

Posttraumatic growth among nurses: What are influencing factors?

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Disclosures

The speakers have no conflicts of interest to disclose

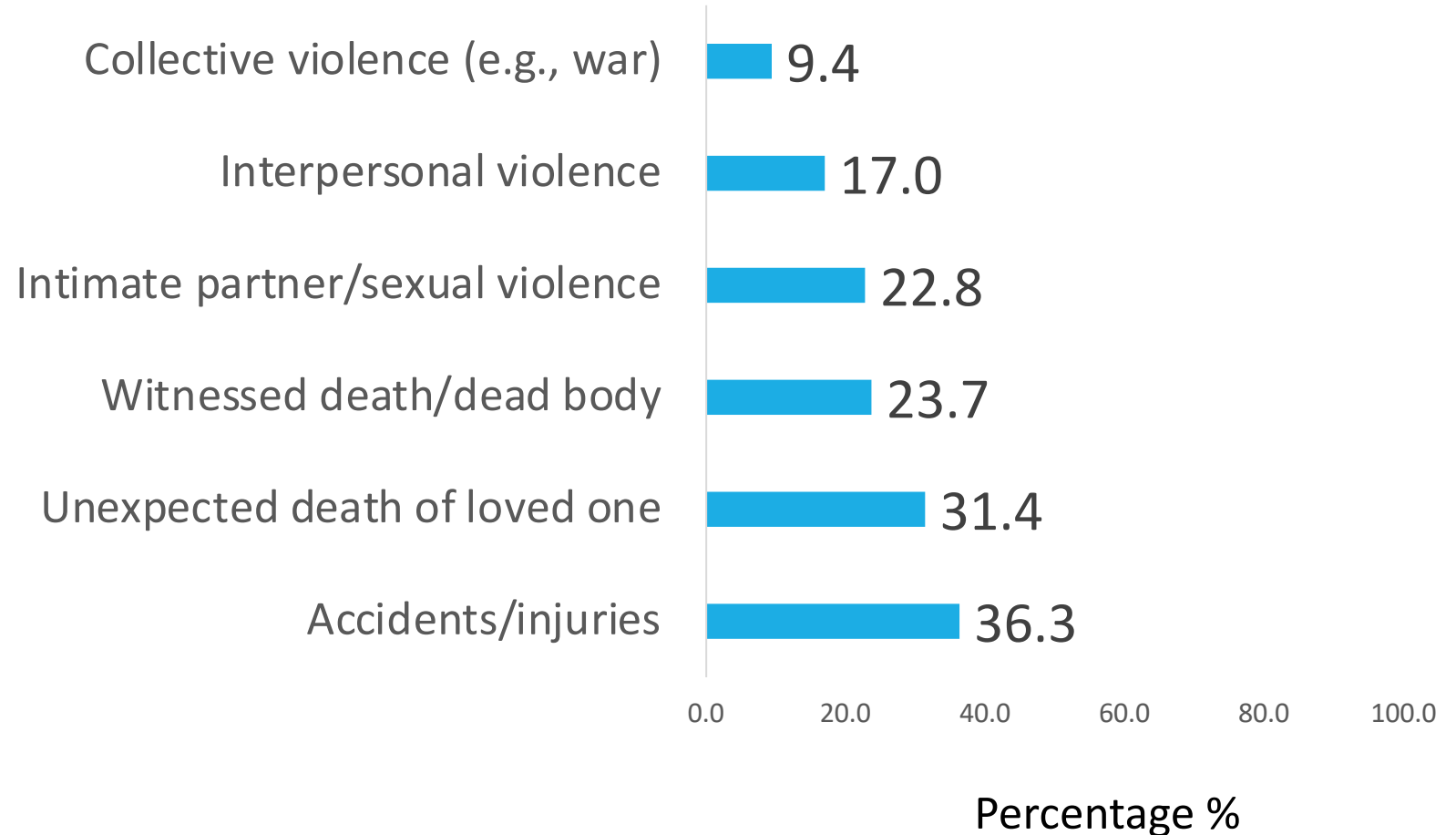
Learning Outcomes

Upon completion of this presentation, participants will be able to:

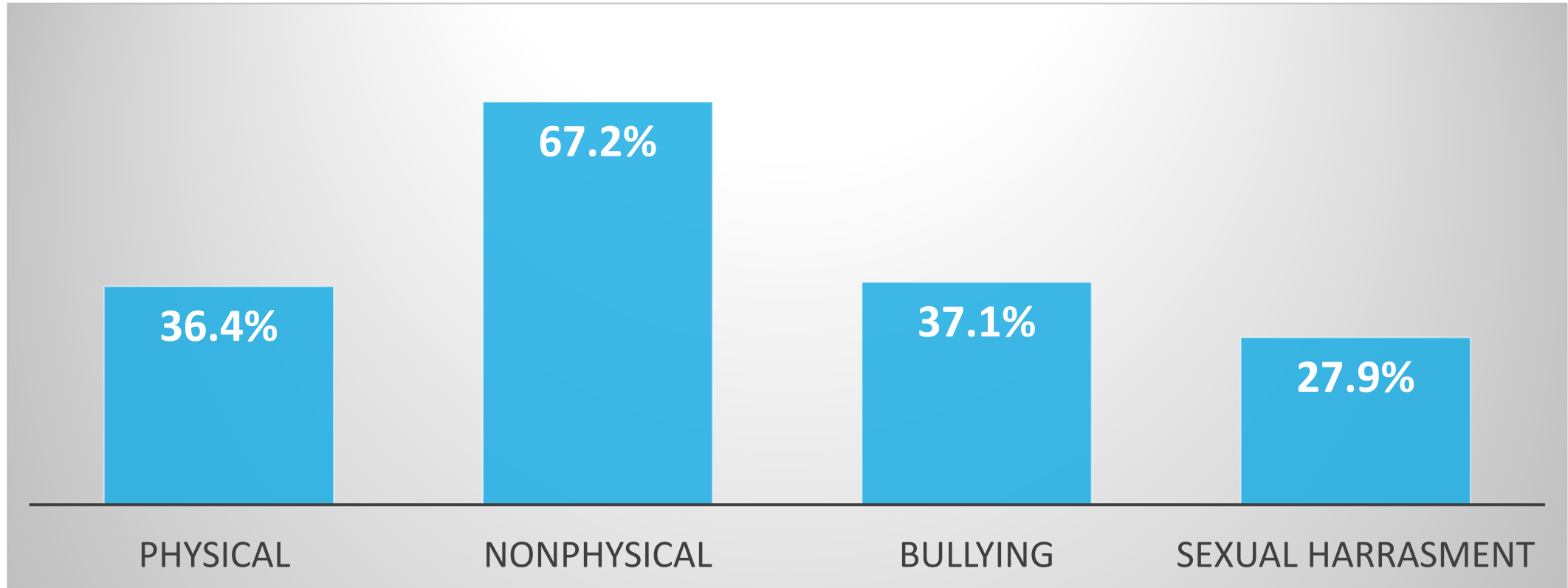
1. Define posttraumatic growth
2. Describe measures of posttraumatic growth
3. Discuss factors associated with posttraumatic growth among nurses

- 24 countries (N=68,894)
- 70% reported a traumatic event
- Five types accounted for over half of all exposures:
 - Witnessing death
 - Unexpected death of loved one
 - Being mugged
 - Life threatening automobile accident
 - Life-threatening illness or injury

World-wide prevalence of traumatic exposure



Prevalence of workplace violence exposure among nurses



Note: These percentages represent the mean percent of violence exposure by violence type from a synthesis of 136 papers with 160 samples, representing 151,347 nurses

Posttraumatic Growth

The positive psychological changes which may manifest after an individual struggles with challenging or adverse events

Five dimensions:

- New Possibilities
- Relating to Others
- Personal Strength
- Spiritual Change
- Appreciation of Life

Aims

1. Assess self-reported traumatic experiences,
2. Examine differences in PTG-I scores by professional level, and
3. Determine demographic, work-related, behavioral, and traumatic experience-category covariates of PTG-I scores

Design and Sample

- **Design**

Secondary data analysis of survey responses from 299 nurses across four hospitals from an academic-medical center

- **Measures**

- Demographics
- Work-related variables
- Behavioral factors
- Self-reported trauma experiences
- Posttraumatic Growth Inventory (PTG-I)

- **Data Analyses:**

- ANOVA to assess differences in PTG-I scores by nursing professional level and traumatic experience categories.
- Hierarchical linear regression analysis to assess correlates of PTG-I scores by demographic, work-related, behavioral, and traumatic experiences

Sample characteristics

- 90.3% female
- 52.5% <36 years of age
- 86.0% \geq college degree or higher
- 63.8% married/cohabiting
- 70.6% clinical nurses
- 86.3% inpatient hospital setting
- 80.0% >1 year working in the discipline

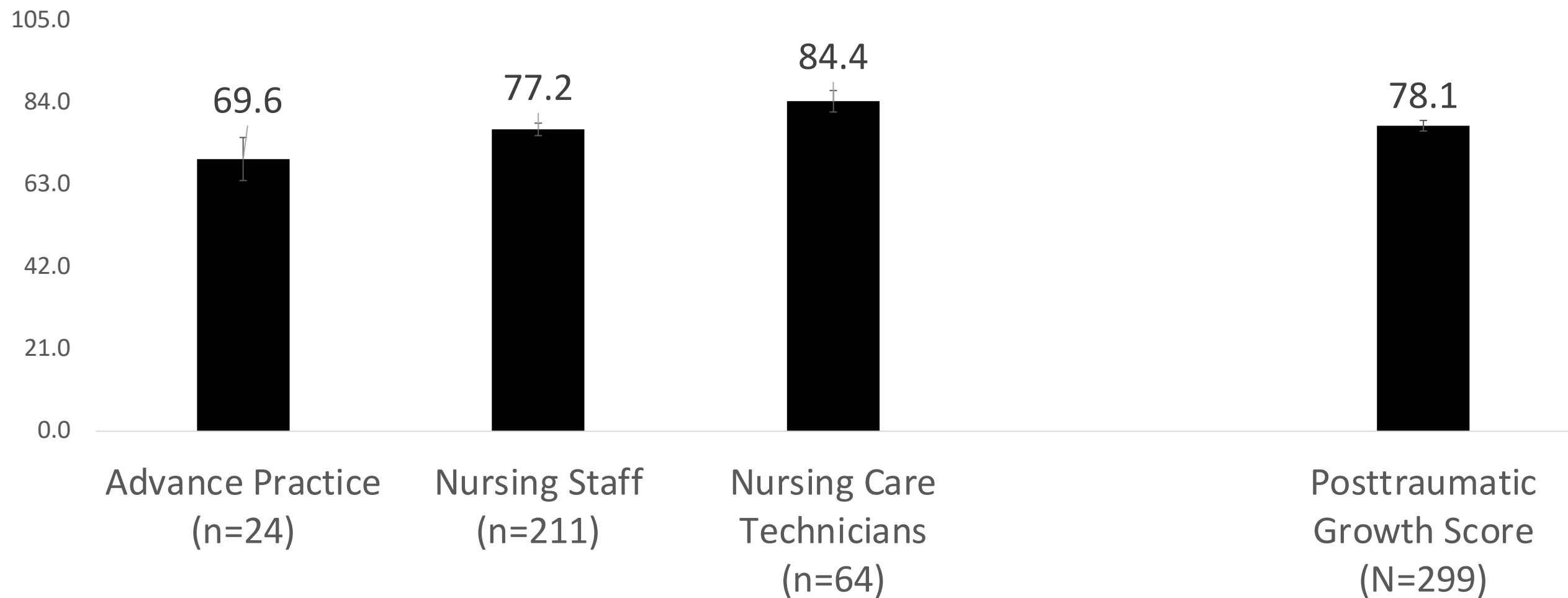


Figure 1. Posttraumatic growth scores by professional nursing level

$F[2,296]=4.1, p=.017)$

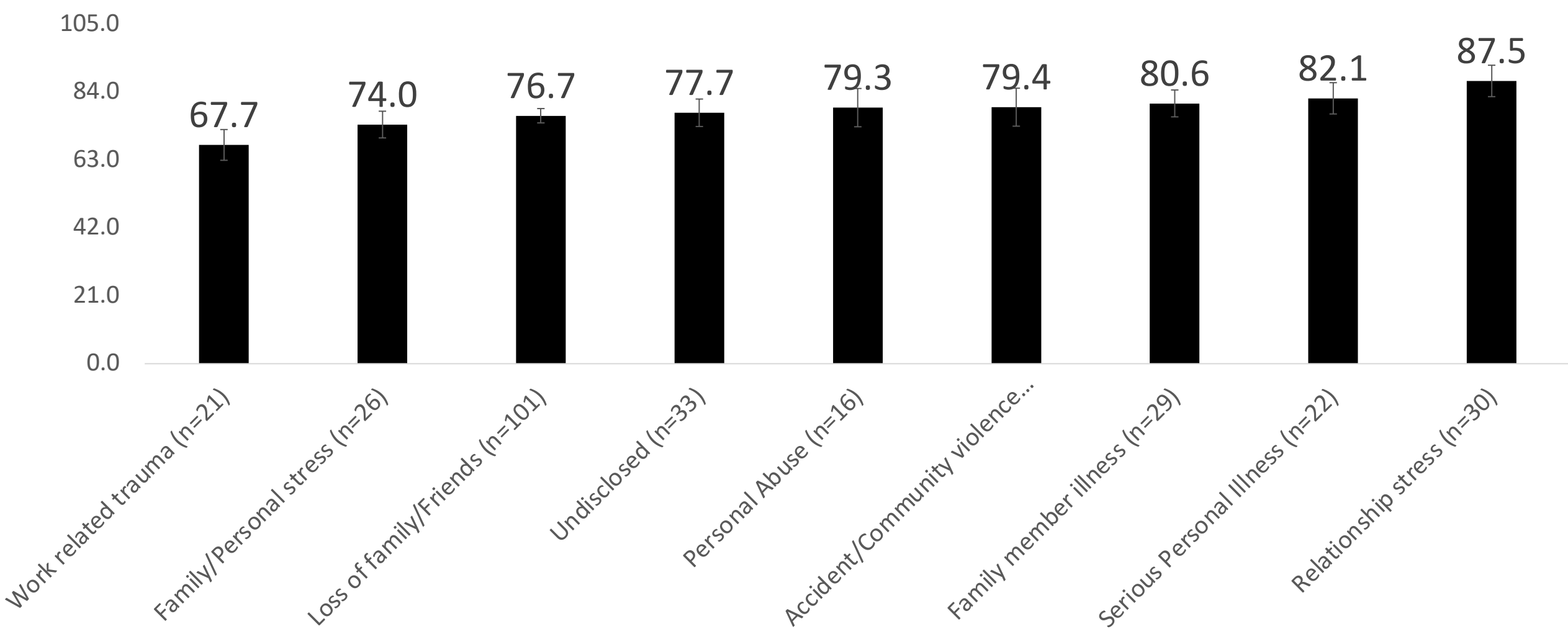


Figure 2. Posttraumatic growth scores by traumatic experience categories (N=299)

($F[8, 290]=1.4, p=.192$)

	F	P-value	R ² change	Beta	P-value
Step 1: Demographics	2.08	.022	.074		
Post graduate degree ('some college' referent)				.24	.029
Married/Widowed ('single' referent)				-.18	.037
Step 2: Work related variables	2.33	<.0001	.109		
Advanced Practice Providers ('Nursing Assistants' referent)				-.37	<.0001
Clinical Nurses ('Nursing Assistants' referent)				-.27	.005
Intensive care unit ('Other' referent)				-.35	.050
Serving pediatric population ('Adult population' referent)				.21	.004
Step 3: Behavioral variables	2.35	<.0001	.062		
Last alcohol use past 1-3 months (past 7 days referent)				.12	.051
Last alcohol use more than 4 months (past 7 days referent)				.21	.002
Step 4: Traumatic incident categories	2.21	<.0001	.033		
Work trauma ('Relationship stress' referent)				-.20	.009
Family/Personal stress ('Relationship stress' referent)				-.19	.018
Undisclosed ('Relationship stress' referent)				-.17	.036

Hierarchical Multivariate Regression Analysis of Factors Associated with Posttraumatic Growth (Adj R²=.15)

Summary of Findings & Implications

- In addition to general exposure, nurses have high rates of work related trauma exposure
- Advance practice nurses may have lower growth from trauma as compared to nursing aides
- Among traumatic exposure, workplace trauma experiences are associated with the lowest posttraumatic growth, even when controlling for other variables
- Future studies are needed to determine ways to enhance:
 - Awareness of the risk for trauma among nursing professionals
 - Identification and proper referral for treatment among those who are at risk
 - Interventions that can directly enhance posttraumatic growth among nursing professionals

References

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