THE UNPRECEDENTED COVID-19 EFFECT: SECONDARY TRAUMA IN PATIENTS & STRATEGIES FOR CLINICAL PRACTICE

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Abstract

Whether one is a new graduate from nursing school, a skilled veteran of many crises, or well-versed in trauma, the need to understand COVID-19 secondary trauma cannot be overstated. It reflects on our daily lives, with the flow into our workplaces. Dealing with another's suffering is not something that most (except a noticeable few) have been trained for. When it comes to communication, many rely on spoken language at the expense of the rest of our communication toolbox. People suffering secondary trauma might withdraw or be resigned to bad behavior to avoid physical harm. One way to support people with secondary trauma stress is through mindfulness techniques based on trauma-sensitive care. There are simple ways healthcare workers can help patients become calm, help connect, and communicate more effectively with others. The purpose of this paper is to provide clinical practice strategies for secondary trauma in patients.

Keywords: Secondary Trauma Stress, COVID-19, Mindfulness, Trauma-Sensitive Care, Healthcare Workers, Healthcare Educators

Introduction

Secondary Trauma Stress (STS) results from exposure to another person's trauma that then evokes a stress reaction, even though the person did not personally engage in the traumatic event (APA, 2013). As of 2017, STS has been identified as a valid diagnostic marker for a Post-Traumatic Stress Disorder diagnosis (Roden-Foreman et al., 2017). Symptoms may include flashbacks, withdrawal from family and friends, and being more prone to angry outbursts (APA, 2017). Much research is available on healthcare workers suffering from burn-out and vicarious trauma, but what about the patients experiencing secondary trauma? How are they being helped? How do the healthcare workers support these patients who may have witnessed their loved ones suffering from COVID-19, either physically, emotionally, or financially?

Background

Whether one is a new graduate from nursing school, a skilled veteran of many crises, or well-versed in trauma, the need to understand COVID-19 secondary trauma in patients cannot be overstated. It reflects on our daily lives, with the flow into our workplaces. The problem is: that patients with secondary trauma related to COVID-19 are becoming the norm, and nurses are not trained to deal with the psychological components and behaviors familiar with this type of trauma.

Dealing with another's trauma is not something that most healthcare workers (except a noticeable few) have been trained for. Regardless of training, the average educator or healthcare worker does not want to place themselves in a confrontation or at potential risk of injury. Still, it is essential to recognize the symptoms of secondary trauma. The following provides a basic understanding of what many experiences at work, in outside activities, or in our day-to-day lives. This information is provided in hopes that some basic knowledge of trauma initiated by COVID-19 may assist in understanding why a person may be angry, and hence, provide us with an inner mechanism of how to reflect that anger away from ourselves in a positive manner that will not initiate further stress on ourselves or the suffering person. This will also help in understanding situations in healthcare and the classroom beyond our control and how to move toward a more positive environment.

Before the COVID-19 pandemic, multiple mechanisms were in place to help us communicate with others. Traditional measures include written words, face-to-face communications, and discussion with fellow peers. With the removal of widely used face-to-face communication mechanisms, there has been a deficit of modern "communication" media as the current environment has created a social distancing paradox. For example, if one discussed topics in a "watercooler" fashion, with the social distancing environment, this medium is unavailable, and a lack of communication may result. Non-verbal communication is also crucial when communicating wants and needs. With the requirement of social distancing and mask-wearing, this communication medium has also been eliminated and requires individuals to state their intention without any non-verbal cues clearly. When it comes to active communication, we rely on spoken language at the expense of the rest of our communication toolbox. However, nonverbal communication is just as important as our words (Feng et al., 2020). In times of the coronavirus disease 2019 (COVID-19) pandemic, face masks have become ubiquitous in

many countries (Feng et al., 2020). Due to the pandemic, many people feel that they are not being heard.

To deal with those feelings, people might withdraw or be resigned to bad behavior to avoid physical harm, deescalate a situation, or maintain a good relationship. However, not standing up for what they know is correct can lead to others disrespecting or excluding them. This area has been especially difficult for healthcare workers, and many have seen the public refusal of wearing masks as a personal affront. It is important to use communication to acknowledge the uncertainty/fear, be honest empathic, and give positive support to mitigate the potential for bad behavior.

Strategies for Clinical Practice

According to Cane (2011), one way for the individual to start the healing process is by making new connections. Establishing a feeling of safety is essential to facilitate a sense of comfortable communication. Once this happens, one can then assist the person in reconnecting with their community and rekindling relationships. The use of mindfulness activities is a way to help build the connection and open the flow of communication. One way to do this is to sit with the person and "be" with them. This will help build trust and let the person know that you are there for them. This entails listening without judgment, being conscious of body language, and being fully aware of the other person (Tolle, 2010).

