

ANZBA On Line Education Series

Tuesday 4th February 2014 @ 2.30pm (Australian eastcoast time)

Paediatric medical trauma: the impact on parents of burn survivors **Sarah Mc Garry, Princess Margaret Hospital for Children/Edith Cowan University**

Introduction: In order to identify parents at risk of developing ongoing psychological distress after their child has sustained a burn greater understanding of paediatric medical trauma is required.

Aim: to investigate the impact of exposure to paediatric trauma on parents of children with a burn and to identify risk factors and relationships between psychological distress and resilience

Methods: 63 parents were recruited. Parents completed standardised assessments measuring symptoms of PTSD, depression, anxiety, stress and resilience within one week of the burn. Statistical analysis included t-tests, Kruskal-Wallis one way ANOVA and Spearman's Roe.

Results: Parents experienced significantly more symptoms of PTSD ($p=0.001$) than a comparative community population. Factors including having a daughter, witnessing the event, feeling helpless or having past traumatic experiences significantly influenced symptoms of psychological distress and resilience.

Conclusion: Parents of burn survivors experience significant psychological distress with low levels of resilience. As part of standard routine care, health professionals should screen parent to identify those at greatest risk and provide effective evidence based interventions aimed at improving resilience and reducing stress. Burns can produce long lasting physical and emotional scars, it is critical as health professionals we aim to reduce effects of both.

Paediatric health care professionals: relationships between psychological distress, resilience & coping skills **Sarah Mc Garry, Princess Margaret Hospital for Children/Edith Cowan University**

Aim: To investigate the impact of regular exposure to paediatric medical trauma on multidisciplinary teams in a paediatric hospital and the relationships between psychological distress, resilience & coping skills.

Method: Symptoms of post traumatic stress disorder, secondary traumatic stress, depression, anxiety, stress, burnout, compassion satisfaction, resilience and coping skills were measured in 54 health professionals and compared with published norms.

Results: Participants experienced more symptoms of secondary traumatic stress, showed less resilience and compassion satisfaction, more use of optimism and sharing as coping strategies and less use of dealing with the problem and non-productive coping strategies than comparative groups. Non-productive coping was associated with more secondary traumatic stress, burnout, PTSD, anxiety, depression, and stress and resilience was positively associated with optimism. Health professionals <25 years old used more non-productive coping strategies, less "sharing as a coping strategy" and tended to have more symptoms of depression.

Conclusion: Paediatric medical trauma can adversely affect a health professionals well being, particularly those <25 years of age who make less use of positive coping strategies and more use of non-productive coping. These findings assist with the development of effective and meaningful interventions for health professional working in paediatric hospitals.

An invitation to the Virtual classroom will be sent out next week. For further information contact:

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