

# Labor and Delivery Nurses' Experiences of Trauma in the Workplace

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## Introduction

Workplace exposure to traumatic events and human death are common among nurses and may lead to burnout, compassion fatigue, secondary traumatic stress, absenteeism and turnover intention among workers. Most previous research has focused on nursing specialties with high incidence of exposure to events that are described as traumatic. In the labor and delivery specialty, a preponderance of research has examined experiences of obstetricians and nurse midwives.

There is lack of research specifically investigating the workplace trauma experiences of labor and delivery nurses, how labor nurses define and experience these events, and which support options are desired by this population of nurses.

## Research Questions

RQ1: How do labor and delivery nurses define and experience traumatic events in the workplace?

RQ2: How do labor and delivery nurses describe recovery following experiences of traumatic events?

RQ3: How do the traumatic experiences of labor and delivery nurse as *second victim* align with Susan Scott's *Second Victim Recovery Trajectory* framework?

RQ4: Are current organizational support programs meeting the desired needs of trauma-exposed labor and delivery nurses?

RQ5: Controlling for socio-demographic factors, how does psychological distress and/or organizational support affect labor and delivery nurse turnover intention, absenteeism, and resilience?

## References

- Beck, C. T., & Gable, R. K. (2012). A mixed methods study of secondary traumatic stress in labor and delivery nurses. *J Obstet Gynecol Neonatal Nurs*, 41(6), 747-760. doi:10.1111/j.1552-6909.2012.01386.x
- Burlison, J. D., Quillivan, R. R., Scott, S. D., Johnson, S., & Hoffman, J. M. (2016). The effects of the second victim phenomenon on work-related outcomes: Connecting self-reported caregiver distress to turnover intentions and absenteeism. *Journal of Patient Safety*. <https://doi.org/10.1097/PTS.0000000000000301>
- Burlison, J. D., Scott, S. D., Browne, E. K., Thompson, S. G., & Hoffman, J. M. (2017). The Second Victim Experience and Support Tool: Validation of an Organizational Resource for Assessing Second Victim Effects and the Quality of Support Resources. *J Patient Saf*, 13(2), 93-102. doi:10.1097/PTS.0000000000000129
- Scott, S. D., Hirschinger, L. E., Cox, K. R., McCoig, M., Brandt, J., & Hall, L. W. (2009). The natural history of recovery for the healthcare provider "second victim" after adverse patient events. *Quality & Safety in Health Care*, 18(5), 325-330. <https://doi.org/10.1136/qshc.2009.032870>

## Methods

A multimethod research study will be undertaken:

**Qualitative** – Qualitative description using semi-structured interview guides based on Core Beliefs model and Susan Scott's *Second Victim Recovery* model (RQ1, RQ2, RQ3)

**Quantitative** – Cross-sectional correlational design using the Second Victim Experience and Support Tool – Revised (SVEST-R) (RQ4, RQ5).

## Sample and Recruitment

**Sample:** Registered nurses (RNs) who have experienced at least one event in the labor and delivery setting that they felt was challenging, emotionally difficult, or traumatic during their careers.

Participants will be purposefully sampled via email through the Association for Women's Health, Obstetric and Neonatal Nurses (AWHONN) national organization.

Approximately 15-20 interview participants and 165 survey participants will be recruited.

*This research is currently in the recruitment phase – estimated completion of this study is March 2021.*