



Secondary traumatic stress and posttraumatic growth: Social support as a moderator

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ARTICLE INFO

Article history:

Received 5 December 2014

Received in revised form 12 July 2015

Accepted 9 November 2015

Available online 21 December 2015

Keywords:

Secondary traumatic stress

Posttraumatic growth

Social support

Medical staff

ABSTRACT

This present study examines (1) the relationship between secondary traumatic stress, perceived social support and posttraumatic growth after secondary exposure to traumatic events and (2) the moderating role of perceived social support on the secondary traumatic stress–posttraumatic growth relation. A sample of 135 nurses completed self-reporting measures describing symptoms of secondary traumatic stress, social support, and vicarious posttraumatic growth. The results indicate that secondary traumatic stress negatively correlates with vicarious posttraumatic growth, while social support positively correlates with vicarious posttraumatic growth. Furthermore, persons who self-report less secondary traumatic stress symptoms also report high levels of posttraumatic growth when they perceive to have a high level of social support. These findings emphasize the value of perceived support for persons indirectly exposed to traumatic events.

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1. Introduction

The indirect exposure to potentially traumatic situations is common among nurses (Fernández, 2011; Lee, Daffern, Ogloff, & Martin, 2015). The most common result of this exposure is secondary traumatic stress (STS) that involves the same symptoms as posttraumatic stress disorder but has its origins in vicariously experiencing the traumatic events through interactions with persons who are directly affected by these events (Figley, 1995; Shoji et al., 2014). In nursing literature, the occurrence and prevalence of secondary traumatic stress symptoms are reported in various fields like oncology, emergency, heart and vascular fields, children's care etc. (Czaja, Moss, & Mealer, 2012; Dominguez-Gomez & Rutledge, 2009; Duffy, Avalos, & Dowling, 2014; Quinal, Harford, & Rutledge, 2009; Robins, Meltzer, & Zelickovsky,

2009; Young, Derr, Cicchillo, & Bressler, 2011). However, relatively few researchers study a person's capacity to develop healthy personal growth despite adversity after indirect exposure to critical life events (Bonanno, Galea, Bucciarelli, & Vlahov, 2006). Among persons directly exposed to trauma, empirical studies show that an individual may experience negative, as well as positive changes following a traumatic event, such as a greater appreciation of life, strengthening of close relationships, recognition, and elaboration of personal strengths, recognition of new possibilities and spiritual development (Tedeschi & Calhoun, 1996; Tedeschi & Calhoun, 2004). This phenomenon of post-traumatic growth has attracted a good deal of attention in psychology in the last years (PTG; Tedeschi & Calhoun, 1996).

As the number of studies of posttraumatic growth increases, the researchers have begun to recognize that similar positive changes can occur, not only in persons who experience trauma, but also in persons indirectly exposed to trauma, like healthcare personnel (Arnold, Calhoun, Tedeschi, & Cann, 2005). Although less widely

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studied, the researchers recorded this phenomenon of vicarious post-traumatic growth and have moved away from the idea that indirect exposure to potentially traumatic events leads only to negative changes (Arnold et al., 2005; Hyatt-Burkhart, 2014; Taku, 2014). Consequently, the need appears for studying simultaneously different positive as well as negative pathways in the aftermath of indirect trauma exposure (Shakespeare-Finch & Lurie-Beck, 2014; Ssenyonga, Owens, & Olema, 2013).

