# Post Traumatic Stress Disorder in Emergency Department Nurses

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## Background/Purpose

Emergency Department (ED) nurses are leaving the nursing profession at an alarming rate, in part due to traumatic work events. Little research has been conducted about ED nurses. ED nurses work in high stress areas, encountering situations that could result in Post Traumatic Stress Disorder (PTSD), causing possible disturbing flashbacks, nightmares and physiological reactions. The Texas Emergency Nurses Association (ENA)  wanted to examine the occurrence of PTSD within their Nursing Association.

## Research Question

What is the incidence of PTSD and post traumatic growth (PTG) in ED nurses who are members of the Texas ENA?

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## Design, Setting, and Sample

A mixed methods study was carried out among Texas ENA members from January to May 2017. ED nurses of all ages, ethnicities, genders, facility types and educational levels who are ENA State members were invited to be in the study. No identifiable data was collected on subjects.
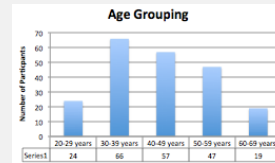
## Methodology

The PTSD/Post Traumatic Growth Inventory (PTGI) survey link was disseminated utilizing Texas State and Chapter ENA resources such as social media, newsletters, chapter committee reports and State ENA Council meetings. The quantitative survey consisted of the Post Traumatic Checklist – Civilian Version Short form and the PTGI. The authors of the form recommend a cut score of 14, with scores higher than that identifying those who should be further evaluated for PTSD.  The PTGI is a 17-item survey that assesses growth following PTSD. PTG serves as a mediator to PTSD. One qualitative question was included: Is there anything else you would like to tell us about how you react to stressful events that happen in the ED?
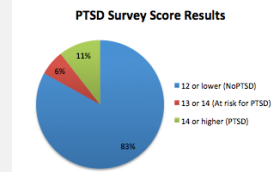
## Data Analysis

Evaluation of the quantitative data was performed using SPSS Statistics Version 20.0. Qualitative responses evaluated by interpreting patterns.

## Quantitative Results

Of the 214 participants, 90% were female.



**Age Grouping**

| | 20-29 years | 30-39 years | 40-49 years | 50-59 years | 60-69 years |
|---|---|---|---|---|---|
| Series1 | 24 | 66 | 57 | 47 | 19 |

For analysis, the score for subjects were divided into three groups.



**PTSD Survey Score Results**
- 12 or lower (NoPTSD) — 83%
- 13 or 14 (At risk for PTSD) — 6%
- 14 or higher (PTSD) — 11%

The PTGI was scored on a 0-5 scale with no item reaching the mid-point. The most frequently chosen statement about how subjects coped in this study was *"I have a greater appreciation for the value of my own life."*

Nearly a third of the respondents were Certificated in Emergency Nursing (CEN). There was a significant difference in PTSD prevalence between CENs and others ($X^2$=5.42; $p$=0.02). Nurses who were not certified were 5 times more likely to report PTSD than Certified nurses.

## Qualitative Findings

PTDS/PTGI Study Qualitative question: *Is there anything else you would like to tell us about how you react to stressful events that happen in the ED?* Results identified nurses experiencing negative physical responses/self expression and the need to leave the nursing profession.  Nurses commented on the desire for increased spiritual, family and leadership support and immediate debriefing after an event. Nurses remarked that 'Leadership' was more concerned with patient satisfaction and productivity numbers than nurse's actual well being.

## Conclusion

PTSD exists among ED nurses in Texas. Without support and proper intervention to mitigate the effects of traumatic incidents, symptoms of PTSD may develop leading to unhealthily behaviors, burnout and poor ED nurse retention.

## Implications for Practice

Programs and support are needed to reduce the occurrence, including increase leadership support and immediate post-event debriefing. Texas ENA recognized the scope of traumatic events occurring to ED nurses within the Texas ENA. Consequently, the Texas ENA State Council established the Workplace Violence  (WPV) Taskforce to meet the needs of its members by providing support and creating resources.