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Someone with PTSD often relives the traumatic event through nightmares and flashbacks, and should experience feelings of isolation, irritability and guilt. They may even have problems sleeping, like insomnia, and find concentrating difficult. These symptoms are often severe and protracted enough to possess a big impact on the person’s day-to-day life.

PTSD can affect people that personally experience the traumatic event, those that witness the event, or those that devour the pieces afterwards, like emergency workers and enforcement officers. PTSD also can result from surgery performed on children too young to completely understand what’s happening to them. Regardless of the cause for your PTSD, with treatment and support, you’ll learn to manage your symptoms, reduce painful memories, and move past the trauma.

Posttraumatic stress disorder (PTSD) is a mental disturbance which will develop after an individual is exposed to a traumatic event, like sexual abuse, warfare, traffic collisions, maltreatment, or other threats on an individual’s life. Symptoms may include disturbing thoughts, feelings, or dreams associated with the events, mental or physical distress to trauma-related cues, attempts to avoid trauma-related cues, alterations in how an individual thinks and feels, and a rise within the fight-or-flight response. These symptoms last for quite a month after the event. Young children are less likely to point out distress, but instead may express their memories through play. An individual with PTSD is at a better risk for suicide and intentional self-harm. Most people who experience traumatic events don’t develop PTSD. People that experience interpersonal trauma like rape or maltreatment are more likely to develop PTSD as compared to people that experience non-assault based trauma, like accidents and natural disasters. About half people develop PTSD following rape. Children are less likely than adults to develop PTSD after trauma, especially if they’re under 10 years aged. Diagnosis is predicated on the presence of specific symptoms following a traumatic event.

This study was aimed toward investigating the effect of violence experience and self-compassion of the Post-Traumatic Stress Disorder (PTSD) working in emergency department nurses. Violence experience may be a physical violence that involves threats or intimidation, physical threats like kicking or attempting to swing a fist, and physical violence experiences, like throwing, kicking, or knocking objects. PTSD may be a mental disturbance that happens after experiencing a significant injury or an occasion that threatens the physical well-being of a private, and experiences severe feelings of fear, helplessness, and fear, thereby seriously affecting interpersonal and occupational functioning. Self-compassion is an attitude of caring for oneself mercifully within the case of suffering of failure. Violence experience, self-compassion, and post-traumatic stress disorder were measured employing a structured questionnaire among 96 nurses within the emergency departments located in South Korea from June to July of 2017. The collected data were analyzed by using IMB SPSS Statistics version 20.0. Also, correlations among violence experience, subfactor of self-compassion and post-traumatic stress disorder were examined by Pearson’s coefficient of correlation to look at influencing factors on post-traumatic stress disorder, hierarchical regression method used. During this study, the physical threat experience features a significant effect on the post-traumatic stress disorder and therefore the explanatory power of post-traumatic stress disorder is increased ($β=0.383, p<0.001$). Self-kindness showed a negative correlation with post-traumatic stress disorder ($r=-0.392, p<0.001$). Particularly, self-kindness, which is a sub-factor of self-compassion, has a significant effect on post-traumatic stress disorder and the explanatory power of post-traumatic stress disorder is decreased ($β=-0.365, p<0.001$). It suggests that, when developing intervention programs for post-traumatic stress disorder in emergency department nurses, physical threats and self-kindness should be taken into consideration.

Biography:
Jung A Kim is currently pursuing her Doctoral degree and worked at the Kyungpook National University Hospital Emergency Room from 2012 to 2015. She is interested in many problems of emergency room nurses.

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