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## The Effects of Counseling on Intensive Care Unit Nurses Who Have Experienced Traumatic Events



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### ABSTRACT

**Background:** Nurses are the front line of care for patient intervention in a hospital. It is inevitable for nurses to be exposed to traumatic events due to the vigorous care needed within an intensive care unit (ICU). Traumatic events such as serious illness, acts of violence, and patient death result in psychological pressure. **Purpose:** To inspect accumulated evidence and data that determines the use of counseling services for ICU nurses who have experienced traumatic events. **Method:** A literature review was conducted to evaluate the effectiveness of counseling services on ICU nurses. The primary question was: In nurses who have experienced traumatic events in the ICU, what is the effect of attending counseling services on emotional health compared with ICU nurses who have not attended counseling? **Findings:** Some findings related to the effects of counseling on ICU nurses were positive attitude, decreased moral distress, increased job satisfaction, increased quality of patient care, and fewer nurse turnover rate. **Conclusion:** Hospital administrators can help nurses with stress management, emotional well-being, and improving patient care by providing resources and counseling services for their ICU nurses.



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## **INTRODUCTION**

Stressors in the intensive care unit (ICU), or as it is also known, the critical care unit (CCU), result in high psychological pressure on nurses and come in many varying forms. If psychological problems are not solved efficiently, it may lead to the downfall of a nurse's overall emotional health. There has been a dramatic shift in the amount of burnout over the years finding that in the United States, the prevalence rate of burnout due to emotional exhaustion was 61%, 44% due to depersonalization, and 51% in the personal accomplishment domain [1]. The purpose of this literature review was to determine if nurses who have experienced traumatic events, what is the effect by attending counseling services on emotional health compared with nurses who have not attended counseling.

## **BACKGROUND**

There have been prominent levels of psychological stress and trauma within ICU nurses, all of which seemed to come to the forefront with the COVID-19 pandemic, which shook the healthcare world and opened a lot of discussion regarding the mental health of nurses. In one study of ICU nurses who were involved in the pandemic, Levi and Moss [2] found that out of 744 nurses who were surveyed, 21% were found to have probable post-traumatic stress disorder (PTSD) due to traumatic events such as watching patients die, performing futile care, and an inability to save a patient.

Imagine the impact that counseling services would have on ICU nurses who have experienced traumatic events, especially when offered by the facilities in which they are employed. Many nurses who work in the ICU setting are found to need an implementation of counseling services, teaching, and adaptation of coping strategies offered by healthcare facilities [3]. This could lead to increased job retention in this hospital area and could be beneficial to implement in other hospital areas for the staff. Through a thorough review of the literature, there will be a better understanding of the benefit of counseling services for ICU nurses.

## **METHODS**

The method of research was a thorough review of the literature on the stress of ICU nurses and the benefit of counseling services for ICU nurses. The EBSCOhost, The National Center of

Biotechnology Information (NCBI), and the cumulative index to nursing and allied health literature (CINAHL) were used for this review. The keywords used to find the studies were *ICU nurses, the effects of counseling, stress, and PTSD*. Studies used for this review were published between 1998 and 2022. The data from the studies were collected through a review of quantitative and qualitative studies. These types of studies are commonly used in nursing research [4]. Research on the benefits of counseling for ICU nurses was limited because of the nature of the topic, and the limited number of nurses who use counseling services. The studies chosen for this literature review were selected because of their relevance to the impact of counseling on ICU nurses.

