Feature articles

Caring for the carers – myth or reality?

Social and personal resources amongst perioperative nurses following work related trauma

Rene Michael
RN PhD FRCNA MACISA MISTSS
Senior Lecturer
School of Nursing and Midwifery
Curtin University, Perth WA
E-mail: R.Michael@curtin.edu.au

Rene Michael

Abstract

The importance of social and personal support resources in assisting individuals to overcome the impact of work related trauma has long been recognised. Support resources are capable of responding appropriately to the influence of recovery dynamics in a contingent manner. The quality of recovery from trauma is suggested to be dependent on the interactive processes of the individuals, the organisational environment they work in and the support provided.

Social and personal resources are a central component of several devices that are used to assist recovery from work related trauma. Therefore, investigation of the relationship between support needs, support providers and the nature and content of support interventions is required.

Using a two pronged approach of quantitative and qualitative methods, 213 nurses working in rural and metropolitan operating suites were surveyed to assess the types, amount and effectiveness of social and personal resources that were used following exposure to traumatic work experiences.

The findings demonstrate the significance of personal and social support resources in assisting perioperative nurses to recover from traumatic experiences. A personal sense of coherence and emotional support received through disclosure to work colleagues and supervisors were the most salutary aspects of support following trauma.

The results indicate that the work organisation needs to be educated in the need for and process of creating sanctuary and providing a holistic approach to management. Moreover, opportunities should be made available through peer support programmes, educational programmes and professional meetings to better prepare nurses for traumatic situations and their aftermath. This will then allow perioperative nurses to continue to function at an acceptable level during the mitigation of work related trauma.

Introduction

Work occupies a unique place in life. What work means to the individual has a significant impact on their ability to resolve emotional sequelae of trauma[1]. Consequently, for many perioperative nurses, the occurrence of work related traumatic events such as abuse, conflict, questionable practices and unanticipated death, places them at risk of psychological dysfunction[2-4]. Even when reported events do not produce identifiable physical concerns, trauma still results in significant distress and impaired performance functioning[4].

Whatever the situation, the impact of trauma is complex, with different outcomes reported by perioperative nurses, both negative and also positive such as the occurrence of post-traumatic growth (PTG)[2-4]. Within a milieu of reported traumatic events, the question then arises; how do some perioperative nurses manage these events successfully and report positive personal change and growth when others do not?

From the point of view of developing an understanding of the complex outcomes of work related traumatic stress, the importance of support at work as a mitigator of stress has long been recognised in industrial psychology[1]. Generally, support is associated with both the environmental and personal resources of the individual experiencing trauma.

The social environment of work is especially important in either providing relief from trauma or perpetuating it. Individuals look to those within the work environment to facilitate efforts at defending or dealing with trauma. Consequently, the influence on individuals of supervisors, co-workers and the organisation may impact on how they manage trauma. Work colleagues are not only a potential source of support for the traumatised worker but frequently act to serve as a mirror in which issues surrounding the trauma are discussed, examined and evaluated.

The reaction of work colleagues and the organisation – the support and available services, strategies for caring for the carers – plays an important role in the ability to resolve trauma. Since their influence is unlikely to be suspended in the aftermath of a traumatic event, there are good reasons for anticipating that these factors will affect the way individuals manage trauma and facilitate the recovery process. If so, then the amount, type and effectiveness of support provided by supervisors, co-workers and the organisation are important factors to consider when work related trauma has occurred.

A key element in developing a social support structure in the workplace is that it be emotionally safe – this is to enable people to talk honestly about the impact of trauma on their lives. Research suggest that recovery from trauma is facilitated by discussion of emotional sequelae within a socially supportive environment[5,6], which have beneficial effects such as positive health outcomes[7]. Furthermore, social support may enable individuals to muster effective

coping strategies and to redefine an event in a more positive light. Subsequently, this may play a role in the cognitive response to threat[9].

