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RESEARCH

Vicarious Posttraumatic Growth in Labor and Delivery Nurses

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ABSTRACT

Objective: To investigate vicarious posttraumatic growth in labor and delivery nurses who cared for women during traumatic births.

Design: A convergent parallel mixed-methods design was used.

Participants: The sample consisted of 467 labor and delivery nurses who completed the quantitative portion and 295 (63%) who completed the qualitative portion of this mixed-methods study via the Internet.

Methods: The Association of Women's Health, Obstetric and Neonatal Nurses sent out e-mails to members who were labor and delivery nurses with a link to the electronic survey. Labor and delivery nurses completed the Posttraumatic Growth Inventory and the Core Beliefs Inventory in the quantitative portion. For the qualitative portion, the nurses were asked to describe their experiences of any positive changes in their beliefs or life as a result of their care for women during traumatic births.

Results: Labor and delivery nurses who cared for women during traumatic births reported a moderate amount of vicarious posttraumatic growth as indicated by their Posttraumatic Growth Inventory scores. Appreciation of Life was the dimension of the Posttraumatic Growth Inventory that reflected the highest growth, followed by Relating to Others, Personal Strength, Spiritual Change, and New Possibilities. In the qualitative findings, Relating to Others was also the dimension of posttraumatic growth most frequently described.

Conclusion: We compared our results with those of previous studies in which researchers assessed vicarious posttraumatic growth in clinicians, and we found that labor and delivery nurses who cared for women during traumatic births experienced growth levels that were scored between the lowest and highest reported levels of therapists and social workers. Nurses need to be aware of the potential to experience this growth despite the significant stress and unpredictability of the labor and delivery environment, which could decrease burnout and improve retention rates.

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Posttraumatic growth is emerging as a recognized psychological phenomenon in trauma survivors. It is defined as the "positive psychological change experienced as a result of the struggle with highly challenging life circumstances" (Tedeschi & Calhoun, 2004, p. 1). Posttraumatic growth is documented among persons who have experienced a broad range of traumas, such as childhood cancer (Gianinazzi et al., 2016), amputations (Stutts & Stanaland, 2016), interpersonal violence (Elderton, Berry, & Chan, 2015), war trauma (Tsai, Sippel, Mota, Southwick, & Pietrzak, 2016), suicide bereavement (Moore, Cerel, & Jobes, 2015), near-death experiences (Khanna & Greyson, 2015), and breast cancer (Danhauer et al., 2015). Posttraumatic growth can also occur in indirect victims of trauma, such as in health care providers who care for traumatized patients. Arnold, Calhoun, Tedeschi, and Cann (2005) labeled this *vicarious posttraumatic growth.* It refers to the process of reaping some positive consequences in clinicians who care for trauma victims. Examples of some of these positive outcomes include gains in self-confidence, resilience, compassion, and spirituality. Vicarious posttraumatic growth has been reported in mental health workers (Hyatt-Burkhart, 2014), pediatric nurses and physicians (Taubman-Ben-Ari & Weintroub, 2008), social workers (Gibbons, Murphy, & Joseph, 2011), trauma therapists (Brockhouse, Msetfi, Cohen, & Joseph, 2011), and child protective services workers (Rhee, Ko, & Han, 2013). Vicarious posttraumatic growth has also been investigated in psychiatric and community nurses (Zerach & Shalev, 2015), oncology nurses (Vishnevsky, Quinlan, Kilmer, Cann, & Danhauer, 2015), and nurses exposed to war trauma

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Vicarious posttraumatic growth has not been studied to date in labor and delivery nurses.

(Shamia, Thabet, & Vostanis, 2015) and natural disasters (Johal & Mounsey, 2015).

In a national survey of 464 labor and delivery nurses who cared for women during traumatic births, 35% of these nurses reported moderate to severe levels of secondary traumatic stress (Beck & Gable, 2012). However, to our knowledge, no researchers to date have examined vicarious posttraumatic growth in labor and delivery nurses. Therefore, the purpose of this mixed-methods study was to fill this gap in the knowledge base.

Theoretical Framework

Posttraumatic growth is categorized as an outcome of the struggle with a traumatic event (Tedeschi & Calhoun, 2004) or a coping strategy (Taylor, 1983). Taylor described posttraumatic growth as a positive illusion that is an adaptive function to help a person cope with trauma. A *positive illusion* is a positively distorted belief a person creates when faced with a traumatic experience. We based the theoretical framework of our mixed-methods study on Tedeschi and Calhoun's (2004) conceptualization of posttraumatic growth as an outcome (Figure 1).

Not all persons who experience trauma experience posttraumatic growth. Through posttraumatic growth, an individual's development in some areas surpasses what was present before the struggle with the crisis. This transformation does not happen as a direct result of the traumatic event but instead as the result of struggle in the aftermath of the trauma as the person tries to cope or survive. The trauma remains as a distressing event in posttraumatic growth. Five dimensions of posttraumatic growth have been defined: *Appreciation of Life, Relating to Others, Personal Strength, New Possibilities,* and *Spiritual Change* (Tedeschi & Calhoun, 1996). A person might experience growth in some dimensions but not necessarily in all five.

The metaphor of an earthquake can be used to illustrate posttraumatic growth (Calhoun & Tedeschi, 1998). Essential to this growth may be the trauma's ability to successfully shake the foundations of the individual's assumptive world, that is, her or his core beliefs (Calhoun & Tedeschi, 1998, p. 216). The traumatic experience needs to be seismic, such as an earthquake, to severely shake an individual's comprehension of the world. These shaken assumptions may be the person's understanding of the meaning of life; belief that things that happen are fair; understanding of why individuals think and act the way they do; relationships with other persons; belief in one's own abilities, strengths, and weaknesses; expectations for the future; spiritual or religious beliefs; and belief in one's own worth or value as a person (Cann et al., 2010).

Cognitive rebuilding is required after a psychological crisis just as physical structures must be rebuilt after an earthquake. In cognitive rebuilding, an individual must give up certain basic assumptions and at the same time build new meanings and goals (Tedeschi & Calhoun, 2004). Core beliefs are recalibrated as individuals struggle with their traumatic experiences. A re-examination of beliefs in the assumptive world is necessary and is referred to as rumination (Tedeschi, Calhoun, & Cann, 2007). In the early period after trauma, rumination takes the form of intrusive thoughts. As time passes, rumination is less intrusive, and the individual tries to make sense of the traumatic event and starts to rebuild assumptive beliefs (Calhoun, Cann, & Tedeschi, 2010).

Vicarious Posttraumatic Growth in Health Care Providers

Research on vicarious posttraumatic growth in clinicians as a result of their work with trauma survivors has been conducted with psychotherapists, social workers, and nurses. Arnold et al. (2005) interviewed 21 licensed psychotherapists on the positive consequences the psychotherapists experienced through their work with trauma patients. Content analysis showed that all the therapists reported some type of positive response to their trauma work, such as elevated levels of empathy, sensitivity, compassion, insight, resilience, tolerance, and spirituality. For example, clinicians looked beyond religious traditions for answers, and this deepened their faith. Other positive changes included an increased appreciation for their own good fortune and the strength of the human spirit.

In the following quantitative studies vicarious posttraumatic growth was measured with the Posttraumatic Growth Inventory (PTGI; Tedeschi & Calhoun, 1996). Linley, Joseph, and

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