

Trait Anxiety: a predictor of burnout and secondary traumatic stress in nurses in WA.

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This paper reports on the findings of two prospective mixed method exploratory studies carried out in 2012 and 2013 at Sir Charles Gairdner Hospital, Perth. The initial study aimed to ascertain the prevalence of compassion fatigue (secondary traumatic stress and burnout), compassion satisfaction, anxiety, depression and stress in nurses at this hospital. Study One was limited to nurses employed in the Intensive Care Unit, Emergency Department, Nursing Special Observation Unit, outpatients oncology and one medical ward. Study Two incorporated all other nursing staff (registered and enrolled) at the hospital. This is the first study of this type internationally.

We used three internationally validated tools (Professional Quality of Life Version 5; Depression, Anxiety and Stress Scale 21; and in study two only the Spielberger Trait Anxiety Scale. In addition, we collected demographic data on the participants (such as age, sex, length of time in nursing, post graduate qualifications, marital status, place of birth, place of initial nursing registration). In addition, in study one we undertook focus groups and interviews with 10 nurses to collect qualitative data. In study one 132 of the 374 eligible nurses responded and in study two 299 of the 1292 eligible nurses.

In both studies, approximately 12% of nurses had stress levels in the moderate, severe to extreme range. Additionally about 15% of nurses had anxiety and depression levels (measured by DASS 21) in the moderate, severe extreme range. Approximately 11% of nurses had an 'at risk' profile and 8% had a 'very distressed profile' which indicated high secondary traumatic stress and/or burnout. In study two, forty nurses (14.65%) had a trait negative affect score of 50 or more.

Higher trait negative affect was strongly associated with higher burnout and secondary traumatic stress and lower compassion satisfaction. The Trait Negative Affect association with burnout and secondary traumatic stress is independent of current negative mood symptoms. These findings are consistent with a study by Breslau and Schultz (2013) which reports neuroticism as a predictor of later post-traumatic stress symptoms in health care workers. These findings have not been reported in any health care professional in Australia. As a result of these findings we have piloted a resilience program in the study hospital. The perceptions of the acceptability of this program will also be presented.