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How South African nurses experience the work with patient and their relatives in a trauma situation

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Abstract

In South Africa there is a lot of violence and the trauma is internationally recognized as the leading cause of death. To work as a nurse in a trauma unit can be very emotional demanding, and it is of importance a high level of competence and experience among the nurses. In situations like this, nurses do need to be aware of their own feelings, it is very easy to get less sensitive and experience lack of sympathy when the nurses are facing a stressful situation. For a nurse it is very easy to get emotional concerned when dealing with patients and their relatives, especially when children are involved. For them it can be very difficult to let go when handling with children, since, in South Africa the debriefing system is not developed. The aim of the study was to describe how South African nurses experienced their work with patients and their relatives in the trauma situations, and also to describe what kind of nursing situations they regarded as a traumatic and what coping strategies they used in these situations. As a result many nurses do feel that they do not have anyone to talk to, in the end they find there own way to cope, which vary from nurse to nurse. It is all simple solutions to handle the difficult situations that may occur. In this study a narrative interview was used to receive the data. Finally the collected data were divided into themes and sub themes.

Keywords: Trauma, South Africa, nursing, intensive care units, nurse attitudes, critical-care nurses, experiences, coping, stress, relatives,
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1. Background

In South Africa, 22 000 people are murdered and around 50 000 women are raped every year, including unreported cases, there is said to be 1000 rapes every 24 hours (Medin; Säll, 1998). Trauma is internationally recognized as the leading cause of death in the first decades of life, however, in South Africa, it is the second greatest cause of death in all age groups (Brooks et al. 1999).

Working as a nurse in a country where you are meeting patients daily, who have suffered from any kind of trauma demands competence and experience combined with relevant qualifications, but also, the ability to feel empathy towards patients and their relatives. While many authors have examined the suffering of patients, the suffering of the nurses has received very little attention (Jezuit, 2000).

It is essential that individuals who suffer from any kind of trauma are in the care of professional skilled staff, as the individuals often show regression as a strong defend position. It is of high importance that nurses have a professional attitude toward patients, particularly the awareness and knowledge of following:
- Clients/patients situations
- Knowledge about your own psychological reaction
- Two-way communication and what impact that has on the relationship between patient and the nurse (Lindencrona, 2002).

A nurse that meets patients in trauma situations must be aware of that their own anxiety may occur, as a result of denying these feelings, there is a risk that they will develop a lesser sensitivity towards other patients in similar situations. Nielsen, (1985) argues that in situations discussed above, it is vital that nurses do not neglect any anxiety feelings that may arise. To be together with a person who suffers demands the ability to share the suffering with another person. People in general are sensitive towards people who are suffering, and it is important not to be frightened of the feelings of anxiety which may occur. When a person has these qualities, it is easier to help and understand others, however, on the other hand it can also become a burden, as the nurse on regularly basis meet suffering people (Engström et al. 1994). People copes with situations differently and it usually depends on previous experiences, such as physical condition, as well as the present social situation (Isaksson, Ljungquist, 1997).

According to Jezuit (2000) nurses have described feelings of stress, frustration, anxiety, moral distress, sadness, helplessness and finally discomfort in certain situations. As a result this has affected the nurses personally, since, that can cause Post Traumatic Stress Syndrome (PTSD), which can be developed in both patients and in this case in nurses. PTSD may be a well-known condition, even if it only recently was clearly defined and distinguished from other syndromes. In 1991, Dyregrov & Solomon conducted a research of professionals involved in psychosocial work after a catastrophe. The results indicated that the participants showed a high level of strain. Furthermore, the research also revealed that participants felt badly prepared for the labour they carried out, and as a result participant felt depressed, tired, frustration, anger, difficulties in concentration, and anxiety. The worst for them was to see, and share the pain of the survivors.
Finally, after the work was completed, many were exhausted, afraid of a new catastrophe, uncertain about to do a similar job in the future, as a result, many participants felt that it had a negative impact on their families (Dyregrov, 1992). According to a survey made by Brysiewicz (2002) nurses have to put there own feelings aside and to deal with them later on, since, there is no time to sit down and reflect, mainly because there are other clients in need of care. On the other hand nurses in above article mean that it is of importance to have the ability to debrief immediately afterwards, instead of avoiding dealing with the feelings. Unfortunately, South Africa has little to offer the emergency nurses in psychology support. A large number of the participants in the survey expressed a desire for someone who understood their situation to debrief them. Finally the trauma care in South Africa remains unsure; on the other hand, at present they are striving to develop a trauma system at both state and private hospitals (Boffard, 1999).

