



Correspondence

Secondary traumatic stress disorder: An important and effective factor in burnout of critical care nurses

Mohammad Hashem Gholampour ^{a*}  | Mostafa Esfandiari ^b | Amir Mohamad Nazari ^{c*}  | Seyedeh Mahjabin Taheri Otaghsara ^b

a. Department of Medical-Surgical, Amol Faculty of Nursing and Midwifery, Mazandaran University of Medical Sciences, Sari, Iran

b. Department of Nursing, Nasibeh School of Nursing and Midwifery, Mazandaran University of Medical Sciences, Sari, Iran

c. Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran

*Corresponding author(s): Mohammad Hashem Gholampour (MSc) & Amir Mohamad Nazari (MSc)

Mohammad Hashem Gholampour (MSc), Department of Medical-Surgical, Amol Faculty of Nursing and Midwifery, Mazandaran University of Medical Sciences, Sari, Iran.

Email: mohammadghola77@gmail.com

Amir Mohamad Nazari (MSc), Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Shahid Beheshti University of Medical Sciences, Tehran, Iran.

Email: nazari.amir0078@gmail.com

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To the Editor

Due to the scope and complexity of treatment and the requirement for competence and knowledge, the critical care units are subject to several hazards and mistakes [1-4]. The primary carers for patients and nurses have a heavy workload. The critical care units have the high nurse workload due to the high-performance requirements for nursing responsibilities [4-6]. As a result, there is an increased risk of hospital-acquired infections, poor clinical outcomes, patient mortality, and the potential for nurses to experience burnout and secondary traumatic stress disorder (STSD) [7-10].

Recently, the concept of quality of professional life of health care workers has been proposed to indicate the level of their occupational stress. Quality of professional life is defined as the quality of health care workers' feelings in relation to their profession as a helping person, which this broad concept can have both positive and negative aspects. Compassion fatigue, which comprises both burnout and STSD, is the negative aspect [11]. Freudenberger coined the phrase "burnout" in 1974 after noticing volunteers at a mental health clinic losing interest and reducing their commitment [12]. Nursing is only one of many healthcare

occupations where burnout, characterized by emotional exhaustion, depersonalization, and diminished personal accomplishment, is rife [13]. Burnout has been reported by one in ten nurses worldwide [14]. The leading indicators and symptoms of burnout in nurses are exhaustion, trouble focusing, disorganization, a rise in errors, a decline in the standard of work, a lack of energy, worry, and dissatisfaction [15]. Time constraints and workplace conflicts are particularly significant as sources of increased stress and its consequences, and they are associated with the emergence of burnout syndrome [16].

STSD is a syndrome that results from indirect traumatic exposure in a work environment and includes intrusion, avoidance, and arousal [17]. STSD results from recurrent and continuous exposure to the specifics of clients' traumatic experiences [18]. People with STSD could experience panic, trouble falling asleep, disturbing imagery, and needing to avoid objects connected to or remind them of the incident [19]. Hence, a study in Saudi Arabia showed that there is a significant and positive relationship between burnout and STSD in nurses [20]. In addition, a study in Iran showed that there is a significant and positive relationship between burnout and STSD in critical care nurses [11]. Also, another study in South Korea showed that there is a significant and

positive relationship between burnout and STSD in critical care nurses [21].

In sum, burnout and STSD are significant among nurses, especially the critical care nurses, but more data is needed. We suggest focusing more on the relationship between STSD and burnout in critical care nurses. Further studies need to identify it precisely.

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References

1. Wynne R, Davidson PM, Duffield C, Jackson D, Ferguson C. Workforce management and patient outcomes in the intensive care unit during the COVID-19 pandemic and beyond: a discursive paper. *J Clin Nurs*. 2021;10.1111/jocn.15916.
2. Dijkstra BM, Felten-Barentsz KM, van der Valk MJM, Pelgrim T, van der Hoeven HG, Schoonhoven L, et al. Family participation in essential care activities: Needs, perceptions, preferences, and capacities of intensive care unit patients, relatives, and healthcare providers-An integrative review. *Aust Crit Care*. 2023;36(3):401-419.
3. Zare-Kaseb A, Ghazanfari MJ, Gholampour MH, Arbabi Z. Prevention of delirium as a key nursing care in the older adults hospitalized in intensive care units: An important yet challenging issue. *J Nurs Rep Clin Pract*. 2023;1-2.
4. Marznaki ZH, Emami Zeydi A, Ghazanfari MJ, Salisu WJ, Amiri MM, Karkhah S. Medication Errors among Iranian Intensive Care

