker et al., 2015).
- Fear of stigmatization has led to 92% of nurses that need assistance failing to find appropriate treatment (Yu et al., 2018).
- Although physicians and nurses are exposed to similar trauma, the suicide risk for nurses is significantly higher despite perceived increased support (Davis et al., 2021; Hamama et al., 2019)
- Policy changes and resources have begun to be allocated for nursing training and education, but resources are limited to support the growing number of nurses who need treatment and supportive care (Maben et al., 2022; Chen 2020).
- Training and education should be implemented at all skill and experience levels. These changes will help alleviate the stigma associated with seeking mental health and lead to a more positive and psychologically safe and supportive work environment (Chen 2020; Maben et al., 2022; Cui, 2020; Hamama et al., 2018).



TEXAS STATE UNIVERSITY

The rising STAR of Texas

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM