

Hyper acute stroke: the specialist
nursing impact. Exploring feelings of
secondary traumatic stress. A qualitative
enquiry.

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Aims.

- To present an overview of present findings and recommendations from a UK based study exploring stroke specialist nurses feelings of secondary traumatic stress related to hyper acute stroke practice.

Secondary Traumatic Stress

- the natural consequent behaviours and emotions resulting from knowing about a traumatizing event experienced by a significant other- the stress resulting from helping or wanting to help a traumatized or suffering person (Figley, 1995).

Implications of STS to health services.

- Negative impact on nursing practice and performance (Cohen-Katz et al, 2004).
- Reduced patient satisfaction and safety (Halbesleben et al, 2008).
- Increased absenteeism.
- Detrimental to recruitment and retention.

Hyper acute stroke specialist nursing practice.

- - SSN is often the focal point for hyper acute stroke assessment and intervention.
- - often working in isolation.
- - autonomous practice.
- - stroke thrombolysis.
- - mechanical clot retrieval.
- - role of telemedicine.
- - targets/ results driven.

Pilot Study: Compassion Fatigue in Acute Stroke Unit Nursing Staff

(Fitzsimmons, Lopez and Wilkinson, 2013).

- - point prevalence study.
- - ProQOL5 compassion fatigue assessment tool.
- - 32 nurses completed (71% response rate).
- - 59% low risk of STS development.
- - 41% medium risk of STS development.
- - none at high risk.
- - discussed prevalence but not experience.

Study Design.

- Qualitative exploration using Narrative Methodology.

Data Collection.

- stroke specialist nurses from across the UK were asked to participate and were asked to provide stories of their traumatic or stressful experiences related to hyper acute stroke. Data was collected:
 - electronically where participants contributed their narratives by email (n=10)
 - audiotaped semi structured interviews (n=12).

Data Analysis.

- Polkinghorne (1995) paradigmatic analysis narratives.
- Stories are the primary data source.
- Analysed for common elements and themes which are linked back to the theory.
- Allows themes and categories to emerge.

Emerging Themes:

- - the cause and context of STS in SSNs.
- - the experience of STS in SSNs.
- - factors that exacerbated STS.
- - factors that mediated STS.

The Cause and Context of STS

- - acute and unpredictable illness.
- - young stroke victims.
- - powerlessness to intervene or change outcomes.
- - interaction with relatives.
- - inter professional conflict.
- - moral distress.
- - environment and resources.

The Experience of STS

- Little described of physical symptoms.
- Stress headache.
- Stomach discomfort/ tightness.
- Tiredness/ physically exhausted.

Psychological Impact.

- Intrusive thoughts/ preoccupation/flashbacks.
- Insomnia.
- Stress/anxiety/depression.
- Helplessness/hopelessness.
- Shame/ guilt.
- Dissonance with core beliefs.
- Hyperarousal/ hypervigilance.
- Feelings of dread/ being overwhelmed.
- Irritability: with colleagues and family.

Factors that Exacerbate STS.

- - repeated exposure to acute illness and death
- - empathetic engagement.
- - detachment/avoidance.
- - not being heard.
- - powerlessness
- - feeling alone.
- - role boundaries.
- - unsupportive management/ clinicians.
- - own personal experience.

Factors that mediate STS

- - maintaining a façade.
- - resilience.
- - supportive work environment/ peers.
- - networking/ forums.
- - debriefing techniques.
- - supportive family.
- - social life and hobbies.
- - alcohol.
- - achieving work-life balance.

Implications for practice.

- SSNs reported feelings commensurate with STS while being involved in hyper acute care.
- Psychological impact was most profound.
- All were committed to their practice.
- Most felt supported by their stroke clinicians but less so nurse managers.
- Strategies to recognize and counter STS were variable.
- The impact is felt both in and outside of the clinical arena.

Implications as the researcher.

- - little prior knowledge of narrative approach.
- - analysis ongoing: Polkinghorne (1995) 'narrative analysis' use.
- - awareness of own experience of STS.
- - exposure to others (participants) experiences of STS.
- - emotional impact of engaging with others experiences.

Conclusions

- The data suggests that stroke specialist nurses are exposed to traumatic events occasioned during the hyper acute care episode.
- This subjection led to them describing feelings commensurate with secondary traumatic stress.
- The physical and psychosocial effects have implications for nurses, patients and acute stroke services.
- Strategies for recognition and responding to STS need to be prioritised.

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