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Post-Traumatic Stress Disorder NURSE in Republic of KOREA

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Abstract

This study was attempted to identify what traumatic event the ward nurses experience and what experience of PTSD by that is before development of program to manage the PTSD in nurses.

The mental shock left in the people after suffering from the shock or disaster such as war, natural disaster, violence, etc. refers to trauma and the mental and physical symptoms appeared after the trauma are collectively referred to as post-traumatic stress disorder.

The horrible event is the cause. However, its reaction may be varied how to accept the event.

The symptoms may appear after the shock or after several days or years depending on the individual. In case of acute disorder, the prognosis is relatively good but in case of chronic disorder, as the aftereffect is serious, only 30% of the patients can recover, 40% show mild symptoms and rest cannot return to society with the moderate symptoms. The symptoms can be divided mainly into the hypersensitivity reaction, experiencing the shock again, emotional avoidance or paralysis. The patient having hypersensitivity shows the symptom of being always anxious, being on the alert about surrounding and not sleeping well.

The treatment is generally made with counselling and medication at the same time. Generally, the psychotherapy is proceeded in the form of personal interview or group interview and maintained for 6 to 12 weeks. The family friends and sometimes even the colleagues are participated to help understanding of patient. According to the type of trauma, the cognitive behavioral therapy, which make them face with their fear, are used.

Sertraline (drug name: Zoloft) and paroxetine (drug name: Paxil), etc, the antidepressant, are prescribed. Other anti-psychotropic medicines are prescribed with the sleep aids. Sharing the experience with those who experienced the similar event such as veteran group helps alleviating the symptoms.

Of course, it can be healed through the medicine or psychological therapeutic approach by the expert to overcome the current difficulties but as the saying that the origin of all diseases is the mind, the will of him/herself is essential. Although the research and therapeutic technique on the PTSD may be insufficient, it is deemed to be observed having more interests in the modern age that various events occur very much.

The development of intervention program is required to prevent and manage the symptom of PTSD in nurses and the medical checkup on the mental health problem should be included in the regular health checkup.

[Keywords] Disaster, Post-Traumatic Stress Disorder, Nurse, Republic of Korea

1. Introduction

The sudden and unexpected event related to the job may cause the psychological stress beyond the effective personal responsive capability. It can lead to the psychological

trauma, which refers to the shock on the unexpected event causing the psychological, physical and behavioral problems including the acute stress disorder[1].

The definition of trauma is expanded to include the psychological trauma including the

daily life events such as the matters beyond the routine experience referring to natural disaster or war, serious traffic accident, death of important person, diagnosis of critical diseases[2]. For the psychological trauma, not only the objective event itself that the individual experience[3] but also the subjective experience and cognition of individual that experiences and interprets the event with more wider concept, which means the mental impact or psychological reaction that the individual experiences subjectively on that event is very important[4], which means that the reaction and the process of adapting it is varied by individual and diverse physiological, psychological symptom and mental and social change may be represented[5]. Although the impact of the experiencing the psychological trauma event is very great and diverse, when the research on the intensive care nurse's experience of the psychological trauma and the impact by the trauma has begun is merely within 10 years[6][7].

PTSD refers to showing the disorder symptoms different from the normal person after experiencing the trauma event, the sudden and external shock. In the early stage when the diagnosis was used, the research on PTSD suffered after experiencing the trauma such as accident, violence and disaster had been made but through the researches later, it was known that not only the event causing the extreme stress but also the less serious and repeated events can cause PTSD[8].

The symptom of PTSD in the nurses often appears in the nurses working at the intensive care unit or emergency room and diverse researches on that have been made[9]. In case of the nurses in intensive care unit, the high PTSD risk group is 18.2% and out of the traumatic events that the nurses in the intensive care unit, the type of traumatic event having highest frequency and the most shocking is nursing the patients showing abnormal behavior (yelling, making disturbance, sexual behavior, delirium, etc.)[10]. In case of nurses in emergency room, the high PTSD risk group was 20.4% and the traumatic events that they experience represented as nursing the patients received the physical violence and abuse by others, the patients having serious

physical damage by the traffic accident, the patients having physical damage by the machine, etc[11].

When the symptom of PTSD aggravates, the patients may feel hard to divide the job and personal life, become less patience, raise the anger, feel horror on the job and fall into depression, helplessness, etc[12].

The PTSD in nurses not only has negative impact on the physical and mental health of the nurse, but also has negative impact on fulfilling the good quality nursing and after all, leads to the increase of turnover and the reduction of nursing productivity affecting human resources management of hospital.

As examined above, the research has been made that the degree of PTSD symptoms in the nurses is serious and the PTSD in the nurses of special units are serious than the ward nurses but the specific research on the traumatic events suffered by ward nurses and the degree of PTSD symptoms is not sufficient. Therefore, this study was attempted to identify what traumatic event the ward nurses experience and what experience of PTSD by that is before development of program to manage the PTSD in nurses.

