



When the Helper Needs Help: Understanding & Managing Secondary Traumatic Stress

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Objectives

Recognize the impact of exposure to secondary trauma in the workplace.

Assess your own level of secondary traumatic stress (STS) with your job.

Understand how to cope with and manage secondary trauma encountered in the workplace.

“There are many people who think they want to be matadors, only to find themselves in the ring with 2,000 pounds of bull bearing down on them, and then they discover that what they really wanted was to wear tight pants and hear the crowd roar.”

-Terry Pearce

Secondary Traumatic Stress

Developed in the 1990s to describe the effects of secondary or vicarious exposure to traumatic material

Early areas of focus included first responders and social service providers

Expanded to healthcare providers, educators, forensic practitioners

1995 - 28 publications

2023 - 450+ publications

Methodological concerns in STS literature, but STS is present in nearly all studies

Secondary Traumatic Stress

“The natural, consequent behaviors and emotions resulting from knowledge about a traumatizing event experience by a significant other. It is the stress resulting from helping or wanting to help a traumatized or suffering person.”

The 3 Es of trauma

“An **event**, series of events, or set of circumstances that is **experienced** by an individual as physically or emotionally harmful or threatening and that has lasting adverse **effects** on the individual's functioning and physical, social, emotional, or spiritual well-being.”

The trauma of working in healthcare

Acute illness

Life-threatening events

Death

Significant family/patient distress

Administering painful procedures

Unexpected outcomes

Care of abuse/trauma victims

Difficult/violent interactions

Emotional well-being among healthcare workers

Pre-COVID (2018)

Burnout (32%)

Turnover intention (33%)

Trust in management (84%)

Workplace productivity (91%)

Post-COVID (2022)

Burnout (46%)

Turnover retention (44%)

Trust in management (78%)

Workplace productivity (82%)

Emotional well-being among healthcare workers – COVID era

Stressed/stretched too thin	93%
Emotionally/physically exhausted	82%
Depression/anxiety/PTSD sx's	22%

Symptoms of Posttraumat ic Stress Disorder (PTSD)

Recurrent & intrusive distressing thoughts

Recurrent distressing dreams

Sense of re-living the experience

Psychological/physiological distress at exposure to trauma-related cues

Avoiding reminders of the event(s)

Sleep disturbance

Irritability/anger outbursts

Problems concentrating

Other associated features of STS

Work related

- Lack of enjoyment

- Frequent use of sick days

- Reduced ability to feel empathy towards patients

- Avoidance/dread of working with certain patients

Physical

- Headaches

- GI problems

- Muscle tension

- Fatigue

- Cardiac symptoms

Organizational Impact of STS

Compromised patient safety

Lower patient satisfaction scores

Absenteeism

Presenteeism

Low workplace morale

Higher turnover rates

How is your work impacting you?

Do you think about work when you are at home or away from work?

Do thoughts about what you have seen or heard at work flash in your mind?

Do you have trouble falling asleep because you can't stop thinking about work?

Do you ever feel you are “going through the motions” at work?

Do you feel increasingly “jumpy” or “on edge”?

Do you feel a sense of dread, anxiety, or uneasiness in response to previously common events?

Risk Factors

Personal

- Coping style
- History of trauma
- Empathy
- Increased contact with patients

Risk Factors

Work-related

- Inexperience
- Frequent exposure to traumatic material
- Exposure to critical incidents

Organizational

- Conflict with co-workers, managers
- Climate of pervasive, ongoing change
- Excessive emphasis on efficiency, cost-effectiveness, and competition
- Unforgiving environment – “If you can’t handle it, get out!”

Reasons STS may not be acknowledged

- Self-blame “It’s just me”
- Shame “I’m embarrassed to admit it”
- Denial “It’ll pass if I ignore it”
- Self-sacrifice “Don’t want to bother co-workers”
- Job security “I can’t expose my weaknesses”
- Pressure “I don’t have time to deal with it”
- Cost “I can’t afford to take time off & spend money for help”

Strategies for preventing & managing STS

Personal

- Sleep
- Regular exercise
- Relaxation
- Nutrition
- Non-work related activities
- Good work-family balance
- Use of effective coping skills
- Psychotherapy

Becoming resilient

Cultivate optimism

Focus on the right things

Process difficult emotions/events

Connect with others

Be present

Strategies for preventing & managing STS

Professional

- Use of peer consultation
- Setting boundaries and personal limits
- Diversifying types of patients (acuity)
- Focusing on positive aspects of one's own and patient's experiences
- Meeting regularly with groups of respectful professionals

Peer support programs

Help connect individuals with a shared experience

Provide emotional and practical support

Promote group cohesion

Represent organizational shift

Help lower rates of STS, turnover and burnout

Hallmarks of peer support models

Credibility of peers

Immediate availability

Voluntary access

Confidential

Emotional “first aid” (not therapy)

Facilitated access to next level of support (e.g., EAP)

Debriefing sessions

Why?

Provide safe space to process difficult events and its emotional impact on providers

Provide generalized support for classmates/colleagues

Promote well-being, resilience and cohesion within teams

When?

Patient death

Critical incidents

Routine clinical care

Challenging cases

Debriefing sessions

How?

Facilitated by member of the team who has some training in debriefing

Introduce

Review case

Solicit reflections

Solicit responses

Discuss coping strategies

Discuss lessons learned

Acknowledge care provided

Peer support at KUMC

- Monthly support sessions with the NICU team
 - Topic-driven
 - Topics suggested by team members
 - Professional development discussions
 - Discuss organizational stressors/concerns
- Debriefing sessions after critical incidents
 - Try to meet ~1 week after the incident
 - Meet after every patient death

Nurse feedback

- Monthly staff support sessions

“I think the monthly sessions are helpful as a time for us all to talk about good or bad things recently or even just a topic you present. That gets everyone talking and involved with each other. I think having a space to come together and talk...is beneficial and therapeutic to be able to share and know others who are going through the same things. I think this is beneficial to our own healing and learning.”

- Debriefing sessions

“I think the debriefing sessions are helpful as a way that we all can come together with people who understand and are going through the same things. I think being able to talk freely and hear from your peers...is beneficial to all.”

“The expectation that we can be immersed in suffering and loss daily and not be touched by it is as unrealistic as expecting to be able to walk through water without getting wet.”

(Rachel Remen, *Kitchen Table Wisdom*)

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