

Secondary Traumatic Stress



Definition

Secondary traumatic stress (STS) refers to the distress and emotional disruption resulting from continued and cumulative contact, or after single exposure, with individuals who have directly experienced trauma. Work that involves witnessing a great deal of suffering, either by observing or listening to narratives of trauma, can result in lasting emotional distress to health workers. For example, healthcare professionals hearing about one firsthand trauma experiences of their patients may experience STS with the same intensity as others who hear stories repeated over time^{1,2,3}. The symptoms of STS usually have rapid onset¹ and may lead to healthcare workers using more sick leave and creating lower morale. This ultimately leads to less effective healthcare workers.

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Signs & Symptoms

STS is a syndrome of symptoms that are identical to post-traumatic stress disorder.

Physical	Emotional & Cognitive	Behavioral
<ul style="list-style-type: none"> • Difficulty sleeping (nightmares) • Hypervigilance 	<ul style="list-style-type: none"> • Feeling afraid • Anxiety • Irritability / anger • Feeling numb and/or detached • Images and thoughts of the traumatic event(s) popping into your mind without your being able to control these • Avoiding thinking about the traumatic event(s) • Disrupted beliefs 	<ul style="list-style-type: none"> • Heightened startle response • Avoiding places, people, things that remind you of the traumatic event(s) • Increased use of substances: nicotine, alcohol and/or illegal drugs



Case Example

Sara is a physician working in the emergency department of a large hospital. She has been engaged in emergency medicine for 10 years. In the course of her work as a physician, Sara has worked with patients presenting with life threatening injuries including victims of traumatic car crash injuries and brain injuries, survivors of physical and sexual assault, as well as other health emergencies such as heart attacks. Sara's hospital has been short staffed and she has therefore had to frequently work double shifts over the past two months.

Sara is feeling increasingly fatigued as she has been having difficulty falling and staying asleep. Her sleep is interrupted by bad dreams of patients' injuries. She wakes up from these dreams with a startle, a fast heartbeat and an extreme feeling of anxiety and fear. Sara is unable to fall back asleep and usually

averages about 5 hours of sleep per night. Sara is more irritable with her children and husband and is less able to manage her feelings of anger which has resulted in her having more heated arguments with her husband. Sara has found that she is more jumpy when she hears loud noises and is finding it hard to relax. She increasingly feels dread about going to work and has started taking sick leave more frequently.



Vulnerability Factors

Research indicates that there are several risks that can increase the possibility of developing STS. This includes increased and frequent exposure to others' trauma stories³, feelings of professional isolation and larger patient loads.²

Another risk factor is related to the type of coping strategy the healthcare worker uses. Healthcare workers who use problem-focused coping tend to have lower rates of STS because problem-focused coping works to reduce or eliminate the source of stress.

In contrast, healthcare workers who use emotion-focused coping often have higher rates of STS.³ Emotion-focused coping is where the healthcare worker tries to regulate feelings such as anger, sadness, anxiety that have resulted from the stress. Emotion-focused coping has been correlated with higher levels of STS.



Prevention & Recovery

Organizational Practices

Robust organizational practices including the acknowledgement of STS are key to reducing both the stigma and silence around the impact of listening to traumatic stories.

Other methods to prevent and decrease exposure to secondary trauma can include:

Education and Training	<ul style="list-style-type: none"> • Education on trauma-informed care including STS to prevent STS and retain healthcare workers • Trainings to develop an understanding of STS, identify symptoms, and learn prevention and reduction tools
Organizational Culture & Dialogue	<ul style="list-style-type: none"> • In addition, feeling supported and prepared to manage patient cases, particularly those with trauma histories, can reduce the negative impacts on healthcare workers and decrease the potential for STS. • Senior leadership recognition of STS as a challenge experienced by healthcare workers • Creating an organizational statement regarding trauma support and ways to access resources • Organizational encouragement and support of a healthy work-life balance and wellness, including encouraging regular leave

Supervision & Support	<ul style="list-style-type: none"> • Regular peer support groups • Supervisor trainings around issues of STS and staff support • Regular individual supervisor support and STS evaluations • Providing staff with time flexibility for self-care • Debriefing protocols
Workload Management	<ul style="list-style-type: none"> • Decreased exposure by dispersing high trauma cases among healthcare workers

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Individual Practices:

Self-care practices as well as social support are essential elements in preventing the development of STS. It is therefore recommended to identify and engage in replenishing self-care strategies that promote physical, emotional, and spiritual wellbeing with intentionality. Once you begin to routinely practice healthy self-care habits, they become part of your overall prevention plan. Not only do self-care practices strengthen your ability to cope while in the moment, but they can also help your body remember how to bounce back to a healthier state.