Traumatic events occur in the context of individual styles of behaviour and personal resources which preceded the traumatic event. Consequently, responses to trauma vary immensely. In part, this variation may reflect fundamental differences in what appear to be similar traumatic events, as well as differences in the individuals themselves and their experiences in dealing with trauma.

Epstein[10] refers to trauma as the "atom smasher" of personality research. Trauma tends to 'smash' basic assumptions about personal security, a just world etc. Therefore, the process of healing a traumatised person involves individuals "picking up the pieces" and reconstructing a new self. Traumatic events create uncertainty and, the greater the trauma, the greater the uncertainty. Although some people may manifest problems and suffer debilitation, others find courage and seek support, and afford an almost unparalleled opportunity for self examination and the development of self knowledge[11].

An area of study that recognises the tendency of some individuals to successfully manage trauma relatively unaffected, is the research on the personality construct of 'sense of coherence' (SOC)[12]. Through a strong SOC, an individual can see trauma as a challenge, with undesirable traumas resulting in salutary outcomes such as changes in self perception, interpersonal relationships and their philosophy of life, rather than being preordained trauma[13]. An individual's SOC includes a set of personal beliefs that guide the way in which one copes with traumatic events and expresses the belief that life or the situation at hand, is comprehensible, manageable and meaningful[14-16].

The significance of support resources and providing a positive work environment for perioperative nurses following trauma can not be underestimated. In an environment where there is constant exposure to traumatic events[2,3], the nurses' ability to recover from trauma and experience PTG may be deemed as their ability to 'survive or thrive' in such circumstances[2,4]. If supportive intervention is not provided following trauma and memories of the event are suppressed, hidden symptomatology may re-emerge years later when something triggers the process of reliving the experience. Memories of trauma, especially when suppressed for a long period of time, can cause serious wounds not visible to the eye[17]. Subsequently, there is a continuing impact upon the nurse's performance and quality of life.

Research aims

The study was part of a three study research project. Study 1 explored work related trauma experienced by perioperative nurses[2,3]. Study 2 discussed the reported impact that these events had upon their physical and psychosocial well-being[2,4]. The aims of the current study, which was the third and final stage, were to:

- Examine social support within the operating suite and the organisation following a traumatic event.
- Investigate the SOC reported by perioperative nurses.

Of the 233 respondents surveyed, exposure to traumatic events was reported by 161 (69 per cent) of the respondents. A wide range of traumatic experiences were reported to have affected their health and well-being[2-4].

Method

A two pronged approach was utilised which incorporated both quantitative and qualitative aspects. This method was implemented through a survey questionnaire which explored:

- The respondents' quantitative assessment of the amount of available support they received following trauma and the qualitative narrations of the type of support.
- The outcomes of the quantitative assessment of the effectiveness of the described support in dealing with both the problem and the respondents' feelings.
- The outcomes of the SOC scale[16] which is a quantitative self assessment of personality resources.

Perioperative nurses working in a range of positions in private and public hospitals located in the metropolitan, outer metropolitan and rural areas in Western Australia were invited to participate following ethical clearance from the hospitals that agreed to take part in the study. A covering letter that accompanied a questionnaire explained the study to the 233 respondents. Consent to participate was implied when the nurse returned the questionnaire completed.

Analysis

Utilising the Statistical Package for the Social Sciences (SPSS), descriptive and inferential statistics were employed to analyse the quantitative data. The narrations were analysed and interpreted using qualitative content analysis.

Measurements/assessments

Social resources

Following the respondents' descriptions of their traumatic event (Study 1)[2,3] and disclosed outcomes (Study 2)[2,4], the respondents were asked how adequate the amount of support from supervisors, co-workers and the organisation was for them by indicating on a checklist ranging from 1 (never enough) to 5 (nearly always enough). They were subsequently required to describe what type/form this support took, then report the effectiveness of this support in dealing with the problem and dealing with their feelings by indicating on a checklist with responses ranging from 1 (to a very little extent) to 5 (to a very great extent).

