The Abusive Relationship of Emergency Nursing: What is it Doing to our Nurses

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Disclosures

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• Learner Objectives:
  ▫ Gain insight into the lived experience of secondary traumatic stress with a focus on emergency nurses

• No conflict of interest exists

• This is a pilot study with preliminary data
Background

• Secondary Traumatic Stress (STS)
  ▫ Defined in 1999 by Charles Figley
    • “the stress resulting from helping or wanting to help a traumatized or suffering person”¹
  ▫ Consequences:
    • Physical & psychological symptoms
Scope of Problem

- STS is prevalent in emergency nurses:
  - 60% of the time in emergency nurses\(^2\,^3\)
  - 75% of Scottish emergency nurses\(^4\)
  - 85% of U.S. nurses had one or more symptom\(^5\)
  - Met criteria for diagnosis of STS 33% of the time\(^5\)

- No published qualitative studies
Purpose

Eliciting the essence of the experience of STS, pertinent to a full understanding of the experience and the determination of hypotheses for follow up mixed-method or quantitative studies on STS prevention and treatment.
Research Question

What is the essence of secondary traumatic stress in emergency nurses?
Research Design

• Colaizzi’s (1978) seven-step method of descriptive phenomenology:
  1. Protocols
  2. Significant statements
  3. Formulated meanings
  4. Clustering
  5. An exhaustive description
  6. Fundamental structures
  7. Validation

• Husserl’s Philosophy
  ▫ Focus is on the consciousness of things
  ▫ Objective world is thrown out
  ▫ An eidetic science used to understand the essence of human experiences
  ▫ Reduction
    • Bracketing & eidetic reduction
  ▫ Intentionality
    • Direct the mind to something by thinking of it
Population & Sample

• Sample
  ▫ 3 Single Female Caucasian Emergency Nurses

• Inclusion Criteria
  ▫ Must have taken care of patients undergoing traumatic experiences

• Demographics
  ▫ Median age: 28.3 years
  ▫ Median total years of emergency nursing: 6.6 years
Data Collection

- University of Connecticut Institutional Review Board approval
- Informed Consent
- Open ended statement:
  - “Tell me about your experiences after caring for patients undergoing traumatic events.”
- Audiotaped face-to-face interviews that were later transcribed verbatim
- Demographics sheet
Findings

• 3 transcripts
  ▫ 326 significant statements extracted
    • Collapsed into 25 themes
    • 7 theme clusters emerged

• The essence of STS on emergency nurses is found to be:
  ▫ The *abusive relationship of emergency nursing*
    • “I don't...can you get out? I love it though, it's literally like everyone...we all joke about that it’s an abusive relationship. You know, how you can't get out of it because you love it.”
Themes

1. **Certain Types of Traumatic Experiences: Why Do These Leave the Worst Scars?**

   - “That was my first critical pediatric patient I had in the ER.”
   - “That one was like my first experience with death.”
   - “Maybe because it was my first negative experience or was the first true experience where something didn't go the way I expected it to.”
2. Range of Emotions: It is Like a Double-Edged Sword

- “That one made me feel like really sad.”
- “But you feel like, what’s the word, like this empty feeling a little bit.”
- “I was angry with this father for making that choice to drink and drive...”
- “I love people and I hate them all at the same time.”
3. Self-Projecting and Connecting: Reminders of our Mortality

- “While all this is going on, of course, I think about my child because I had a young son at the time and I just couldn’t...you can’t help when there is kids involved to not think about your kids too.”

- “He reminded me of my dad.”

- “Seeing that mascara on her just reminded me of my own mortality.”
Themes

4. Depersonalization to Hide Emotions: Aren’t I Human Too?

- “So, you feel that like moment come into your head while you're doing it and then you quickly kind of like push it down and realize you still just have to do whatever you have to do.”

- “It’s hard though to be strong and in command and authoritative and direct others and keep your composure when you want to be emotional and you want to act like a human being.”
5. Questioning Things: Have I Reached My Breaking Point?

- “How can someone just be so disrespectful and rude?”
- “Sometimes I really do wonder why, why do I do this?”
- “I can’t do it forever.”
Themes

6. Lingering Effects: When Forgetting is Not an Option

- “I was reliving it over and over in my head.”
- “You just keep being in that room doing CPR on a 2-year-old.”
- “…she played with that for a while and then I was like she has a really dirty diaper. I can smell that. Like and I still can, just talking about it right now I can actually smell that exact dirty diaper.”
- “I forgot about it until like six months later when she wrote a thank you note to the ER. The way that she wrote it was just like really heartfelt and you could feel like her pain and I was like oh man that really sucked, and it brought everything back all over again.”
Themes

7. Reasons to Stay: Debriefings and Appreciation

- “We had people from all departments holding debriefing sessions and checking up on us”
- “Sometimes even a simple thank you, and you don’t get it a lot, but when you do, like wow I’m doing something good, someone appreciates me.”
- “This is why those other 9 patients drive me crazy. So that I can get to that 10th patient kind of thing.”
- “So, I’ll keep coming back and have more bad days than good but the good outweigh the bad.”
Conclusions

• Much of the essence of emergency nursing had a negative connotation, yet the nurses continue to do this work describing the main essence as an abusive relationship.

• This pilot research highlights the need for further study on the effects of secondary traumatic stress on emergency nurses, and the need for prevention and treatment strategies to mitigate undesirable outcomes.
Future Plans

I plan to expand on this pilot data by bringing it to data saturation as part of my dissertation work in the Spring of 2021
References


