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Secondary Traumatic Stress in Pediatric Nurses☆

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ABSTRACT

Purpose: Secondary traumatic stress affects many in the helping professions, and has been identified in many nursing specialty areas. The purpose of this study was to expand the knowledge of secondary traumatic stress in pediatric nursing by examining the statistical relationships between secondary traumatic stress, age of the nurse, and years of nursing experience, and coping responses.
Design and Methods: A convenience sample of Certified Pediatric Nurses ($n = 338$) were surveyed using the Secondary Traumatic Stress Scale, the Brief COPE, the Marlowe-Crowne Social Desirability-Short Form, and a demographics form. Hierarchical multiple linear regression and descriptive statistics were utilized to examine secondary traumatic stress and the other variables of interest.
Results: Secondary traumatic stress affected more than half of pediatric nurses surveyed. Age and years of experience did not predict secondary traumatic stress. Looking at coping responses pediatric nurses with higher emotional support and instrumental support scores also demonstrated higher secondary traumatic stress scores. Denial and behavioral disengagement were also associated with an increase in secondary traumatic stress scores.
Conclusion: Secondary traumatic stress impacts many pediatric nurses. Further research is needed to determine which factors predispose pediatric nurses to secondary traumatic stress and which coping responses help pediatric nurses best manage this stress.
Practice Implications: Acknowledging secondary traumatic stress in this population by promoting awareness, and providing educational programs will help to protect nurses' psychological health, and may prevent nurses from leaving the profession due to work-related stress.

Nurses often work in stressful and fast-paced environments while caring for patients with complex healthcare needs. Nurses frequently help their patients and families cope with challenging diagnoses, traumatic injuries, and mortality (Burgess, Irvine, & Wallymahmed, 2010; Epstein, Burns, & Conlon, 2010; McGibbon, Peter, & Gallop, 2010). Pediatric nurses may experience stress at a higher level than other nurses; in addition to caring for the pediatric patient, they care for and comfort the family members of the child. Intense emotions occur as a result of being with and witnessing critically ill children and their parents (Kellogg, McCune, & Barker, 2014; McGibbon et al., 2010). Parents generally never envision their child being seriously ill, injured, or with special needs requiring nursing care. Parents frequently turn to their child's nurse for answers and support during a child's illness or hospitalization. These same nurses often perform painful or frightening procedures for children; nurses have found this care to be distressing and even described it as "torturing" their patients (McGibbon et al., 2010, p. 1370). Pediatric nurses may witness acute distress in both the children and their families. Nurses who have cared for suffering pediatric patients have described their work experience as an "intimate closeness to anguish" (McGibbon et al., 2010, p. 1358).

Background and Significance

Researchers suggest that upsetting work experiences may lead to secondary traumatic stress (Komachi, Kamibeppu, Nishi, & Matsuoka, 2012). Secondary traumatic stress as defined by Figley (1995) is "the natural consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. It is the stress resulting from helping, or wanting to help a traumatized or suffering person" (p. 7). This experience has been documented as occurring in many caring professions including nursing. Nevertheless, despite there being several publications on secondary traumatic stress and the related conditions in the literature, (Beck & Gable, 2012; Bride, Robinson,

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Yegidis, & Figley, 2004; Dominguez-Gomez & Rutledge, 2009; Duffy, Avalos, & Dowling, 2014; Hegney et al., 2014; Hinderer et al., 2014; Hunsaker, Chen, Maughan, & Heaston, 2015; Jeon & Ha, 2012; Kim, Han, & Kim, 2015; Mason et al., 2014; Muliira & Bezuidenhout, 2015; Perry, Toffner, Merrick, & Dalton, 2011; Quinal, Harford, & Rutledge, 2009; Young, Derr, Cicchillo, & Bressler, 2011) there has been little rigorous research revealing how caring for traumatized children and their families' affects the pediatric nurse.

Signs of secondary traumatic stress in nurses include thinking of patient situations when not intending to, avoiding situations which remind the nurse of work with distressed patients, and feelings of arousal such as jumpiness or sleeping disturbances as a result of working with a traumatized patient (Bride et al., 2004). These symptoms of avoidance, intrusion, and arousal mirror the symptoms of acute stress disorder and posttraumatic stress disorder (PTSD) (American Psychiatric Association, 2013). It is important to note, publications utilize many related terms when speaking of secondary traumatic stress, including burnout, compassion fatigue, and vicarious traumatization. Each of these terms differs in its meaning, but at times, the terms are used synonymously, which clouds the literature. Despite the term used, secondary traumatic stress is a serious condition, which can have significant negative outcomes for a nurse.

Nurses frequently suffer emotionally as a result of shared traumas with their patients. They may have recurrent thoughts or distressing dreams, or flashbacks of difficult patient experiences; they may have difficulty performing their jobs because of psychological distress. To protect nurses' psychological and physical health and prevent nurses from leaving the profession due to secondary traumatic stress, it is essential to acknowledge and understand this subjective experience.