Personal resources

To measure the personal resources of all the respondents participating in the study, the 13 item version SOC scale was used[16]. The instrument has a 7 point numeric scale and, when totalled, produces the scale's score which ranges from 13 to 91. The higher the score, the stronger the SOC. The coefficient alpha reliability estimate is reported to be in the range from 0.74 to 0.92[16,18,19], and was estimated at 0.80 for this study.

Findings

The mean age of the perioperative nurse respondents was 41 years (range 33-46). Of these, 206 were registered nurse and 27 were enrolled nurses. The mean years working in the operating suite was 11 years (range 1-37 years), with 141 (60.5 per cent) working on a full-time basis, 87 (37.3 per cent) working on a part-time basis, and five (2.1 per cent) working on a casual basis. Of those, 126 (54 per cent) were on day shifts, four (1.7 per cent) on night shifts, and 103 (44.2 per cent) on rotating shifts. Educational qualifications indicated that 51 per cent had a hospital based Certificate in Nursing, 32 per cent a Bachelor Degree in Nursing, 22 per cent a Postgraduate Diploma in Nursing and 6 per cent other qualifications.

The findings of this study demonstrate the significance of social and personal support resources. The most amount of support provided to

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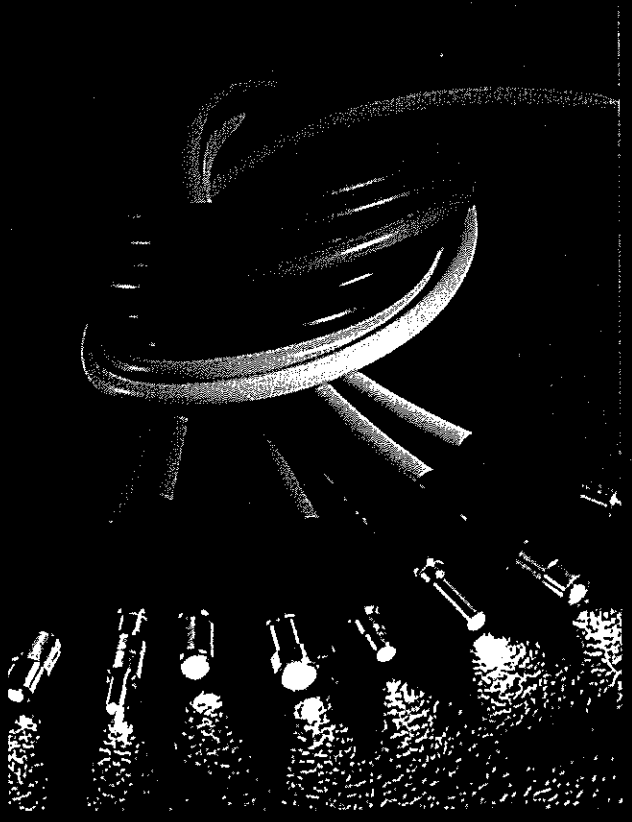

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the respondents was from the co-workers, the mean reported at 3.46 (SD=1.07). The mean for the amount of support from supervisors was 2.66 (SD=1.39) and from the organisation the mean was 2.31 (SD=1.24). Table 1 compares the frequency and percentage of the ratings between the three groups.

Four categories emerged from the narrations of the type of support given – communication, action taken, education and counselling. Communication was the highest reported type or form of support provided to perioperative nurses following a traumatic event, with co-workers reporting the highest percentage (92.4 per cent) (Table 2). Following subsequent coding of the data, patterns emerged from each of these categories which described the type of support provided by supervisors, co-workers and organisations (Table 3). Communication involving supervisors and co-workers described positive job related type conversation, whereas the organisation provided formal avenues which helped perioperative nurses to experience feelings of being supported.

Results for the effectiveness of the support resources indicated the highest percentage for communication with the supervisor and the co-worker in dealing with problems (87.7 per cent, 89.7 per cent) and with feelings (83.8 per cent, 82.6 per cent) of the respondents (Table 4).