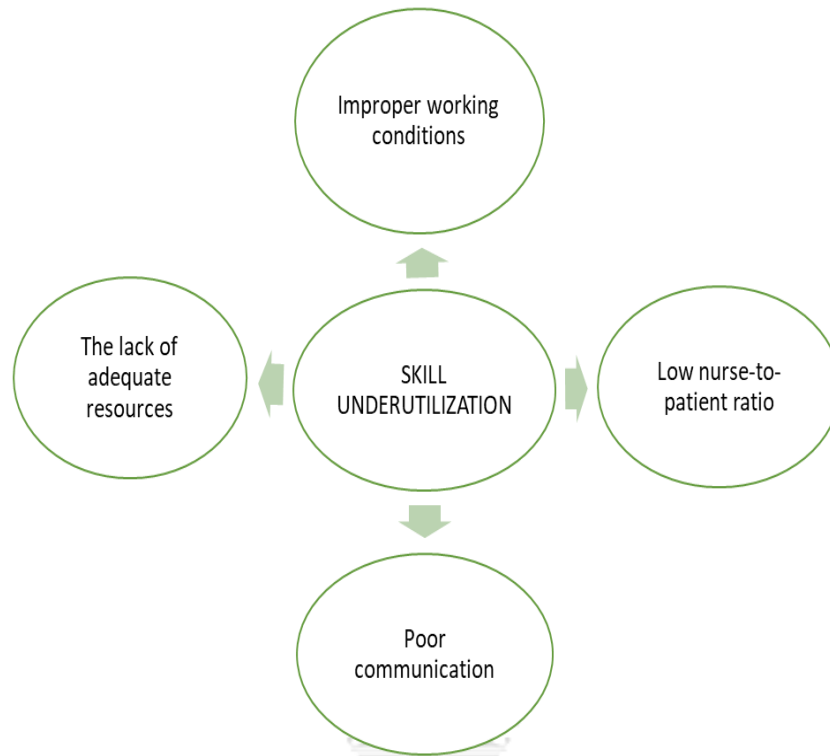
## **LITERATURE REVIEW**

This review determines the effect of counseling services, resilience training, and additional support for ICU nurses who have experienced traumatic events, compared to those who do not use such services. Employee assistance programs (EAP) are mentioned in the literature. The focus of this review was the stress that ICU nurses experience and the effect of wellness support as treatment. The review identifies common findings that show stress factors and treatments regarding emotional distress for ICU nurses.

### **Skill Underutilization**

A common theme found within the literature is skill underutilization because of improper working circumstances, patient-to-nurse ratios, and poor communication (see Figure 1). The most common reason found for skill underutilization was patient-to-nurse ratios. A heavy workload may shorten the time spent with each patient individually. Overstretched, stressed nurses may not be able to provide the care they would like to critically ill or dying patients [6]. Short staffing, inadequate communication, and lack of resources in the workplace can lead to additional stress and burnout among ICU nurses. Elshaer *et al.* [6] similarly state that burnout syndrome correlates to long-term stress without proper recovery which can lead to a nurse not performing to full potential. Mealer and Moss [8] noted that nurses are repeatedly exposed to work-related stress. When confronted with these stressful situations, nurses may feel powerless and unable to provide care according to their belief system. A nurse underutilizing their skills

can affect the workplace environment overall by not meeting standards of patient care. Improving skills utilization is crucial to reduce burnout among critical care workers [6].



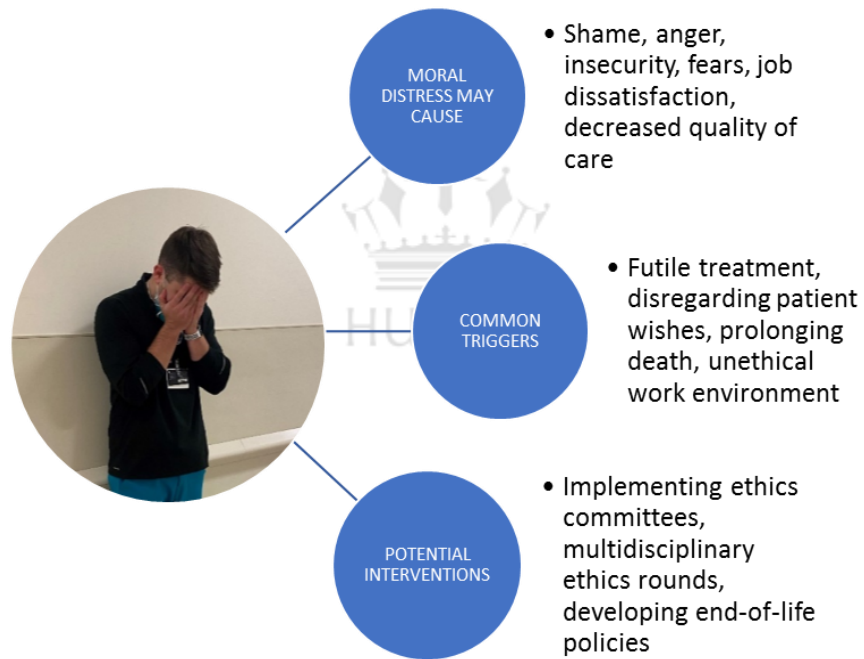
**Figure 1**

### Characteristics of Skill Underutilization

#### Moral Distress

Moral distress is the psychological disequilibrium and negative feeling state experienced when one makes a moral decision but does not implement it or do the right thing because of other constraints [8]. Moral distress impacts performance by causing shame, anger, insecurity, fear, and job dissatisfaction (see Figure 2). Common triggers of moral distress found within the literature include providing futile treatment thus prolonging the death period, disregarding patient wishes, and constraints such as hospital or unit policies that conflict with one’s beliefs. Potential interventions such as implementing an ethics committee, establishing multidisciplinary ethics rounds, and involvement with the development of end-of-life care policies may help nurses cope with their environment [7].

Nurse turnover, shortages, and lack of nurse retention have been linked to stress. In an ethnographic study, Whittaker *et al.* [9] found that burnout and moral distress, often a result of excessive stress, led to job turnover among critical care nurses in northern Indiana and southern Michigan, USA. In their study, all the surveyed nurses felt that burnout and moral distress led to nurse turnover. These same nurses attributed burnout and moral distress to affecting the quality of care given to patients [9]. In a cross-sectional study of critical care nurses in Japan, Ashida *et al.* [10] found that some factors, such as leadership experience and inappropriate treatment were associated with higher moral distress. Laurs *et al.* [11] highlighted the evidence of the association between moral distress and intention to leave the profession. Situations that may lead health professionals to be in moral distress seem to be mainly related to the unethical work environment [11].



**Figure 2**

**Causes, Triggers, and Interventions of Moral Distress**

**Mortality of Acute Patients**

Patient death is a reality that ICU nurses experience. They are obligated to provide compassion, advocate for patients, and assist families in making decisions once curative care is no longer a

viable option. Belayneh *et al.* [3] state nurses are much closer and spend more time with clients than other healthcare workers, therefore, nurses frequently deal with grief when they lose a client due to death in clinical settings. Grief may diminish the overall quality of healthcare services. Normalizing the experience of work-related grief and bereavement in the workplace may decrease uncomfortable feelings after a patient death [12]. In another study, data were collected using a questionnaire from 238 ICU nurses [13]. Results indicated a significant positive effect between end-of-life care and end-of-life care attitudes. As shown in Figure 3, the findings revealed that hospital organizations should carry out stress management and counseling programs to lower ICU nurses' end-of-life care stress and enhance end-of-life attitudes [13].



**Figure 3**

### **Interventions to Lower ICU nurses' Stress**

Levi and Moss [2] explain that 50% of 744 nurses surveyed reported "failure to save a patient" as the top event that caused trauma. Similarly, 29% of the nurses surveyed reported "witnessing patients die" as a top traumatic event as well. King and Thomas [14] stated that critical care units were never envisioned as places where peaceful death could be achieved. They are places of aggressive curative treatments. Meeting the needs of dying patients presents a difficult challenge to an ICU nurse. However, in an environment that focuses primarily on curing, it may cause additional moral distress and a feeling of powerlessness (see Figure 4). Kader *et al.* [15] state the nature of the ICU position cause staff to be more vulnerable to critical situations that affect their mental health; thus, addressing psychological stress relating to death is critical.