Literature Review

Few studies are examining secondary traumatic stress in pediatric nurses, none utilizing rigorous measures. There are several published studies examining secondary traumatic stress and closely related conditions in other nursing specialties such as emergency care, (Dominguez-Gomez & Rutledge, 2009; Duffy et al., 2014; Hunsaker et al., 2015) critical care, (Hinderer et al., 2014; Mason et al., 2014; Young et al., 2011) oncology, (Perry et al., 2011; Quinal et al., 2009) and labor and delivery (Beck & Gable, 2012). Secondary traumatic stress has been noted internationally among nurses in Australia (Hegney et al., 2014), Ireland (Duffy et al., 2014), Korea (Jeon & Ha, 2012; Kim et al., 2015), and Uganda (Muliira & Bezuidenhout, 2015). Working with specific populations may be associated with more stress for nurses. Komachi et al. (2012) reported that the most traumatic events are related to caring for pregnant women and children. Pediatric nurses are confronted with different challenges than nurses who care for adults. Working in an emotion-laden environment, caring for children who may be disabled or die from their injuries or illnesses, and witnessing the anguish that parents undergo can affect nurses in a multitude of ways (Kellogg et al., 2014).

The reported prevalence of secondary traumatic stress among nurses varies greatly in the literature. Over 60% of emergency room nurses in two studies have met the criteria for secondary traumatic stress (Duffy et al., 2014; Flarity, Gentry, & Mesnikoff, 2013). A third study of emergency room nurses found only one-third of nurses queried met the criteria, although 85% of these nurses had reported at least one symptom of secondary traumatic stress in the preceding week (Dominguez-Gomez & Rutledge, 2009). Among oncology nurses, 38% experienced moderate secondary traumatic stress (Quinal et al., 2009). Wies and Coy (2013) studied the experience in sexual assault nurse examiners. In their study, the term "vicarious trauma" was used instead of the term secondary traumatic stress and the trauma was measured using the Secondary Traumatic Stress Scale (STSS). Of the 42 sexual assault nurse examiners participating, 38.1% were experiencing secondary traumatic stress (Wies & Coy, 2013). Similarly, Beck and Gable (2012) reported 35% of labor and delivery nurses surveyed experienced either moderate or severe secondary traumatic stress. A sample of pediatric healthcare workers, 43% of which was nurses, were reported as "at risk" for secondary traumatic stress (Robins, Meltzer, & Zelikovsky, 2009). However, high levels of secondary traumatic stress are not found consistently in all nurses. Average or low levels of secondary traumatic stress were reported in nurses who work with patients with cardiac and vascular disorders (Young et al., 2011), liver and kidney transplant nurse coordinators (Kim, 2013), surgical intensive care trauma nurses (Mason et al., 2014), and hospital nurses working in Korea (Kim et al., 2015).

Some studies suggest personal factors that predispose individuals to secondary traumatic stress. In some studies of nurses, correlations were found between age and secondary traumatic stress scores, (Dominguez-Gomez & Rutledge, 2009) however; this relationship has not been found in all samples of nurses. It is certainly possible that high levels of stress could cause older nurses to leave their roles or the profession of nursing, alternatively, with age, nurses may have learned to manage their work-related stress.

Focusing on what helps nurses to mitigate secondary traumatic stress, Townsend and Campbell (2009) explored sexual assault nurse examiners using an interview protocol. Townsend and Campbell (2009) reported that peer support was found to be beneficial in decreasing traumatic stress. Peer support has been found to be a beneficial coping response in other helping professions (Bourke & Craun, 2014; Choi, 2011; Craun, Bourke, Bierie, & Williams, 2014; Lusk & Terrazas, 2015; Smith-Hatcher, Bride, Oh, Moultrie King, & Franklin Catrett, 2011). In emergency department nurses, the implementation of an education program, which included a seminar and resources for nurses was shown to decrease secondary traumatic stress (Flarity et al., 2013).

Despite the absence of literature related to secondary traumatic stress in pediatric nurses, there are publications related to nursing stress and compassion fatigue in this population. McGibbon et al. (2010) published an ethnography examining the stress of 23 pediatric intensive care nurses. Findings showed that many aspects of the daily life of pediatric nursing might predispose pediatric nurses to acute stress disorder, PTSD or secondary traumatic stress. Berger, Polivka, Smoot, and Owens (2015) aimed to examine the severity of compassion fatigue and compassion satisfaction (such as pleasure resulting from work) among 239 pediatric nurses employed in a variety of pediatric subspecialties utilizing the Professional Quality of Life Scale (ProQOL). The ProQOL assesses compassion satisfaction, as well as compassion fatigue, which encompasses burnout, and secondary traumatic stress. It is important to note that although the ProQOL is used frequently in occupational research, there are no studies published by others reporting the psychometrics of the measure (Komachi et al., 2012; Watts & Robertson, 2015). The researchers found that nurses who reported the highest levels of secondary traumatic stress and lowest job satisfaction included those in the subspecialty of pediatric psychiatry and those who work on pediatric medical/surgical units (Berger et al., 2015). The pediatric nurses studied reported moderate levels of secondary traumatic stress as measured by the ProQOL (Berger et al., 2015). Methods used to manage compassion fatigue in this population included ignoring feelings, crying, spending money, or leaving a job (Berger et al., 2015). Positive methods for addressing compassion fatigue included social support from family, friends, co-workers, or clergy, taking time off or exercising (Berger et al., 2015). There is currently no identified research that examines secondary traumatic stress in pediatric nursing with a psychometrically sound measure.

The purpose of this study was to expand the knowledge of secondary traumatic stress in pediatric nursing by examining the statistical relationships between secondary traumatic stress, age of the nurse, and years of nursing experience, and coping responses. This study utilized valid and reliable instruments, surveying a large sample of pediatric nurses from across the United States.