People sometimes respond to challenging behaviors by being insistent, loud, and forceful. They react this way because they feel undermined, humiliated, or resentful. Their responses might result from consistent, challenging behavior from others that they no longer want to accept. However, being hostile and argumentative can lead to an intensification of a challenging situation. (Hasson, 2015). When the situational environment is highly problematic, behavior can appear to be openly hostile, harsh, or forceful. People who behave this way might shout, swear, or be verbally abusive. They often talk over and interrupt others. They oppose others by simply dismissing others' ideas and opinions and rarely compromising. These distressed patients may act in a self-centered manner and evaluate everything from a narrow perspective. They often behave this way when they feel they are losing control, undermined, not understood, or criticized. They may use aggression and hostility to take back control (planned, instrumental attack) or lash out in anger (impulsive aggression) (Hasson, 2015).

In times such as these, it is suggested that one stays calm and not elevate their voice and ensure that tone is non-judgmental. Breathing exercises can help the person regain control of their nervous system and clear their mind. If the person is open it touch, acupressure is a beautiful way to help the person feel better, help unblock energy and create a harmonious connection with the person through human contact.

Another way people try to make sense of the unknown that is troubling them is to create their rationale. Conspiracy theories explain the ultimate causes of notable events as the covert undertakings of malevolent groups, who publicly distort the focus of the gesture to work in their favor (Douglas et al., 2017). These beliefs tend to emerge in times of crisis in society (van Prooijen & Douglas et al., 2017), where people seek to make sense of a chaotic world (Franks et al., 2017). Conspiracy theories have significant and far-reaching implications (for example, a rise in prejudice and daily crime; (Jolley et al., 2020) and may be connected to violent intentions. For instance, Uscinski and Parent (2014) discovered that persons who believe in conspiracies are more likely to favor extremism; according to Imhoff *et al*. (2020), people were more encouraging of intense activism when they felt schemes governed society. Anger is likely to contribute to the association between conspiracy ideas and intense actions. Irritation is frequently evoked when people think that someone is actively threatening or harming them or their group. (Giner-Sorolla & Russell, 2019).

To help the person make sense of the situation, it is essential to find the meaning of the experience; this can help break down the emotional aspects of the experience and understand without judgment (King & Hicks, 2021). The person must be at the correct level of openness to fully engage in this activity, and if they are not ready, it will not happen. Once it does occur, the person, with guidance if needed, can de-construct the theory and start to identify facts. Fearful hospital reactions can be mitigated by providing patients with clear and specific instructions regarding the necessary steps and procedures. Some examples of positive communication include reassuring the patient about the future, maintaining eye contact, discussing medical information in simple terms (rather than medical jargon), spending time with the patient, and permitting the patient to ask questions.

Discussion

It is essential to understand that the United States is not alone in its muddled response to COVID-19. Many other countries have been with us in the learning curve of government need for transparency and response for health and economic balance and responsibility for seeing these entities correctly tended to higher levels. This is not to say that individuals can disregard the safety of others in their communities and elsewhere by being overly independent with their behavior against the grain of 'normative' pandemic actions and allowing fear and anxiety to rule their judgment.

Health care for anxiety, depression, and post-traumatic stress was organized mainly by national organizations for psychotherapy, clinical psychologists working in hospitals, and civic and nonprofit organizations. Many call centers were set up to provide immediate help for people experiencing distress, anxiety, and fear similar in other countries (Greenberg et al., 2020; Kang et al., 2020; Shah et al., 2020), though the average emergency room personnel were not trained in trauma-sensitive care.

The COVID-19 pandemic is challenging. People will become more responsive when they feel like they are being respected; projecting a positive, calm, friendly attitude and avoiding nonverbal body language that shows frustration, anger, or impatience can help initiate conversations. Then slowly communicate one point at a time. Use short, simple sentences and assuring gestures to support your words. Capacitar offers many tools for both the caregiver and the patient during and after traumatic events.

There must be a communication alternative to reduce any breakdown in the normalized communication pathways. Regular communication can address societal concerns and support systems and mitigate stress/anxiety. In the current environment, different communication modalities have arisen to help with "keeping in touch." These include telemedicine and virtual platforms for videoconferencing and social media platforms. The Trauma Informed Care framework, which endorses six core values related to safety, and trustworthiness, and builds upon the strengths and resilience of clients while preventing re-traumatization practices, is another technique that can be used (Koury et al., 2019; SAMHSA, 2014)

One way to support people is through mindfulness techniques. These are simple ways people can help calm themselves and help them connect and communicate more effectively with others. These are simple techniques in which people allow themselves to become more aware of what they are

feeling. One such technique is Capacitar, which works on the emotional part of the brain and helps to return the body to average balance and liberate the body of excess energy (Cane, 2011). Treating the mind to adjust to stressful situations can help create a safer learning environment.

Conclusion

As health care workers, and as the most significant portion of the health care workforce, nurses need to set the standard in understanding the causal factors in risky behaviors and the basics for secondary trauma-sensitive care in this pandemic that can help the general population acknowledge their feelings and make peace with them. This will assist in reducing stress factors for our patients, students, and families as well. As nurses, it is our job to help provide tools that patients can use to deal with their anger appropriately and create an environment that supports healing, understanding, and compassion. In this role, we also need to educate and help them identify their emotion so that they may heal. A need for further research in this area has been identified.

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