**Figure 4**

### **Environment Focused on Curing May Cause Feelings of Hopelessness**

#### **Supporting Studies**

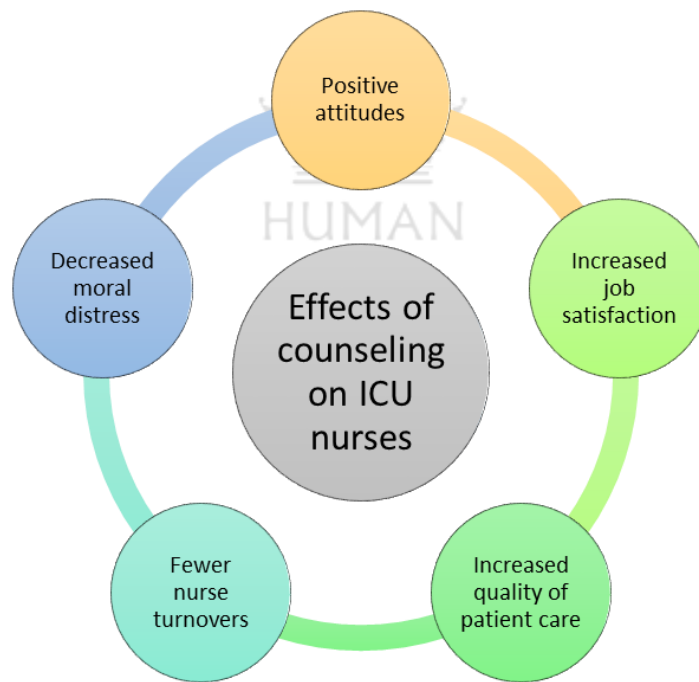
Among the studies reviewed, Onishi *et al.* [16] and Mealer *et al.* [17], compared the effects of psychological interventions on ICU nurses with a control group who did not receive any interventions. The first study was conducted on 27 eligible nurses, 13 in the intervention group and 14 in the control group. Each person was given a resilience test where their resilience was scored before the workshop began. Over 12 weeks, the intervention group attended a two-hour workshop on resilience training. This consisted of mindfulness exercise sessions, physical exercise, written exposure sessions, and cognitive behavioral therapy sessions. The results indicated that those who participated in the interventions were more resilient at the end of the 12 weeks than those in the control group. Those in the intervention group tested higher on the resilience test after the study while the control participants maintained similar scores to their original test. The informal review, which allowed the participants to voice their concerns, revealed that most of the participants thought it was important to have a supportive professional network [17]. This concern from the nurses, aligned with the lack of workplace and managerial support, were findings identified in the review.

In the Onishi *et al.* [16] study, 98 nurses were split into five groups. Four groups would practice a form of complementary therapy such as music therapy, aroma therapy, or electrical heat stimuli for 20 minutes, twice a week, for three weeks. After the study, therapies were found to reduce tension, anxiety, hostility, and fatigue in high-stress nurses. Given the results of this study, hospitals may provide complementary therapy for nurses with high-stress levels to improve their psychological and physiological states [16]. Burnout is contagious and it may cross over from one nurse to another [18]. Educational workshops, moral empowerment programs, social work

interventions, nursing ethics huddles, and multifaceted resiliency bundle interventions were effective interventions for managing moral distress among ICU nurses [19]. Moral distress occurs commonly and results in deleterious consequences among CCU nurses and has downstream consequences for their patients [20].

### SUMMARY OF FINDINGS

The purpose of this review was to determine if counseling services for ICU nurses would be beneficial. Three major findings were skill underutilization, moral distress, and mortality rates of acute patients (see Figure 5). Due to the scarcity of research on the effect of counseling on ICU nurses, the findings were limited to factors that would cause stress. The studies reflect that the need for the implementation of counseling services for ICU nurses is present and that death, ethical dilemmas, and lack of support within the workplace have a significant association with a higher level of stress.



**Figure 5**

### **Effects of Counseling on ICU Nurses**



## DISCUSSION

In response to how counseling can be beneficial to ICU nurses who have experienced traumatic events, it can be concluded that nurses who sought out counseling services were found to be more resilient than those who did not. The intervention group in the Mealer *et al.* [17] study scored higher on the resilience test after receiving multiple therapeutic interventions. The higher resilience scores indicate that the effects of mindfulness exercise sessions, physical exercise, written exposure sessions, and cognitive behavioral therapy sessions have a positive impact on the stress levels and emotional distress experienced by ICU nurses. The Onishi *et al.* [16] study concluded that complementary therapies improve the psychological and physiological states of ICU nurses. The results indicate a positive impact of complementary therapies on the intervention groups. Both studies had negative results from their control groups as they had no impact on their emotional states.

Other sources of literature primarily focused on the causes of stress instead of the effects of counseling. From the evidence reviewed, it can be concluded that providing nurses with therapies outside of the hospital may impact the life of a nurse within the hospital and outside of the hospital at not only a physiological level but also a psychological one. These statistics were measured in studies that divided groups of nurses who did and did not receive therapy.

Despite not having many studies directly associated with counseling effects on ICU nurses, there was an abundance of supporting data that allowed the researchers to piece together information and construct a literature review that supports the ultimate concern of the need for counseling services for ICU nurses. Most of the literature focused on the causes of stress for ICU nurses and interventions to some degree.

## CONCLUSION

Counseling for nurses will allow better care for patients and healthier physical and emotional states for nurses. Hospitals can help nurses with stress management, emotional well-being, and improving patient care by providing resources and counseling services for their ICU nurses. Further research is needed to determine the effects of counseling on ICU nurses who have experienced traumatic work events.

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