One way ANOVAs with repeated measures were conducted to confirm which group:

Table 1. Amount of support received from supervisors, co-workers and the organisation.

Amount of support	Source of support					
	Supervisor		Co-worker		Organisation	
	n	%	n	%	n	%
Never enough	46	28.4	7	3.0	55	23.6
Seldom enough	33	20.4	22	9.4	43	18.5
Occasionally enough	35	21.6	52	22.3	31	13.3
Often enough	26	16.0	52	22.3	24	10.3
Nearly always enough	22	13.6	29	12.4	9	3.9

Table 2. Frequency and types of support provided by supervisors, co-workers and the organisation.

Type of support	Source of support					
	Supervisor		Co-worker		Organisation	
	n	%	n	%	n	%
Communication	109	83.8	133	92.4	26	43.3
Action	16	12.3	10	6.9	12	20.0
Education	5	3.8	1	0.7	–	–
Counselling	–	–	–	–	22	36.7

- Gave the most amount of support.
- Was perceived as the most effective in dealing with the problem.
- Was perceived as the most effective in dealing with the respondents' feelings.

This confirmed that the three sources of support vary in the three areas. Post hoc comparisons confirmed that the co-workers were a superior source in amount of support given and were the most effective in dealing with the problem and the respondents' feelings. Further, supervisors were superior to the organisation in amount of support provided and the effectiveness in dealing with the problem. Jointly, the 'people factor' won in these two areas. However, the organisation was superior to supervisors in the effectiveness of dealing with the respondents' feelings through formal counselling.

SOC was then measured to assess the respondents' personal resources and to see if this had an influence on their ability to deal with trauma. Generally, all respondents reported comparable strong levels of a SOC, the mean and standard deviation indicating 66.75 (SD=9.77), given that the midpoint of the scales was 52. Regardless, there was a significant difference ($t(231)=-3.12$, $p<0.005$) between respondents who had experienced an event to those who had not, the highest SOC being for those who did not report a traumatic event. SOC was diminished among those with negative and positive outcomes, and was significantly lower for those reporting solely negative outcomes. The highest SOC was reported for those nurses who indicated only positive outcomes. This final group was comparable to those who had not experienced trauma (Table 5).

Discussion and recommendations

People's responses to trauma vary immensely. In part, this variation may reflect fundamental differences in what appear to be similar traumatic events, as well as differences in the individuals themselves and their experiences in dealing with traumatic experiences.

In the aftermath of work related trauma, social and personal resources were found to influence the nature of this trauma for perioperative nurses and affect their recovery process. Drawing upon existing theoretical and practical literature that illuminates the relationship between people, organisations and psychological well-being, support resources have been identified as an important mediator between exposure to traumatic events and the nature and intensity of the subsequent experience of traumatic reactions [1, 20, 21].

The existence of post event demands not only suggests the need for support resources to be made available, but also raises the possibility that the type of support resources may differ with respect to their nature, the event and the factors associated with their provision [22, 23]. Within this study, communication was reported as the major source of support, with co-workers being the main benefactor, including providing the most amount of support in comparison with their supervisors and the organisation.

Supervisory support is an important factor in assisting recovery and restoring self esteem [24]. Empathic listening and understanding, as well as a real concern for the worker's welfare, are significant aspects of effective supervisory support [1]. Supervisors are in an ideal position to facilitate adaptation. However, they sometimes fail to provide support expected by those exposed to traumatic events. The low levels of

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Table 3. Description of types of support provided by supervisors, co-workers and the organisation.

Type of support	Source of support		
	Supervisor	Co-worker	Organisation
Communication	Advice, sympathetic feedback, acknowledgment of situation, listening, encouragement	Brainstorming, could talk about event, discuss similar situation, sympathetic feedback, acknowledgment of importance of situation, encouragement, reassuring, listening	Avenue for writing incident report, appraisals
Action	Written report, negotiated rostering and workloads, extra staff provided, time release	Collaborative decision making, provided support when needed, covered shifts, provided relief for meal breaks, confronted surgeon	Employee assistant programme, meetings, references provided
Education	Educational sessions	Information and solutions	–
Counselling	–	–	Pastoral, counselling service, help-line telephone services

Table 4. Support from supervisors, co-workers and organisation and effectiveness of dealing with problems and feelings.

