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The Effect of Compassion-Focused Therapy on the Symptoms of Intrusion, Arousal, and Avoidance of Post-Traumatic Stress Disorder in Nurses

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Extended Abstract

Aim

Nurses are directly or indirectly exposed to traumatic events (Schuster & Dwyer, 2020). Although many nurses may not have directly experienced the incident, they often exhibit symptoms similar to those of the individuals who were injured (Sprang et al., 2019). Clinical nurses face numerous daily stressors in the workplace (Lambert et al., 2007). Additionally, encountering traumatic events involving death, the fear of viral infections, and prolonged separation from family can increase the risk of nurses developing post-traumatic stress disorder (PTSD) (Pouralizadeh et al., 2020). PTSD is a natural and common reaction to exposure to threatening or terrifying situations (Wang et al., 2020). Symptoms of PTSD include re-experiencing the traumatic event, avoiding situations that remind one of the event, heightened reactivity and hyperarousal when exposed to reminders, anxiety, and restlessness (Schuster & Dwyer, 2020). People with PTSD often try to avoid facing their symptoms, which can prolong the disorder (Ehlers & Clark, 2000). Research shows that individuals with PTSD also experience high levels of shame (Irons & Lad, 2017). Most trauma-related research focuses on individuals who directly experience traumatic events and require immediate intervention. However, nurses can also develop PTSD symptoms due to their direct or indirect exposure to injured individuals. Integrative reviews emphasize PTSD as an increasing concern within the nursing profession (Schuster & Dwyer, 2020). The present study aims to examine the effect of compassion-focused therapy on reducing PTSD symptoms, particularly symptoms of intrusion, arousal, and avoidance in nurses.

Methodology

This research is applied in terms of purpose and utilizes a quasi-experimental design with pre-test, post-test, and control group. The target population consists of nurses at Farshchian Heart Hospital in 2021. A total of 30 nurses (23 women and 7 men) were selected through purposive sampling and randomly assigned to experimental and control groups. The experimental group underwent 8 sessions of focused compassion therapy (Gilbert, 2014), each lasting 45 minutes. The PTSD Checklist (PCL) (Weathers et al., 1993) was used as the research tool. Data were analyzed using analysis of covariance (ANCOVA) and multivariate analysis of covariance (MANCOVA) with SPSS software, version 23.

Findings

The results showed that compassion-focused therapy significantly reduced symptoms of intrusion ($F=11.90$, $\eta^2=0.41$; $p<0.01$), arousal ($F=15.02$, $\eta^2=0.46$; $p<0.01$), and avoidance ($F=17.37$, $\eta^2=0.52$; $p<0.01$). ANCOVA further confirmed that compassion-focused therapy had a significant effect on PTSD ($p<0.01$, $F=60.56$).

Conclusion

The results of statistical analyses indicate that compassion-focused therapy is effective in reducing the symptoms of PTSD disorder and, overall, in improving the condition of nurses affected by it.

Explaining the findings of the present study regarding the reduction of intrusion symptoms in secondary traumatic stress, Baharvandi et al. (2020) found that compassion-focused therapy decreases patients' tolerance for the ambiguity arising from encountering trauma-affected individuals. Brewin (2006) states that intrusion symptoms occur at the subconscious level and evoke emotions similar to those experienced during the traumatic event. Compassion-focused therapy mitigates such symptoms by regulating and balancing emotional systems (Gilbert, 2010), aligning with the findings of the present study that indicate a reduction in intrusion symptoms in secondary traumatic stress.

In explaining the findings of the present study regarding the reduction of arousal symptoms in post-traumatic stress disorder, Sakeni et al. (2019) demonstrated that compassion-focused therapy is an effective method for enhancing self-compassion and reducing anger in cancer patients. Based on the results of the present study, compassion-focused therapy can reduce arousal symptoms in post-traumatic stress disorder by replacing self-criticism and trauma rumination with compassionate self-correction.

In explaining the findings of the present study regarding the reduction of avoidance symptoms in post-traumatic stress disorder, Darvehi et al. (2019) concluded that self-compassion training based on mindfulness has a significant effect on reducing secondary traumatic stress in nurses. Mindfulness helps individuals avoid avoidance behaviors, recall traumatic experiences (including images, memories, and intrusive thoughts), and revisit them in a calm, tension-free state to desensitize themselves to distressing emotions. Avoidance is a coping mechanism aimed at evading the feelings associated with a traumatic event, but it often leads to the exacerbation and persistence of the disorder's symptoms.

High levels of post-traumatic stress in nurses may lead to burnout, workflow disruption, or even departure from the nursing profession (Throckmorton, 2007, as cited in Dominguez-Gomez & Rutledge, 2009). Accordingly, it is recommended that the present study be replicated with other groups of nurses. Conducting similar studies with follow-up sessions over several months would allow for the examination and evaluation of the sustainability of positive changes in participants. Based on the results of the present study, this therapy is effective in reducing symptoms of post-traumatic stress disorder. Therefore, it is recommended that therapists use this treatment for individuals exhibiting symptoms of the disorder.

Keywords: Compassion-Focused Therapy, Post-Traumatic Stress Disorder, Symptoms of Avoidance, Symptoms of Arousal, Symptoms of Intrusion.

Ethical Considerations

Avoidance is a coping mechanism aimed at distancing oneself from the distressing feelings caused by traumatic events, which can exacerbate and prolong PTSD symptoms. Mindfulness practices can help individuals confront these symptoms in a controlled and calm manner, allowing them to process traumatic memories (such as images, memories, and disturbing thoughts) in a less emotionally charged atmosphere, thereby desensitizing the associated distressing emotions.

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Conflict of Interest

The authors declare no conflicts of interest related to this article.

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