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The role of resiliency and coping strategies in occurrence of positive changes in medical rescue workers

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ABSTRACT

Background: Working in the emergency services entails exposure to traumatic events; however, their effects can be both negative and positive. Among the factors determining posttraumatic growth (PTG) after an experienced trauma are the personal resources and coping strategies. The purpose of the research was to investigate the role of resiliency and coping strategies with stress in posttraumatic growth in a group of medical rescue workers. **Materials and methods:** Data of 80 male medical rescuers who have experienced traumatic event in their worksite were analyzed. The Posttraumatic Growth Inventory, Resiliency Measurement Scale and Inventory to Measure Coping Strategies with Stress – Brief-Cope were used in the study. Statistical tests such as *t* test, correlation and path analysis were used. **Results:** The tested medical rescue workers revealed the medium level of PTG. Active coping, planning, turning to religion, seeking of social support, both emotional and instrumental, and self-distraction positively correlated with posttraumatic growth. A more significant role in the process of PTG appeared to be played by avoidance and emotional-focused strategies. Although resiliency does not directly affect posttraumatic growth, it may strengthen it through the choice of coping strategies. **Conclusions:** In the process of posttraumatic growth avoidance strategies seem to play more important role than strategies focusing on the problem.

1. Introduction

1.1. Posttraumatic growth as a positive effect of experiencing traumatic events

It is accepted that workers in the emergency services, firefighters, police officers and medical rescue workers, are at risk of experiencing traumatic events as part of their professional duties. These are most commonly associated with the need to save lives and health, or confront death. The Diagnostic and Statistical Manual of Mental Disorders-Fourth Edition-Text Revision (DSM-IV-TR) classification [1] regards a traumatic event is a stressor, either in terms of it being a direct experience with death, a threat to life, or a witness to such events. Most importantly, this stressor evokes a range of strong emotions in the individual, such as intense fear, powerlessness and feelings of being threatened. The most recent classification, the DSM-V [2], also includes exposure to work-related trauma, such as complex or repeated trauma, or extreme exposure to the aversive details of events, which are known to be experienced by policemen, firefighters or medical rescue workers.

Many studies have examined the occurrence of this type of event in groups of medical rescue workers, both in Poland [3] and elsewhere

[4,5]. Potentially traumatic events entail many negative consequences, relating primarily to the mental health of the individual, including the symptoms of posttraumatic stress disorder (PTSD).

Studies conducted in recent years have indicated that the experience of the traumatic event may also foster the development of posttraumatic growth (PTG), a phenomenon thought to entail the appearance of positive changes in self-perception, relationships with others and appreciation of life [6,7]. These changes do not occur as a result of the trauma or simply with the passing of time, but as a consequence of attempts to cope with the experienced traumatic event. In this way, some of those who have experienced trauma become stronger and more mature; they notice an increased ability to cope and survive in extremely harsh conditions, recognise new opportunities in life and assign themselves new objectives. The observed forms of positive posttraumatic changes include gains in self-esteem, effectiveness, self-confidence and belief in their own potential, and these changes may carry over to future events. Many survivors of trauma have demonstrated positive changes in their relationships with others and existential (religious) beliefs, which translates into a greater appreciation of life and a desire to live it in a more conscious way.

PTG entails more than a simple return to a balance point following a

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traumatic event. Instead, the individual undergoes some form of transformation as a result of surviving the situation, thus achieving a higher level of functioning than before the trauma. The emergence of positive changes following the trauma is regarded as a result of effective coping. However, individuals experiencing growth can also experience a distressed state and reduced sense of well-being brought on by the trauma, as well as the appearance of other symptoms associated with PTSD, and as such, it is essential to adapt the subject to the new circumstances and favour the emergence of positive changes. Positive posttraumatic changes have already been identified in the representatives of the emergency services in Poland [3,8,9] and in other countries [5].

1.2. Resiliency, coping strategies and positive posttraumatic changes

Among the factors affecting the occurrence of positive posttraumatic changes, particular significance has been attributed to the personal resources and strategies adopted for coping with stress. Model of posttraumatic growth developed by Calhoun, Cann and Tedeschi [10] stress that personality traits and coping strategies are important factors which determine the level of posttraumatic positive changes.

Many studies have confirmed the significance of personal resources in the process of PTG [11,12]. One such personal resource whose role in PTG has not been precisely determined is resiliency. It is understood as a personal resource and represents the presence of a group of personality characteristics, allowing for the effective coping with highly stressful events. It is understood as a personal resource which represents the presence of a group of personality characteristics; it enables effective coping with highly stressful events, thus promoting perseverance and flexible adaptation to the demands of life, enabling the individual to mobilise and take remedial action in difficult situations, and increasing the tolerance of negative emotions and failure [13]. This personal resource develops throughout life, and may be strengthened further by psychological interventions [14].