2. Background

2.1. Definition of PTSD

The mental shock left in the people after suffering from the shock or disaster such as war, natural disaster, violence, etc. refers to trauma and the mental and physical symptoms appeared after the trauma are collectively referred to as post-traumatic stress disorder. Originally, the trauma means the wound from exterior but in the abnormal psychology and psycho-pathology, it indicates the psychological and mental wounds and it has been used as mental disorder officially from 1982. it is also referred to as PTSD.

2.2. Factors causing PTSD

The horrible event is the cause. However, its reaction may be varied how to accept the event. That is, The subjective meaning of the event plays the important role. The factors

such as the character or adaptability, etc. of that person who suffers the event is the cause rather than the event itself. If the stress may occur in the person who has a problem in character or is sensitive or easily anxious or has less adaptability, these symptoms may appear easily or become chronic. In addition, when one has great stress in childhood, this disorder can appear when the stress occurs later. Biologically, there is a report that the functional disorder such as neurotransmitter, hormone, etc. related to the stress is the cause.

2.3. Indication of PTSD

The symptoms may appear after the shock or after several days or years depending on the individual. In case of acute disorder, the prognosis is relatively good but in case of chronic disorder, as the aftereffect is serious, only 30% of the patients can recover, 40% show mild symptoms and rest cannot return to society with the moderate symptoms. The symptoms can be divided mainly into the hypersensitivity reaction, experiencing the shock again, emotional avoidance or paralysis. The patient having hypersensitivity shows the symptom of being always anxious, being on the alert about surrounding and not sleeping well.

2.4. Preceding research

The post-traumatic stress disorder refers to the disorder occurred after experiencing the severe traumatic event APA[13]. When exposed to the traumatic event, most of people recall the event repeatedly or suffer from a nightmare, want to avoid the event, show sensitive reaction, suffer difficulties to maintain normal interpersonal relationship, and cause the obstacles in social function[14]. After experiencing the traumatic event, the thought, image, sense, etc. related to the accident are continuously ruminated or appear in the form of nightmare or they may feel serious psychological pain or physical reaction on the clue associated with the event, reduce the interests and participation in the social activities, feel the emotional flattening as if the plan for future is shortened[15]. In addition, the awareness that the autonomic nerves such as insomnia, concentration difficulties, hypersensitiveness, etc. are increased

appears[16]. Cho Geum-Jin researched the PTSD and influence factors from 198 nurses in intensive care unit in Busan, Ulsan and Gyeongnam. In the results of research, the high PTSD risk group occupied 18.2% and experienced the symptom of PTSD in order of 0.90 points in hyperarousal, 0.58 points of re-experience, 0.54 points of avoidance in 3-point scale. The factors having impact on PTSD were type of character, flexibility, experience of traumatic event, type of intensive care unit, job satisfaction, etc. That is, the PTSD symptoms were high when having type D character, which has negative emotion and inhibits the sociality, having low flexibility and lots of experience of traumatic event, working at cardiovascular system and emergency and intensive care unit and unsatisfied with the job[6].

Han Jung-Won[17] researched with the 250 emergency room nurses working in the 3 university hospital and 7 general hospitals having more than 300 beds in Gyeongbuk region. In the results of research, the high PTSD risk group was 20.4% and the persons who had many cases experienced the traumatic event and working with shift had high post-traumatic stress, the post-traumatic stress showed the positive correlation as a variable having significant impact of the job stress and showed the positive correlation as the variable having significant impact on the turnover intention.

2.5. Treatment of PTSD

The treatment is generally made with counselling and medication at the same time. Generally, the psychotherapy is proceeded in the form of personal interview or group interview and maintained for 6 to 12 weeks. The family friends and sometimes even the colleagues are participated to help understanding of patient. According to the type of trauma, the cognitive behavioral therapy, which make them face with their fear, are used.

Sertraline (drug name: Zoloft) and paroxetine (drug name: Paxil), etc. the antidepressant, are prescribed. Other anti-psychotropic medicines are prescribed with the sleep aids.

Sharing the experience with those who experienced the similar event such as veteran group helps alleviating the symptoms.

3. Conclusion

This study was attempted to find out the PTSD in nurses and treatment.

Using the PTSD as official name of mental disorder was from 1982 as mentioned above. Out of the traumatic events experienced by nurses, the verbal violence is the most followed by physical threat, physical violence and sexual violence and after being exposed to these violences, the negative results were caused such as considering the turnover by receiving physical and psychological shock, feeling skepticism on the role of nurse and existence, shrinkage of human relationship, confusion of identity of nursing occupation. The anxiety is felt only with the experience that presented at the site although one is not committed any crime and abnormal physical indications such as respiratory disturbance, cold sweat, etc are shown. To treat it, it seems that having the attitude to accepting and overcome by oneself is the most important rather than emphasizing that condition is abnormal. Of course, it can be healed through the medicine or psychological therapeutic approach by the expert to overcome the current difficulties but as the saying that the origin of all diseases is the mind, the will of him/herself is essential. Although the research and therapeutic technique on the PTSD may be insufficient, it is deemed to be observed having more interests in the modern age that various events occur very much.

The development of intervention program is required to prevent and manage the symptom of PTSD in nurses and the medical checkup on the mental health problem should be included in the regular health checkup.

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