By focusing on building your strengths and carrying out self-care activities, you contribute to your behavioral, cognitive, physical, spiritual, and emotional resilience. The following strategies are helpful with building resilience:

 <p>Behavioral</p>	<ul style="list-style-type: none"> • Focus on the four core components of resilience: adequate sleep, good nutrition, regular physical activity, and active relaxation (e.g., yoga, meditation, relaxation exercises). • Get enough sleep or at least rest. This is of great importance, as it affects all other aspects of your work—your physical strength, your decision making, your temperament. • Take regular breaks or leave away from work to allow your mind to rest. • Create individual ceremonies or rituals. For example, write down something that bothers you and then burn it as a symbolic goodbye. Focus your thoughts on letting go of stress or anger or on honoring the memory, depending on the situation. These rituals can also help you set a boundary between work and home, for example changing clothes as soon as you get home, having a shower, or putting on a specific song just before work and when you leave. • Be open to learning new skills to enhance personal and professional wellbeing. Brainstorm these with colleagues to learn what others are doing to take care of themselves. • Seek professional support if you recognize that you are feeling overwhelmed or your symptoms are interfering with your ability to work or do your daily activities.
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 Cognitive	<ul style="list-style-type: none"> • Create positive perceptions of the supportiveness of your work environment and compassion satisfaction, the perception that your work is effective and valued. This has been associated with lower levels STS.³ • Try to find things to look forward to even if they are small. • Challenge any negative internal dialogue and focus on changing negative automatic thoughts and beliefs to reflect a more positive outlook. • Pay attention to your body and mind. What are the signs that you are beginning to struggle with a patient or a patient’s story?
 Physical	<ul style="list-style-type: none"> • Drink enough fluids to stay hydrated throughout the day and eat the good quality food. • Ensure you take time to exercise and look after your physical health and wellbeing.
 Spiritual	<ul style="list-style-type: none"> • Take time to be alone so you can think, reflect, practice grounding, and rest. • Try to spend time in nature regularly. • Build self-awareness capacities (e.g., through mindfulness, reflection practices) • Practice your spiritual beliefs or reach out to a faith leader for support.
 Emotional	<ul style="list-style-type: none"> • Seek a mentor, supervisor, or experienced healthcare colleague who understands the norms and expectations of your work and may assist in identifying strategies that will help you cope. • Nurture positive personal and professional relationships and develop social support. Make time to communicate and spend time with friends and family. • Practice self-compassion. • Know what STS is and how to recognize symptoms in yourself. • Avoid avoidance. Ignoring or suppressing your feelings/symptoms only works in the short term. This can be necessary sometimes: If you need to put your feelings away to get through the day, do it. But make sure to create space for yourself to revisit your reactions and to deal with them regularly. If you ignore or suppress these feelings for too long, they will build up and overwhelm your capacity to cope.

By focusing on building your strengths and carrying out self-care activities, you contribute to your behavioral, cognitive, physical, spiritual, and emotional resilience.

 **References**

1. Alqudah, A.F. & Sheese, K. (2002). Handbook on staff care and self-care for the Ministry of Health in the context of the healthcare system. GIZ, Amman, Jordan.

2. Arvay, M.J. (2002). Secondary traumatic stress among trauma counselors: What does research say? *International Journal of the Advancement of Counselling, 23*, 283-293.

3. Sprang, G., Ford, J., Kerig, P., & Bride, B. (2018, November 15). Defining secondary traumatic stress and developing targeted assessments and interventions: Lessons learned from research and leading experts. *Traumatology*. Advance online publication. <http://dx.doi.org/10.1037/trm0000180>