2. Theoretical reference frame

To get a professional attitude takes several years of practise and according to Patricia Benner (1984) who use Dreyfus model of skill to explain the different stages a nurse go through during her career. The first stage is:

*Novice*
Beginners have had no experience of the situation in which they are expected to perform. It is of important to give them entry to these situations and allow them to gain the experience which is necessary for skill development. One typical behaviour is that nursing students enter a new clinical area as a novice; they have little understanding of the meaning of the recently learned skills. They are very limited and inflexible, because they have contextual no experience of the situation they face. They must be given rules to guide their performance.

*Advanced beginner*
At this stage they can demonstrate acceptable performance and to cope with real situations, though sometimes they just can take in little of the situation. Everything is new and unfamiliar, and besides they have to concentrate on remembering the rules they have been taught. In this stage it is also important that the nurses receive support from colleagues who already have reached a competent level of skill and performance. To ensure that patients vital needs do not go unattended, due to the fact that the advanced beginner cannot yet recognise and prioritise what is most important.

*Competent*
The nurse who has been on the job in the same or similar situations for two to three years typifies competence. On the other hand, the competent nurse lacks the speed and flexibility of the proficient nurse, but do have the ability to cope and manage the many different fields of clinical nursing.
Proficient

Proficient nurses understand the situations as a whole because they perceive its meaning in terms of long-term goals. Their knowledge is based on experiences and recent events, and they know what typical events to expect in a given situation, and how plans need to be modified in response to these events. They also know when the expected normal picture doesn’t materialize. This holistic understanding improves the nurse’s decision making, since she has many existing attributes and aspects present which are the important ones.

Expert

The expert nurse no longer relies on analytic principle (rules, guidelines) to connect the actually understanding of the situation to an appropriate action (Benner 1984). Only by unite technical and existential knowledge it is possible to see another human in a holistic way. For the nurse it combines both relatives and the people she is working with (Kihlgren (red) et al. 2000).

Cultural background and earlier experience, environment and surroundings affect how we see and deal with other people in general (Lindencrona, 2002). The nursing theorist Travelbee argues that in the actual interaction with a person it is of importance that the nurse respect the patients past, present and future, so that the nurse will see the whole person. It is under these circumstances that the unique phenomena in caring occur. To develop this quality the nurse needs knowledge about the illness and to be present during the actual meeting with the patient, if not, the care will be mechanical and impersonal (Jahren Kristoffersen (red) 1998).

According to Jahren Kristoffersen (1998) the nursing theorist Travelbee focus on the first interactions with another person. The nurse must see the individual as a whole to be able to understand the patient thoughts and feelings. When the nurse do understand these conditions she/he can experience closeness and a connection with the patient. Travelbee also said that empathy is not something that does occur, since, you do need to understand the patient’s situation combined with your own experiences. Finally the process develops into sympathy where the keyword is to have the desire to help another human being. To achieve this, the nurse need the strength to want to help the patient. When this has happened, the caring will be built on a real human contact between two persons (Jahren Kristoffersen (red), 1998).

In the interaction with a patient, communication is an important tool which a nurse could have. Since the communication is a way to get to know the patient and to establish a mutual relation. Via the communication the patient also can explain his or her feelings and thoughts to the nurse. It is important for both the patient and the nurse to be aware of, that you get vulnerable during a communication like above. To develop a genuine situation between a nurse and a patient they both need courage. The attitude as above is something we do not all have, on the other hand, it is something we all want to achieve. All people can fail sometimes of various reasons, for example short of time, lack of knowledge, but finally, it can be caused by the patient him self, since, they do not want to receive any help (Cullberg, 1980).
3. Purpose

The aim of the study was to describe how South African nurses experienced their work with patients and their relatives in the trauma situations. The aim was also to describe what kind of nursing situations they regarded as traumatic and what coping strategies they used in these situations.

4. Ethical Considerations

Before the interview took place the participants were handed an information leaflet and given an informed consent. The study protocol was also submitted to the Research Ethics Committee of the University of Pretoria, Faculty of Health Sciences. The study and the information have been treated strictly confidential according to legislation. During the interviews the material can only be accessed by the authors and their tutor. The materials will be destroyed after the survey is completed. The participants are anonymous and have the ability to leave any time during the interviews without any reasons (Falkevall, 2003).

5. Method

5.1 Design
This study is a part of the nursing education in Sweden and the authors were based in South Africa for ten weeks in an exchange programme at University of Pretoria. The authors are a part of the Linneus Palme scholarship.

A researcher use oral interviews to gather information, stories and to gain greater understanding of other people (Widerberg, 2000). In this study, a qualitative method was used, which offer more in depth knowledge, since the ambition is to try to analyse and understand the context of the material.

The narrative interview, were based on two open questions, to obtain a more open and spontaneous conversation between the participants and the interviewer (Widerberg, 2000).

1. How is it to work with patients and relatives in a trauma situation? Positive and negative experiences.
2. How do you cope with the situation?
5.2 Data collection and participants

The interviews have been made out of three nurses, various gender, with age between 25-40, working in a trauma unit, with different experiences within the emergency care. Two of the participants had ten years of experience within emergency care. The final participant had three years experience within the emergency care. University of Pretoria had prepared three participants. During the first week we organised a schedule for the interviews, took contact with the participants and also set up a private room for the interviews at the Faculty of Health Sciences at the University of Pretoria. To collect the data, the interviews were recorded on tapes, because then researcher can concentrate on the interviews and how it is proceeding (De Vos et al. 2002). During the interviews one of us interviewed the participant, meanwhile the other person took notes. These notes will help the author to remember and explore the process of the interview (De Vos et al. 2002). After the interviews diary notes were written. It is of importance that the researcher writes down his emotions, preconceptions, expectations and prejudices so he can develop them in the final stage (De Vos et al. 2002). After the interviews were written down, we listen to the tapes once again. Unfortunately there were something wrong with the tapes, and therefore we could not listen to the tapes a final time. We had to send the written interviews back to each one of the participant, so that they could read and correct any gaps that was missing.

5.3 Data Analysis


1. Open reading of all data. After the interviews were transcribed into a written manuscript, 14 pages were received. The researcher reads each of the transcribed interviews in its entirety several times in order to get a general overview to understand the content of the interviews.

2. Discrimination of meanings within a varying perspective. In this step each interview was divided into smaller parts (meaning units). This means that the written manuscript was broken up into meaningful parts. The raw data was not changed in any way.

3. The meanings were systematically categorized into themes and subthemes. The analysis is called thematic, because meaningful patterns or concerns are considered rather than more elemental units such as words, phrases or categories.

6. Results

The results are described as the themes and subthemes being illuminated with quotations from the interviews.

6.1 Theme I. What was experienced as traumatic?

Situations with children

For most of the respondents, they really enjoy to work with the trauma patients. However, as soon as they were dealing with children, the situation was different. Working in a hospital they cannot choose their patients. They have to manage the children as well, even though they know
that the prognoses are not good. In these situations nurses also have to take care of the parents. Sometimes it is too hard for the nurses to deal with them, so they let the doctor handle the parents. On the other hand, they said, it could be a learning process for your self, to learn to manage to work with parents and families, whom you are close to.

Even if they see many sad things, they said, that there are many laughs in a trauma unit as well, especially on Sundays afternoon after the church. As one of the nurses illuminated:

"...they have swallowed they coin the mother gave to put into the after the congregation "put in the bag there". It actually felt funny because on Sundays we have all these walking around piggy banks, so there is a variety."

It all depends on how they feel when they arrive at work. Some days are better then others. They also say that there are days when it doesn’t matter how much they try to take them self out of the situation, they cant. They find it very difficult when children are involved, and it takes time to switch off. One of the respondents told:

"You dream about it, I sometimes go home and in the morning I get up and I am still very tired because I have been busy working all night, in my dreams".

**Violence, frustration and understanding**

In a government hospital at the emergency unit, there can be around 180 – 200 patient a day, if it is a busy day. Some of the patients have to wait up to 4-6 hours for investigation. Therefore, the patients can get aggressive, which the nurses found very frustrating. On the other hand there are patients that are very understanding, since they can follow the nurses’ work and to see what they are doing inside the casualty. Unfortunately, they mentioned that the families sometimes are a problem.

"I don’t know definitely yes, you do get that abuse from families and that is frustrating. But if there, ja, people are understanding it is not a problem. So the patient it self, I think....about the patient that is a part of our job."

This is a big problem. The relatives have to wait outside the casualty, because of the lack of the space. They don’t know what ’s going on inside, how their relatives are feeling and where they are. This situation causes a lot of anxiety and aggression, which makes them abusive towards the staff. Of course, they are worried about their relatives. So much that they have wall gates in front of the casualty. It is not unusual with gang violence and shooting in the hospitals

" Once there, they shot a patient, a gang.......It happens all over the area".
6.2 Theme II. Emotional involvement

*Relationship with the patient*

All the participants said that they prefer a short relationship with the patients. They feel that they have to build up a stronger and deeper relationship if they have to see them for more than a few hours, even with the family they get emotional involved, which they don’t like. This is one reason why they have chosen to work with trauma patients. However, they feel that they get emotional involved, especially if it is a rape case or children. As one respondent mentioned:

"She is in one room and the police who was on the scene, sorry the rapist was attack by a dog is lying in the next room. It is very difficult to help her and then go and help him.......With her you want to be emotional involved, with him you don’t want to get involved at all. It is difficult".

To work in a trauma unit is to work in an emotional unit. They have to be aware about their work and what to do in a certain situation, just to get the job done and keep them selves alive. If they get emotional involved with each and every patient too much, they burn them selves out. In the beginning of one participants work, it was difficult to show emotional feelings towards patients and their relatives. When the families are not there it is easier to handle the situation. However, as soon as the family members come in it is a completely different thing. It is much more difficult to be professional, since there are so many emotional feelings involved. As one of the nurses noticed:

....."almost like opening a door, when you are in a hot room and you go out to cold. It just comes to you."

If it is someones’ brother, mother or child, they don’t like it, but as they say, it is a part of their job, it happens to them everyday. As one of the participants said that in the beginning it was difficult to show your feelings towards the relatives, but after a while crying with the family was nothing to be a shamed of.

"You are supposed to be the one there for them...... some of them actually appreciate it if you still do have a heart".

*Self development*

Even though the participants sometimes find their work emotional demanding, they do not want to work with anything else. They learn extremely much about them selves and they love to work in a trauma unit. They don’t want to know how the day will turn out, and what is going to happen next. Every day is a challenge. They have to act very individualize, therefore they become very independent and feel that they get a lot of self-confidence. In the end of the day all the respondents found it very rewarding to receive gratitude from the patient, because then they can see that the work they done have made a difference in the patients recovering. They can go home with a clean conscience by knowing that they have done everything they could for the patient. If you don’t feel like this, you have changed and become aggressive. In this case you need to change your environment, and do something different.
"You should always look inside and think am I still this, what I want to be"

6.3 Theme III. Coping strategies

Social and emotional support

In South Africa, the debriefing system is not much developed. Something the participants mentioned and where frustrated about. One participant told that it was sometimes difficult to talk to colleagues, since they have experienced the same thing, and cannot give any emotional support. However, it helps to know that they don't struggle alone. They do have some kind of debriefing system MNM (Mortality, mobility round) where the staff that was involved in the situation, sit down together and talk about the patient, what they have done wrong and what they can do better next time. The participants told, they have seen videos about debriefing and how it works abroad, and they hope one day they will see it here in South Africa, since, it is a big, big gap they have. They mentioned that it would be nice if somebody could come and help them through emotionally, who have experiences and knowledge about these things. Just so that they could get over the emotional stage.

"If nobody takes care of the caretakers, we take care of everybody, but nobody takes care of us"

Own strategies

In many cases, nurses in South Africa have to develop their own way of managing the situation. Some of them swear, use humour, goes out for a cigarette, talks to colleagues, drink a glass of water, eat something, listen to music, walk the dog, have a beer with you friend or just do something completely different just to get over the situation.

