Experience of the Nurses in Emergency Room to the Traumatic Event and Posttraumatic Stress Disorder

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Abstract. The purpose of this study was to analyze emergency room (ER) nurses’ experience of traumatic events and post-traumatic event stress. This survey research would be utilized in the future to prepare post-traumatic stress risk control measures. The subjects of this study were 363 emergency room nurses in 23 Emergency Medical Centers in South Korea. Data collection was conducted from July 20, 2015, to August 30, 2015. The experience of traumatic events was scored using a scale of 10 to 40; the average score was 22.57. The most common traumatic event experienced by ER nurses (32.8%) was physical damage caused by verbal or physical violence by others. Also, 153 respondents (42.1%) responded that the ‘experience of toddler/children’s death or resuscitation attempts’ was the most painful experience. The level of post-traumatic stress amongst ER nurses showed that 35.8% of nurses fell under high risk group for post-traumatic stress disorder (PTSD), 18.2% fell under moderate risk groups, and 45.4% fell under normal groups. Thus, there is a need for the development of comprehensive PTSD prevention programs, such as mental health management service, stress management program, and active institutional support, so as to prevent PTSD.

Keywords: emergency room nurses, traumatic events, post-traumatic stress disorder

1 Introduction

ER nurses, who provide timely support for emergency trauma and serious illnesses, are routinely confronted with work related traumatic events, and amidst their hectic work conditions, they are continuously exposed to stress-inducing situations. According to a survey conducted on ER nurses who have had direct and/or indirect experiences with traumatic events, 21% of ER nurses were reported to have PTSD symptoms. Furthermore, such events affected both work and personal lives, and most
of the ER nurses wanted to transfer their departments [1]. Nurses who have PTSD experience both psychological and physical symptoms, such as depression, compassion fatigue, exhaustion, etc. Traumatic events can have varying influences on individuals based on their perceptions of the events [4]. The traumatic events often occur unexpectedly, and those who experience traumatic events often suffer from psychological and physical aftermath. Such experiences can result in individuals perceiving themselves as powerless beings, and could negatively influence their families, neighbors, and society [5]. This study has confirmed the experience of traumatic events and post-traumatic event stress faced by ER nurses, and it seeks to provide a basic data for further work into post-traumatic event stress management.

2 Method

2.1 Research Design

This study was a descriptive research that utilized structured surveys to better understand ER nurses’ experience of traumatic events and post-traumatic event stress, and to analyse the differences in post-traumatic stress based on ER nurses’ general characteristics and working conditions.

2.2 Subjects

Surveys were completed by 380 ER Nurses from 23 Emergency Medical Institutions in South Korea. Prior to their participation in the surveys, the respondents understood the purpose of the study and gave their consent for participation.

2.3 Research tool and Reliability

The experience of traumatic events was measured through 10 questions, which were modified from the tool used to analyze experience of traumatic events by ER nurses in 15 Belgian hospitals. Each question had a scale up to 4, to indicate the level of pain caused by traumatic events. Cronbach’s α value was 0.76 for this study. The level of post traumatic event stress experienced by ER nurses was measured using IES-R-K (Impact of Event Scale Revised Korean version) scale, which is a modification of Horowitz, Wilner & Alvarez’s (1979) impact of event scale, comprising of 22 questions. Cronbach’s α value was 0.98 during the development of the IES-R-K scale, and 0.96 for this study.
2.4 Data Collection and Analysis

The collected data were analyzed using IBM SPSS/WIN 21.0. The general characteristics, frequency of work-related variables, and experience of traumatic events were analyzed using percentile, average, and standard deviation. The differences in PTSD experiences were analyzed using t-test and ANOVA.

3 Result

1) Analysis of Frequency of Traumatic Events

ER nurses’ experience of traumatic events was rated on a scale of 10 to 40; results showed an average score of 22.57. The most common traumatic event that ER nurses encounter was physical damage caused by verbal or physical violence by others (32.8%).

2) Analysis of Most Excruciating Traumatic Events

153 ER nurses (42.1%) reported that the most excruciating event was the ‘experience of toddler/children’s death or resuscitation attempts’.

3) Classification of PTSD Risk Groups

Based on the post-traumatic stress scorecard, respondents with scores greater than or equal to 25 points were classified as high risk group; respondents with 18 – 24 points were classified as moderate risk group; respondents with 17 points or lower were classified as normal group. There were 130 (35.8%) respondents in the high risk group, 66 (18.2%) respondents in the moderate risk group, and 165 (45.4%) respondents in the normal group.

4) Post-traumatic Event Stress Based on General Characteristics of Respondents

Based on the level of education (F=5.058, p<.01), clinical experience (F=3.167, p<.05), voluntary choice of ER deployment (t=−2.948, p<.01), and desire for ER deployment (F=−2.948, p<.01), there were meaningful differences in the post-traumatic event stress.

4 Conclusion

Amongst traumatic events experienced by ER nurses, frequent events included physical damage by others, and experiencing of casualties from car or rail accidents. Furthermore, most nurses reported the ‘experience of toddler/children’s death or resuscitation attempts’ as the most excruciating event. To prevent PTSD and minimize post-traumatic event stress faced by ER nurses, there needs to be active
mental health management service, consistent stress management programs, and institutional support for the ER nurses.

References

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