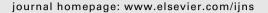


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An intervention for reducing secondary traumatization and improving professional self-efficacy in well baby clinic nurses following war and terror: A random control group trial

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ABSTRACT

Background: Due to the terror and war-related situation in Israel, well baby clinic nurses dealing with a large number of traumatized and highly distressed infants, toddlers and their parents have become overwhelmed.

Objectives: (1) Assess the level of secondary traumatization, including lack of compassion satisfaction, burnout and compassion fatigue of well baby clinic nurses living under chronic threat of war and terror. (2) Assess the efficacy of an intervention aimed at providing well baby clinic nurses with psycho-educational knowledge pertaining to stress and trauma in infants, young children and parents. This intervention provides the nurses with screening tools for identifying children and parents at risk of developing stress-related problems and equips them with stress management techniques.

Design: Quasi-random control trial.

Setting: The intervention took place in Israel, in war (North) and terror (South) affected areas

Participants: Ninety well baby clinic nurses from the most war and terror affected areas in Israel were approached, 42 were randomly assigned the experimental intervention and 38 served as a waiting list group.

Methods: The intervention was comprised of 12 weekly 6-h sessions. Each session included theoretical knowledge, experiential exercises based on the nurses' work or personal life experience, and the learning of skills accompanied by homework assignments. Participants were assessed on self-report measures of secondary traumatization, professional self-efficacy, hope, sense of mastery and self-esteem before and after the intervention.

Results: (1) Well baby clinic nurses were found to have elevated secondary traumatization levels. (2) Compared to the waiting list group, the intervention group improved significantly on the professional self-efficacy measure as well as reducing the level of secondary traumatization. Furthermore, improvement on all secondary traumatization measures covaried with the improvement on the professional self-efficacy assessments. Based on additional informal reports, the improvement was observed to be clinically significant.

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Conclusions: Training of medical personnel who work with traumatized children and their families and who may also be under the threat of war and terror is essential to both improving their professional functioning, as well as reducing the vulnerability to secondary traumatization.

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What is already known about the topic?

- Well baby clinics may in times of war and terror may be the first line respondents for helping traumatized parents and their infants. Nurses in these clinics often lack the skills to help traumatized clients and their children.
- Secondary traumatization is prevalent among medical and paramedical personnel working with traumatized individuals, especially in primary care settings.
- Medical and paramedical personnel, including well baby clinic nurses, working in regions under the threat of war and terror are in need of trauma training to both improve their trauma skills, improve professional self-efficacy and reduce secondary traumatization.

What this paper adds

- Secondary traumatization and low levels of professional self-efficacy can be observed in well baby clinic nurses working under the threat of war and terror.
- Trauma training aimed at improving trauma-related professional skills as well as working through personal traumatic experiencing and strengthening resilience may improve trauma-related professional self-efficacy and reduce secondary traumatization.
- Well baby clinics may be an important setting where parents can receive basic coping skills for coping with their own and their children's traumatic experiences, especially when coping with the threat of war and terror.

1. Introduction

Studies on the impact of war and terror around the world have identified a range of adverse mental effects on civilians, including posttraumatic stress symptomatology (Rubin et al., 2005; Silver et al., 2002), anxiety and depression (Hobfoll et al., 2006), as well as functional problems (Miguel-Tobal et al., 2006). Research suggests that both adults who experienced the attack directly (Bleich et al., 2003) and those who experienced it indirectly, through the media (Schlenger et al., 2002), show elevated levels of distress, pathology and a lowered sense of security. The impact of terror and war has not been limited to the adult population, but encompasses all age groups, including adolescents (Gil-Rivas et al., 2004), children (Hoven et al., 2002; Koplewicz et al., 2002; Pfefferbaum et al., 2003), young infants and toddlers (Chemtob et al., 2008; Wang et al., 2006a).

Since the First Gulf War in 1990, the Israeli population has paid a heavy toll as the main target of ongoing war and terrorism. Indeed, recent studies have shown the adverse effects of exposure to terrorism (Bleich et al., 2006; Gelkopf et al., 2008a; Shalev et al., 2006), war (Hobfoll et al., 1989;

Cohen and Yahav, 2008) and chronic missile and mortar attacks (Dekel and Nuttman-Shwatz, 2009; Besser and Neria, 2009; Gelkopf et al., submitted for publication) on civilian adults, as well as on children and adolescents of various ages (Berger et al., 2007; Gelkopf and Berger, 2009; Pat-Horenczyk, 2005; Sagy and Braun-Lewensohn, 2009; Solomon and Lavi, 2005). Consequently, many psychosocial and mental health services have been set up to help the Israeli civilian population cope with trauma due to war and terror (Baum, 2005; Ben-Gershon et al., 2005; Berger, 2005; Laor et al., 2005). Unfortunately, despite the fact that young infants seem to be especially vulnerable to traumatic stress (Blank, 2007; Mongillo et al., 2009) and that a large number of toddlers exposed to terror attacks have shown significant posttraumatic distress (Pat-Horenczyk et al., 2009; Wang et al., 2006b), very little attention has been given to this population.

In Israel, as in several other countries, Well Baby Clinics are an important component in mothers' care of their young infants. These clinics are government public health clinics that deal with the well-being of the entire family. They provide immunization as well as an array of diagnostic and preventative services. Infants are checked for growth and developmental delays and receive routine screening of vision, hearing, blood pressure, language and development. If problems are detected, primary intervention is provided and further referrals for more professional services are given. WBCs are especially relevant for economically disadvantaged populations due to their free service and easy access.

Due to the absence of adequate care for youngsters and their families during this last decade of chronic terror and war, such as the Second Lebanon War in the north and the continuing mortar attacks against Sderot and the surrounding communities in the south, Well baby clinic staff in these regions have found themselves dealing with a large number of traumatized and highly distressed infants, toddlers and their parents, whose needs can become overwhelming. Although nurses in these settings are trained to provide psycho-educational guidance for various developmental issues, as well as crisis situations, most of them have not been prepared to deal with traumatized youngsters and their parents on such a large scale, nor have they received any trauma-focused training. Furthermore, since many of the nurses live in the vicinity of their work, as well as having friends and family who live in war- and terror-affected areas, the additional exposure to a population of distressed infants and their parents can contribute to a vulnerability and risk for developing secondary traumatization.

Evidence from a large body of literature consistently indicates that health care workers interacting with traumatized populations are at risk of developing secondary traumatization and burnout (Collins and Long, 2003;

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