"We had this young guy.....it was a motorcycle accident.....he was declare brain dead. My friend was working in the casualty........ Where they declared him dead, and I received him at the ICU, because they get him on the ventilation for organ donation. I had to nurse him, actually I nursed the dead guy......After the shift I felt quite bad and I just said to my friend: lets take the car and go and drink a beer, don't drink and get drunk, just relax and switch off."

One of the participants thinks that if something bad happens or there is a lot of stress, stop worrying about it, because worrying about a problem won’t solve it. Just go through everything and work out the problem for your self. If it is a good or bad way of handle it nobody knows, but for one participant it helps.

"....ok, now I am feeling like this but I know tomorrow the sun will shine again..... I don’t know why I got that talent from or that gift, but I think it will help you a lot."

As we mentioned before the relatives are not allowed to be inside the casualty, they have to wait outside. This is something the participants felt frustrated about, because they felt that the relatives should be a part of the resuscitation, if they want to. In some hospitals they do have staffs that stand with the relatives and explain for them what is happening. In general hospitals they stand
outside and get no support or information about their relatives. The participants think that this is not right towards the relative, since it is difficult to understand the situation and the information when they are not a part of the resuscitation. It is emotional difficult for the nurses, because they have to go through the whole situation with the relatives. They have to tell to the relatives what they have done, the patients outcome and what will happen next. This is something the nurses want to achieve, but there is nothing they can do about at the moment. It is going to take a long time to change the protocol, which is not easy.

Loss of Sympathy

To work with a patient in a trauma situation, the nurses say that they sometimes lose their sympathy for their patient. They don’t recognize the pain, suffering and the problems the people have. They don’t see them as a human being. They do what they need to do for the patient, as fast as they can. Seeing the patient from this point of view doesn’t feel right, but as they say, this is one way to cope. The participants also say that there are days, however, when it doesn’t matter how hard they try to get out of the situation, but they can’t. They find it especially difficult with children.

6.4 Theme IV. Working conditions

Things that creates frustration

The patients in the government hospital have to wait up to 48 hours, sometimes 72 hours for a bed in a ward. In an emergency department the nurse is expected to look after the patient until the patient leaves, but it can take two-three days in the casualty at the government hospital. The nurses have to look after them, sit with them and organise meals for them. This situation is just as frustrating for the patient as it is for the nurses. They like to work with patients, but it is the system that is the problem. Not the nursing. One of the participants said:

"Working with patient and families, I think that’s why we are nurses."

In the government hospitals there are many young new doctors and they rotate a lot. In a trauma situation it is of importance that everybody know what to do. That is very difficult when there is a new doctor all the time. On the other hand, one of the participants said that it is nice to teach them, to make them trust the nurse.

6.5 Theme V. Ethical issues

It is not just the nurses who are understaffed and stressed, the doctors are also facing the same problems in the government hospital. Unfortunately this does affect the nurses, but in the end it is the patient that suffers the most.

"If you got a patient..... that must go to theatre..... but there is no theatre at the moment and no doctor available. They are all very busy and you know he is going to die, but there is nothing you can do about it".
As a nurse you do feel very frustrated and powerless about the whole situation. As to standing there being not able to do anything for the patient. It is all these things around, that they can’t do anything about, they can’t change the system. Another ethical issue, that there are a lot of fights about, is that they don’t have the economical budget to nurse a premature baby. In the state hospital they will not take a newborn baby under one kilo, there is no resuscitation or no medical aid.

"You know if he could go to a private hospital he would have been fine, but here? I would put him in a warm place and feed him if I can, but no ventilation and that, and that is very frustrating”

Even though they try to make the environment nice, they really try their best with what they got. The trauma units in South Africa are very stressful, very busy and overloaded. As one participant told, the government expect us to deliver a standard of care and medical from us, but they don’t give us anything back, it is not just in South Africa nurses are underpaid it happens all over the world, but we have all this stress at work and then you go home and you have this financial stress as well. Many nurses do work overtime just to survive, it is not unusual to work six to seven days a week. Those things are bad things in South Africa as one participant said:

"I want to go to a job were they respect me, and pay me more, not that money is everything, but it means a lot."