- Nurses: A Systematic Review. *Iran J Nurs Midwifery Res*. 2023;28(2):123-131.
5. Ghazanfari MJ, Karkhah S, Maroufizadeh S, Fast O, Jafaraghaee F, Gholampour MH, et al. Knowledge, attitude, and practice of Iranian critical care nurses related to prevention of pressure ulcers: A multicenter cross-sectional study. *J Tissue Viability*. 2022;31(2):326-331.
6. Karkhah S, Jafari A, Paryad E, Kazemnejad Leyli E, Ghazanfari MJ, Osuji J, et al. Death Anxiety and Related Factors Among Iranian Critical Care Nurses: A Multicenter Cross-Sectional Study. *Omega (Westport)*. 2021;302228211062368.
7. Tubbs-Cooley HL, Mara CA, Carle AC, Mark BA, Pickler RH. Association of Nurse Workload With Missed Nursing Care in the Neonatal Intensive Care Unit. *JAMA Pediatr*. 2019;173(1):44-51.
8. Wang J, Okoli CTC, He H, Feng F, Li J, Zhuang L, et al. Factors associated with compassion satisfaction, burnout, and secondary traumatic stress among Chinese nurses in tertiary hospitals: A cross-sectional study. *Int J Nurs Stud*. 2020;102:103472.
9. Richardson KS, Greenle MM. Impact of Exposure to Patient Death or Near Death on Compassion Fatigue in Pediatric Intensive Care Nurses. *Am J Crit Care*. 2020;29(4):285-291.
10. Emami Zeydi A, Ghazanfari MJ, Ashrafi S, Maroufizadeh S, Mashhadban M, Khaleghdoost Mohammadi T, et al. Respiratory Support and Clinical Outcomes in Critically Ill Patients with COVID-19 in Intensive Care Unit: A Retrospective Study. *Tanaf-fos*. 2022;21(4):487-495.
11. Salimi S, Pakpour V, Rahmani A, Wilson M, Feizollahzadeh H. Compassion Satisfaction, Burnout, and Secondary Traumatic Stress Among Critical Care Nurses in Iran. *J Transcult Nurs*. 2020;31(1):59-66.
12. Freudenberger HJ. Staff burn-out. *J Soc Issues*. 1974;30(1):159-165.
13. Jun J, Ojemeni MM, Kalamani R, Tong J, Crecelius ML. Relationship between nurse burnout, patient and organizational outcomes: Systematic review. *Int J Nurs Stud*. 2021;119:103933.
14. Woo T, Ho R, Tang A, Tam W. Global prevalence of burnout symptoms among nurses: A systematic review and meta-analysis. *J Psychiatr Res*. 2020;123:9-20.
15. Membrive-Jiménez MJ, Pradas-Hernández L, Suleiman-Martos N, Vargas-Román K, Cañadas-De la Fuente GA, Gomez-Urquiza JL, et al. Burnout in Nursing Managers: A Systematic Review and Meta-Analysis of Related Factors, Levels and Prevalence. *Int J Environ Res Public Health*. 2020;17(11):3983.
16. Quick TL. Healthy work: Stress, productivity, and the reconstruction of working life. *Natl Prod Rev*. 1990;9(4):475-478.
17. Kobayashi Y, Oe M, Ishida T, Matsuoka M, Chiba H, Uchimura N. Workplace Violence and Its Effects on Burnout and Secondary Traumatic Stress among Mental Healthcare Nurses in Japan. *Int J Environ Res Public Health*. 2020;17(8):2747.

18. Cook RM, Fye HJ. Trauma-Informed Supervision and Related Predictors of Burnout and Secondary Traumatic Stress Among Pre-licensed Counsellors During the COVID-19 Pandemic. *Int J Adv Couns.* 2023;45(2):310-329.
19. Jones AM, Clark JS, Mohammad RA. Burnout and secondary traumatic stress in health-system pharmacists during the COVID-19 pandemic. *Am J Health Syst Pharm.* 2021;78(9):818-824.
20. Bahari G, Asiri K, Noh N, Alqahtani N. Professional Quality of Life Among Nurses: Compassion Satisfaction, Burnout, and Secondary Traumatic Stress: A Multisite Study. *SAGE Open Nurs.* 2022;8:23779608221112329.
21. Jeong YJ, Shin S. The relationship between secondary traumatic stress and burnout in critical care nurses: The mediating effect of resilience. *Intensive Crit Care Nurs.* 2023;74:103327.

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