

Relationship between Traumatic Event Experience and Professional Quality of Life among Nurses at Regional Trauma Centers

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Abstract

The present study was a descriptive study examining the association between traumatic event experience and professional quality of life among nurses at a regional trauma center. The target population of the present study for data collection was nurses at regional trauma centers in 16 hospitals designated as a regional trauma center in South Korea. Nurses at regional trauma centers scored 48.70 ± 8.49 out of 76 points for traumatic event experience. In the subdomain of traumatic event experience, direct experience of witnessing trauma patients and nursing experience of trauma patients scored 25.60 ± 4.69 and 23.10 ± 4.48 points, respectively. In the analysis of the relationship between traumatic event experience and professional quality of life of nurses in regional trauma centers, empathic satisfaction, a subdomain of professional quality of life, was negatively correlated with burnout and secondary traumatic stress. Burnout was significantly positively correlated with secondary traumatic stress. Secondary traumatic stress was significantly positively correlated with trauma patient care experience, and trauma patient witnessing experience was significantly positively correlated with trauma patient care experience.

Key words: regional trauma center nurse, traumatic event experience, professional quality of life

I. Introduction

Trauma center nurses are in a situation where they are at high risk for stress due to the continuous and repeated experience of traumatic events. Therefore, there is a need for research on ways to improve professional quality of life and to identify variables that have not been addressed and how they affect the professional quality of life of trauma center nurses. As regional trauma centers have only been established since 2012, research on regional trauma center nurses is limited. Therefore, this study was conducted to investigate the traumatic event experiences and professional quality of life of nurses in regional trauma centers, and to identify the factors that influence each of empathic satisfaction, burnout, and secondary traumatic stress, which constitute professional quality of life, to provide basic data to improve the quality of life of nurses and the quality of nursing care.

II. Theoretical Discussions

1. Traumatic Event Experience

Traumatic event experience is defined as experiencing a traumatic event, such as actual or threatened death, serious injury, or sexual assault, directly; witnessing it happen to someone else; learning that it happened to a close family member, relative, or close friend; or being exposed to a traumatic event repeatedly on the job (American Psychiatric

Association, 2013).

2. Professional Quality of Life

Professional quality of life refers to the subjective quality of life perceptions of people in professions that serve specific populations, such as teachers, firefighters, police, clergy, and healthcare workers, and includes the positive emotion of compassion satisfaction and the negative emotion of compassion fatigue (Stamm, 2010). Compassion fatigue is composed of two sub-domains: burnout and secondary traumatic stress.

III. Problems and Challenges

1. Problems

Nurses at regional trauma centers have changed from accepting patients at existing emergency medical centers to caring only for patients who have come to them due to trauma, and nurses at regional trauma centers experience traumatic events directly or indirectly as they care for severe trauma patients who need urgent and essential treatment such as emergency surgery and resuscitation due to severe fractures and massive bleeding caused by organ damage in traffic accidents, industrial accidents, and falls.

Medical staff working in regional trauma centers experience traumatic events directly and indirectly as they encounter life-threatening severe trauma patients with multiple traumatic injuries, massive bleeding, and other life-threatening conditions. Nurses, as the frontline healthcare providers who first encounter patients who come in, often witness horrific scenes of rapid changes and deterioration in patient conditions, unexpected events, and are often pushed beyond their limits as they witness the suffering of caregivers (Barnard, Street, & Love, 2006).

When faced with a negative stressful situation, such as a traumatic experience, individuals have different ways of coping, with some nurses choosing to resign as a coping mechanism, while others thrive in negative situations and develop their professional skills (Moon, Park, & Jung, 2013).

Professional quality of life is an important issue for nurses because it can affect job satisfaction, which in turn can have a positive impact on quality nursing care for patients (Ibrahim et al., 2016), as well as create a desirable organizational culture, which in turn can lead to a positive feedback loop that increases nurses' job satisfaction.

2. Challenges

Nurses at regional trauma centers scored 48.70 ± 8.49 out of 76 points for traumatic event experience. In the subdomain of traumatic event experience, direct experience of witnessing trauma patients and nursing experience of trauma patients scored 25.60 ± 4.69 and 23.10 ± 4.48 points, respectively. The highest score of traumatic event experience in subjects was 3.55 ± 0.67 out of 4 points for nursing patients who were physically injured by fall (including fall from a height, slip, and blunt trauma from a collision). On the other hand, nursing patients who were injured by natural disasters (typhoons,

floods, earthquakes, etc.) scored the lowest with 1.32 ± 0.56 points. In the analysis of the relationship between traumatic event experience and professional quality of life of nurses in regional trauma centers, empathic satisfaction, a subdomain of professional quality of life, was negatively correlated with burnout ($r = -.71, p < .001$) and secondary traumatic stress ($r = -.22, p = .006$). Burnout was significantly positively correlated with secondary traumatic stress ($r = .63, p < .001$). Secondary traumatic stress was significantly positively correlated with trauma patient care experience ($r = .20, p = .014$), and trauma patient witnessing experience was significantly positively correlated with trauma patient care experience ($r = .71, p < .001$).

IV. Conclusions

To improve the professional quality of life of trauma center nurses, it is necessary to recognize that RNs continue to experience traumatic events directly or indirectly, provide resources and interventions to reduce the experience of traumatic events, and actively identify and address issues to prevent secondary traumatic stress from leading to burnout. At the organizational level, we suggest developing and implementing proactive interventions to increase job satisfaction and reduce job stress among nurses in regional trauma centers.

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