7. Discussion

Children

The study revealed that the nurses had to handle both patients and give support to the family. In trauma situation it was difficult for them to cope with the situations from different perspectives as professionals. Therefore, it was difficult to handle some situations both with the patient and the family. To solve these problems it sometimes was easier to let the doctor deal with the family. According to Benner (1984) the newly qualified nurse can’t handle the situation as well as the expert nurse can. Since, they were too busy to concentrate and to remember the rules they have been taught, as professionals.

The expert nurses do have a professional attitude towards the work so they are able to handle different situations in appropriately. It is also said that an expert nurse do not need any guidelines to understand the situations. However, in this specific case the theory of Benner (1984) is not accordance with this study, since, the participants in this study mentioned the opposite. They all do love working with the trauma patients, but as soon there were children involved, they found it difficult to handle the situation. It does not matter how long experience they have had, they still reported that in situations like this, it is difficult to handle in a professional way. In the situations like above the participants get emotional involved with the children and their families. Therefore
they cannot act as expert nurses according to Benner (1984), despite they have an enormous experience.

The nurses found it very upsetting to deal with distressed families. The participants had been working between five to fifteen years, but they still do not have the knowledge enough about working with families. Hallgrimsdottir (1999) states in her article Accident and emergency nurses perceptions and experiences of caring for families, that nurses need more knowledge and training to meet the family needs.

Violence

The nurses expressed that there was much more violence in the general hospitals than in the private hospitals. In 2001 McGowan wrote that dealing with aggressive people appears as a source of stress. The nurses are increasingly at risk of being involved in violent incidents. Something that can be linked together with this study is that the participants met relatives and patients that sometimes used violence and threats. According to O'Connell et al. (2000) the nurses in an emergency unit can experience high level of aggression, due to patients medical condition and accompanying levels of anxiety and stress. In the same study from Australia it was reported that 33% of the nurses had experienced an incident of physical and verbal abuse, during the last week. 27% had experienced physical assault and 25% had experienced threats during the past year. These results are from a private hospital in Australia, though these rates were lower in general hospitals (O'Connell et al. 2000).

Emotional

This study indicates that if there has been a child involved in a trauma situation, it was very difficult to let go. Furthermore it was reported that they can feel the same kind of pain and suffering as the child. The situation does affect their dreams, and it sometimes was difficult to have a good night sleep. In a study from University of Ulster it was mentioned that working with seriously traumatized clients may have consequences for the personal functions on the therapist who worked with the trauma clients. Professionals who listen to the persons’ story of fear, pain and suffering may feel similar fear, pain and suffering caused of their caring (Collins, Long 2003). In the above study from University of Ulster it was mentioned that in stressful trauma events it often was complicated by the close relationship of persons within the community. Frequently, the victim will be familiar or well known to the caregiver. Studies have not yet identified if this complication affects the quality of care given at the time of the event. However, the amount of unresolved emotional pain that caregivers “store away” may eventually devastate them and their family members (Collins, Long 2003). On the other hand, according to Tjøflåt and Haugen-Bunch (1999) age, previous experiences and education prior to experience a traumatic situations will determine how a person copes with stressors of the actual situation. This is something that Patricia Benner also mentions in her theories in From Novice to Expert (1984). Moreover, when looking at the results in this study this theory is not appropriated. As mentioned before, the “expert nurses” in this study, got too emotional involved. This happen if they see their patients, especially children, for more then a few hours. This might be a way to cope in the emergency unit. According to the participants it does not matter how many years of experience they have when handling these patients in the trauma situation.
To get emotional involved with the patients and their relatives, is something that all the nurses in the study are afraid of. They all mentioned that they preferred to have shorter relationship with the patients, just to meet them for a few hours. That is the reason why they do work in an emergency unit. In some other studies the nurses have mentioned that to meet traumatized people has helped them to handle the situations by knowing that they only have to see them for a limited time. It helps them to cope with the complex situations (Tjoflåt, Haugen-Bunch 1999). The findings show that their work is typically stressfull and emotionally demanding. The nurses were repeatedly confronted with people’s needs, problems and suffering (Demerouti et al. 2000).