Type of support	Source of support					
	Supervisor		Co-worker		Organisation	
	A	B	A	B	A	B
Communication	87.7	83.8	89.7	82.6	25.8	30.8
Action	7.0	11.5	10.3	17.4	22.6	11.5
Education	5.3	4.9	–	–	–	–
Counselling	–	–	–	–	52.6	57.7

A *Effective in dealing with problems*
B *Effective in dealing with feelings*

Table 5. SOC scores among perioperative nurses with and without trauma.

Event and outcomes	Freq.	%	Mean	SD
No traumatic event reported	71	30.5	69.72	9.15
Traumatic event with positive outcomes	27	11.6	69.85	10.08
Traumatic event with negative outcomes	69	29.6	62.80	10.35
Traumatic event with negative and positive outcomes	56	24.0	66.52	7.68
Total	223	–	–	–

support reported in this study suggest that supervisory support rol require attention and promoting more supportive leadership therefore of the utmost importance.

Communication or disclosure, reported as the major source of suppor facilitates the restoration of a sense of control by allowing individual to switch from being passive victims into active recovery agents[3]. Talking about the experience results in the gradual desensitising of th event. This is particularly likely when disclosure takes place in th context of others who take the time and are willing to listen, and ar capable of assisting survivors with the task of restructuring traumat cognitions[9].

Other forms of support included the provision of education – consistin of sessions and information or solutions related to the traumatic event and action being taken resulting in tangible and reciprocal suppor Organisations that support staff with tangible recognition of th difficulties of their work by providing feedback and solutions ca significantly reduce the effects of potentially traumatic work[25,26].

The results further indicate that some perioperative nurses exposed t trauma actually benefited from their experience in association wit their SOC or salutogenic strengths. Those respondents who did no report a traumatic event reported the strongest SOC. In response t these findings, one can only assume that these respondents were extremely lucky to be in a place of employment where traumatic events never occurred. Conversely, due to their strong SOC, the may have perceived all incidents which occurred in the operatin suite, whether they were negative or positive, as part of their 'workin life' and not necessarily traumatic.

Another factor to consider is that these respondents were actuall exposed to traumatic events but denied they were happening. Th term 'trauma membrane' is used to summarise the way workers shiel themselves from traumatic events around them and continue wit activities as though they are unaffected[27]. Researchers hav encountered workers who have denied feelings and reactions after th incident, only to have them emerge later as more severe symptom However, one cannot make the general assumption that denial always bad. Denial may be a health enhancing strategy in som circumstances or at some point[27].

The role of organisational factors in traumatic stress and recovery process has become increasingly apparent[25,28]. A salutogenic approach by the profession and hospital organisation is recommended, with the creation of a therapeutic environment or sanctuary in which perioperative nurses, who range from the stressed to the traumatised, begin to process the traumatic events[29]. The goal of the sanctuary is to create an environment within which individuals have opportunities to maximise their potential for recovery from traumatic events as well as experience growth[29].

The work organisation and the nursing profession require education in the need for and process of creating sanctuary and providing a holistic approach to management. These opportunities could be made available through peer support programmes, educational programmes and professional meetings to better prepare nurses for traumatic situations and their aftermath. Furthermore, professional and organisation education is needed for and processing of creating sanctuary and providing a holistic approach to management. If the possibility of PTG is routinely acknowledged and becomes an integral part of how people deal with highly negative set of circumstances, then there may be a significant paradigm shift in the professional preparation of perioperative nurses.

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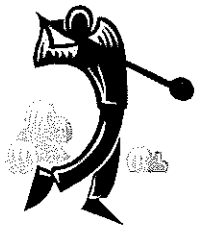

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