2. Secondary traumatic stress and posttraumatic growth

After several years of separately studying positive and negative consequences of trauma exposure, researchers are beginning to ask about the relationship between these variables. Even from the first studies on posttraumatic growth, Tedeschi and Calhoun (1996) identified a significant positive relation between growth and distress. Some level of distress is initially developed, and it requires the integration of the traumatic experience to one's basic beliefs about the self and the world (Janoff-Bulman, 2004; Tedeschi & Calhoun, 2004). Moreover, this initial stress may serve as a catalyst for finding benefits after trauma (Kashdan & Kane, 2011), including the development of posttraumatic growth (Tedeschi & Calhoun, 2004). Based on these findings, we may conclude that even if a person experiences considerable distress, at the same time he/she will continue to function and grow. More recently, studies have confirmed these positive relations between growth and distress (Blix, Hansen, Birkeland, Nissen, & Heir, 2013; Bluvstein, Moravchick, Sheps, Schreiber, & Bloch, 2013; Jin, Xu, Liu, & Liu, 2014). However, other researchers present data showing a negative association between these two phenomena (Hagenaars & van Minnen, 2010), while others find no relationship between posttraumatic growth and negative stress-related outcomes (Boals, Steward, & Schuettler, 2010; Kunst, 2010). Studies using samples of participants indirectly exposed to trauma report the same pattern of results. While some studies have shown that higher cumulative levels of vicarious exposure to trauma are associated with higher levels of growth (Brockhouse, Msetfi, Cohen, & Joseph, 2011; Samios, Rodzik, & Abel, 2012), other studies do not find evidence for the fact that greater exposure would produce more growth (Linley & Joseph, 2007). The inconsistent results reported during the last two decades suggest that other psychosocial factors moderate the relationship between trauma exposure and growth.

3. The role of social support

Several studies underline the vital role of social support when it comes to adjustment after exposure to trauma (Zhao, Wu, & Xu, 2013). Among the benefits associated with perceived social support, we can mention a high level of well-being, and lower levels of traumatic stress (Adriaenssens, de Gucht, & Maes, 2012a). In their theoretical model, Tedeschi and Calhoun (1996) argue that social support is very helpful in coping with emotional distress and finding the meaning of the traumatic life events. Lately,

several empirical studies have shown that strong support systems is associated with perceptions of growth (Linley & Joseph, 2007; McDonough, Sabiston, & Wrosch, 2014; Prati & Pietrantonio, 2009; Ramos & Leal, 2013; Yu et al., 2014). In the context of healthcare, recent studies show the importance nurses place on social support, especially in relation to daily work conditions and organizational circumstances (de Boer, van Rikxoort, Bakker, & Smit, 2014; Duffy et al., 2014; Rodwell & Munro, 2013). Regardless of the level of STS, having a supportive social network and being able to talk about stressful experiences with colleagues, is helpful when it comes to managing stress and coping with the strong emotions experienced after exposure to a traumatic event (Duffy et al., 2014).

4. The present study

There is a substantial amount of literature to support posttraumatic growth in the general population but less addressing vicarious growth among workers indirectly exposed to trauma. The first aim of this present research is to study the relation between STS and vicarious posttraumatic growth in a sample of medical nurses. As mentioned in the introduction, there has been no consensus regarding the relationship between traumatic stress and posttraumatic growth. Therefore, we did not anticipate the nature (positive or negative) of the relation between these variables. Further, because previous studies have identified social support as a potential predictor of vicarious posttraumatic growth (Linley & Joseph, 2007), the second aim of this present study is to highlight the relation between different forms of perceived social support and growth, in the context of vicarious exposure to stress and trauma.

Mixed findings regarding the relation between traumatic stress and posttraumatic growth suggest that the lack of consistency is due to the failure to test for moderation by a third variable (Helgeson, Reynolds, & Tomich, 2006). As there are no doubts that STS is an occupational risk when it comes to helping professions (Shoji et al., 2014), it is important to know what variables may be involved in translating the negative outcome into personal growth. Therefore, the third aim of this present study is to assess the moderating effect of perceived social support on the relation between STS and vicarious posttraumatic growth. Although we identify only one study on the moderating role of social support in this relation, there is some evidence showing that social support moderates the relation between traumatic stress symptoms and posttraumatic growth. If a moderate level of traumatic stress is best for PTG development (Kleim & Ehlers, 2009) and social support alleviates the intensity of traumatic stress (Adriaenssens, de Gucht, de Exel, & Maes, 2012b), we can assume that perceived social support reduces the intensity of perceived stress, allowing for the development of posttraumatic growth.

Based on empirical and theoretical evidence, we hypothesized that: (1) secondary traumatic stress correlates with vicarious posttraumatic growth; (2) social support positively correlates with vicarious posttraumatic growth; and (3) social support moderates the relationship

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