Coping

According to Folkman & Lazarus (1986) coping refers to the person’s cognitive and behavioural efforts to manage the internal and external demands of the person’s environment. Coping has two major functions, dealing with the problem that is causing the distress, problem-focused coping and regulating emotion, emotion-focused coping. For example problem-focused coping include aggressive interpersonal efforts to solve the situation, as well as cool, rational, deliberate efforts to solve the problem. As one of the participant said: stop worrying about the problem, because worrying about the problem won’t solve it. This is the way to behave rational and to cope with the situation. Emotion-focused forms of coping include distancing, self-controlling, seeking social support, escape – avoidance, accepting responsibility (Folkman et al. 1986). The results show that all the participants in this study used these two forms to cope with trauma situations. Seeking a social support was very important. In the line with Collins and Long (2003) the results show that seeing friends, playing football, swimming, reading and going to movies is a positive way to help them to deal with difficult situations. In the article above they also mentioned that humour was used with good effect on coping. Not rude humour, but having a laugh in the middle of the gloom sometimes helped them. This is also something that was mentioned in this study. However, it may be, that humour is useful in buffering the effects of the stress for university students, but it is not effective for nurses dealing with work related stressors. It might be an inappropriate response in their working environment (Healy & McKay, 2000). In an article from South Africa it shows that communication with the co-workers and the team support is very important coping strategies (Steenkamp & van der Merwe 1997). To work in a team helped the participants, because then they know they don’t struggle alone, and that their colleagues experience exactly the same. On the other hand, it can be difficult to talk to colleagues because they experienced the same thing. Therefore communication and team building should continually be promoted in hospitals (Steenkamp & van der Merwe 1997). The results show, that the debriefing system should be more developed in South Africa then it is at present.

Working conditions

Demerouti et al. (2000) argues in their article, that nursing is considered to be inherently stressful. The occupation is plagued by a wide variety of stresses, such as demanding patient contacts, time pressure and work overload. Moreover, nurses are confronted with increasing job demands due to the introduction of technologies and budget cuts. However, their job resources are often insufficient to cope effectively with these demands. It was mentioned in this study that short of staff and rotating doctors, affected the work in a negative way. It is of importance that the nurses know what to do in an emergency situation. McGowan (2001) found that one of the categories that caused most stress among the nurses was the job context which nurses exercise
little or have no control over. Shortage of resources and short of staff appeared to be a great source of stress. In situations like above it can form a breeding ground for bourn out among nurses. To prevent or reduce burnout, it is important to assess and monitor the workplace, identify problems and propose interventions (McGowan 2001). According to McVicar (2003) another component of burnout is lack of reward, which can result in a source of frustration. As one participant mentioned many nurses works overtime and in South Africa, it is not unusual to work up to six or seven days a week. They feel that they are underpaid compared to other professions and that they do not feel they get the respect they deserve. Ensuring provision of professional, emotional and social support in the workplace should have been seen as preventive. One of the main problems in this respect is that assessment tools are not predictive. Better psychological assessment tools are needed (Mc Vicar 2003).

7.1 Methodological considerations

The method that has been used was appropriate for the study. The data collection was easy to receive, since, the participants expressed that it was easy to talk about their experiences in trauma situations. The data collection that was received gave a lot of material to analyze, and was appropriate for the aim of this study and was adequate for the Bachelor Thesis. Another aspect could be that this type of analysis is very time consuming.

The participants were chosen for the experiences of their work with trauma patients since a phenomenological descriptive method was used with a life word perspective. Therefore, the result of the data collection had an accepted level of validity, since, all participants had experience within trauma care. On the other hand the data collection might have been changed, because the tapes with the material were destroyed. The material was sent back to the participants, just to be sure that the transcribed material was still correct.

8. Conclusion

The South African nurses found it very difficult to work with the children in trauma situations and switch off at the end of the day. For them it did not matter how many years experience they had. One possible reason might be the non existing official social support. Another issue was the emotional involvement with the patients. They all preferred short relationship with the patients, which is natural when working in a trauma unit. However, they have to find their own way to cope with the difficult situations. As using humour, talk to friends, walk the dog, have a beer and a cigarette and etc.

Finally, the participants do find it hard and emotional demanding to work with trauma patients. Despite the sadness they see, the positive moments are stronger and they would not change their profession for anything in the world. They all love it.

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REFERENCES


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