

# “We Feel It Too:” A Qualitative Examination of Secondary Traumatic Stress and Coping Strategies in NICU Nurses

Leah B. Sodowick, MS<sup>1</sup>, Nicholas Powers, MA<sup>2</sup>, Pamela A. Geller, PhD<sup>1</sup>

<sup>1</sup> Department of Psychological and Brain Sciences, Drexel University, Philadelphia, PA

<sup>2</sup> Department of Psychology, La Salle University, Philadelphia, PA

## Introduction

- NICU nurses are faced with many stressors and are at risk for experiencing secondary traumatic stress (STS).
- STS: “the natural consequent behaviors and emotions resulting from knowledge about a traumatizing event experienced by a significant other. This stress results from helping or wanting to help a traumatized or suffering person”<sup>2</sup>
- STS can have negative implications for nurses’ health, well-being, retention, and the quality of care provided<sup>3,4,5,6</sup>
- Qualitative studies of STS and coping in NICU nurses are limited<sup>1,3,7,8</sup>

## Methods

- Recruitment**
  - Children’s Hospital of Philadelphia (CHOP)
    - Flyer, e-mail listserv, word of mouth
    - \$20 gift card participant compensation
- Data collection and procedures**
  - Informed consent procedures
  - Self-report measures on Qualtrics
  - Interview during a remote study visit on Zoom
    - Average length of interview = 43 mins
- Measures**
  - Sociodemographic Questionnaire
  - Secondary Traumatic Stress Scale (STSS)<sup>9</sup>
  - The Burnout Measure (Short Version)(MBS)<sup>10</sup>
  - Semi-structured interview
- Analytic procedures**
  - Descriptive statistics
  - Qualitative analysis: theoretical thematic analysis<sup>11</sup>
    - 2 coders: LS and NP
    - NVivo 14 software

## Results

- Socio-demographics (N= 15)**
- Average age:** 29.73 yrs (SD= 4.91; Range 23-41)
  - Average NICU nursing experience:** 4.74 yrs (SD = 4.75)
  - Average total nursing experience:** 5.47 yrs (SD = 4.46)

Socio-demographic variable	n (%)
Gender: Female	15 (100%)
Race & ethnicity: White, Non-Hispanic	14 (93.3%)
Education: Bachelor’s degree	14 (93.3%)
Employment: Full-time	12 (80%)
Type of Nurse: Registered Nurse (RN)	15 (100%)
Position/Role in NICU: Staff nurse	12 (80%)
Work Schedule: Day or rotating	12 (80%)

- Secondary Traumatic Stress (STSS) and Burnout (MBS)**
- Average STSS total score = 45.07 (high STS)**
  - Average MBS total score = 3.70 (moderate burnout)**

## Themes

**Secondary Traumas in the NICU**

**Impact of Secondary Traumatic Stress**

**Coping Strategies**

**Suggestions for Mitigating Secondary Traumatic Stress**

## Subthemes

- Coding and infant death**
- Caring for infants whose parents/caregivers are uninvolved or absent**
- Prolonging care despite the infant’s poor prognosis**

- Negative impact**
  - Intrusion symptoms
  - Avoidance
  - Negative alterations in mood
  - Loss and grief
  - Moral distress
- Positive impact**
  - Post-traumatic growth

- Social and emotional support**
- Compartmentalizing**
- Emotional release**
- Rituals and activities surrounding loss and grief**
- Self-care**

- Mental health professional dedicated to NICU staff support**
- Time off**
- Acknowledgment, recognition, and empathy**

## Quotes

*One of the things that I personally really struggle with is when you have a kid who medically the chances of their survival is very, very slim. And in order to prolong their life, you have to do things that are incredibly painful ... You almost feel like by participating in that you’re like, participating and torturing this child to death, which is just horrific. (Participant 7)*

*It’s really difficult to see the babies that the parents aren’t involved in. ... I find it very difficult to be on the other end of taking care of the baby for 12 hours or however many days in a row. And not seeing mom or dad or hearing from them. (Participant 5)*

*When I first started as a nurse, I would see certain situations where patients would be really sick. ... From my point of view, initially, I would think like, this patient is so sick, why are we doing this? Like this is torturous for them. It’s torturous for me. And ... even if the family didn’t want to admit it, I felt like it had to be torturous for them. (Participant 3)*

*I think both [examples of traumatic experiences in the NICU] ... made me even more of an empathetic nurse. And more considerate. (Participant 10)*

*When I’m at work I’m in NICU nurse mode. I feel like I’m a different person at work like than I am at home. ... when I am at work ... I’m in work mode. (Participant 12)*

*My friends from work ... we all have each other’s backs, and we all support each other. ... It’s just easy to ... text one of my friends who like completely understands if you are stressed or are thinking about something, you know? ... We talk a lot at work. I feel like it’s like therapy at work. (Participant 15)*

*We work with [name of the psychologist working in the NICU] around the unit and see how he is with families and the whole dynamic and being there for them. We wish that we had a [name of the psychologist working in the NICU] like just for us ... (Participant 14)*

*Sometimes I wish that families just knew that we, to a point because it’s not our personal child, but that like we feel it too. I mean, it hurts us too, our feelings hurt too. And we hurt for you too. ... I almost wish that it was just spoken about with parents too that like we are also just hurt by all these situations as well. (Participant 1)*

## Discussion

- This formative research study provided key insight that can be used to inform prevention and intervention development, nurse training and education, trauma-responsive care practices, and policy recommendations.
- Study strengths:** Person-centered, qualitative approach; efforts to enhance the rigor and quality of qualitative research methodology
- Study limitations:** Small sample and lack of diversity; data interpretation vulnerable to bias
- Future directions:** Needs assessment survey and/or focus groups; intervention development and testing; STS screener or measurement tailored to NICU staff

## References



This project was approved by the Drexel University Institutional Review Board (IRB Protocol #2207009359)