However, it is important to note that the relationship between resiliency and PTG is not unequivocal, which is associated chiefly with the divergent understanding of resiliency (process, personality characteristics). Some authors assume that PTG is a form of resiliency in itself [15] and others that PTG is something more than resiliency: its role is more overarching [16].

The authors of the PTG construct [6] clearly differentiate it from resiliency, stressing that the growth following trauma results from transformation and can appear suddenly and unexpectedly. Resiliency, when treated as a property of the personality, is more of a stable character and represents the culmination of the many experiences of the individual. Furthermore, Tedeschi and Calhoun note that more resilient people may not experience PTG, since the traumatic event may not have enough impact to have any effect on them.

Many recent studies focus on the role of resiliency in predicting posttraumatic growth in different groups, but their findings are varied. Resiliency may prevent adverse outcomes of trauma [17] but its relationship between PTG may be positive [18], curvilinear [19] or insignificant [20].

Studies have indicated the presence of a weak relationship between resiliency and PTG in representatives of the emergency services [21]. In another study of a group of medical rescue workers, no direct link was found between resiliency and the degree of PTG [8].

However, there is evidence of the importance of stress coping strategy. Among the coping strategies favouring PTG are acceptance, positive reframing, task-oriented coping and coping based on religion [11,22,23]. The relation between stress coping strategies and PTG may depend on the occupational specificity [20].

In an earlier study of medical rescue workers, Ogińska-Bulik [3] found active coping, planning, turning to religion, seeking emotional and instrumental support and self-distraction to be strategies positively associated with PTG. The main predictor of PTG was found to be the

adoption of a strategy based on turning to religion. Similar results showed study of medical rescue workers conducted by Jurisowa [24].

The studies indicated that both resiliency and the choice of coping strategy were associated with the appearance of PTG, with this relationship being of either a direct or indirect character. In the case of the latter, it can be expected that resiliency, as a personal resource activated primarily in situations of extreme stress, will support the adopted coping strategies, thus further influencing the occurrence of positive changes.

As a previous study of a group of medical rescue workers showed [8], some of the coping strategies taken by examined employers played the role of mediators or suppressors in the relationship between specific dimensions of resiliency and posttraumatic growth. However, little is known about the whole structure of relationships between those variables.

2. Aim and research method

The aim of the present study was to determine the impact of resiliency and coping strategies on the occurrence of PTG in a group of medical rescue workers who have experienced traumatic events associated with their work. The study addresses the following research questions:

- What is the level of positive changes in the tested medical rescue workers?
- Are resiliency and the chosen strategies of coping with stress associated with the degree of PTG, and how are they manifested?

It is expected that resiliency has mostly indirect impact on posttraumatic positive changes through coping strategies.

Purposive sampling was used. The main selection criterion was profession and employment. Research was conducted in central Poland (Łódź city region) in the public emergency service centres. Another inclusion criteria was reporting experiencing traumatic event associated with their duties in the previous five years (the criterion was used to reduce the influence of forgetfulness). Newly hired personnel was excluded. Eighty medical rescue workers (66.6% of 120 covered by the research) fulfilled these criteria. The group comprised only men (due to the presence of mainly one gender among this typical male profession). The study was performed during the duties of the medical rescue workers, with the permission of their employers and with the consent of the subjects. All employees who gave their consent were examined in the workplace. The subjects were informed of the purpose of the study and were assured of their anonymity. The age of the subjects ranged from 21 to 67 years (M 35.47, SD 10.21). The study employed the Post-Traumatic Growth Inventory (PTGI), the Resiliency Measurement Scale and the Inventory for Measuring Coping with Stress (Brief-Cope).

The PTGI was adapted for Polish conditions by Ogińska-Bulik and Juczyński [25] from the original version prepared by Tedeschi and Calhoun [6]. The tool is composed of 21 statements describing a range of positive changes occurring as a result of an experienced traumatic event. The Polish version of the inventory measures four factors influencing PTG: changes in self-perception, changes in relations with others, greater appreciation of life and changes in the spiritual sphere. The overall result is the sum of these four factors. Its reliability was 0.93, as measured by Cronbach's α .

The Resiliency Measurement Scale, authored by Ogińska-Bulik and Juczyński [13], measures the overall level of resiliency, treated as a personal trait, and its five component parts: 1. Determination and persistence in action, 2. Openness to new experiences and sense of humour, 3. Competencies to cope and tolerance of negative affect, 4. Tolerance of failures and treating life as a challenge and 5. Optimistic life attitude and ability to mobilize in difficult situations. The overall result of the scale was given as the sum of the five component factors. The reliability

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