

Commentary: Hyperacute stroke: the specialist nursing impact. Exploring the cause and context of feelings of secondary traumatic stress. A qualitative inquiry.

In the last year, since the onset of the global pandemic, there has been increasing attention and awareness on the mental health and well-being of nursing staff in practice. This well presented qualitative study focusses on the cause and effect of secondary traumatic stress (STS) on stroke specialist nurses, an area not previously explored.

Whilst presenting in a similar manner, STS is notably different from post-traumatic stress disorder (PTSD): PTSD being a primary trauma and resulting from direct exposure to a traumatic experience whilst STS, as highlighted in its title, is a secondary trauma as a result of indirect exposure. Burnout also presents in a similar nature to STS and the study alludes to the participants experiencing this on several occasions but acknowledges that not all the data presented is concerned with STS. Highly useful are the papers acknowledgements that other factors of stress may place the individual at a higher risk of STS and that the issue does not stand alone, it is multifactorial.

Whilst STS is an identified risk factor for those working within healthcare (Beck, 2011) this should not mean that it should be accepted or ignored, instead STS should be properly recognised as a form of occupational stress (Morrison and Joy, 2016). As we work towards building a healthier workforce, care should be taken that we do not ignore the risks associated with the roles that are undertaken by staff. This study appropriately highlights the importance of understanding the nuances that impact on different areas of practice, and ensuring that the applicable assessment and interventions are in place. Previous studies have reported the identification of STS in other areas and specialities of healthcare, notably accident and emergency and intensive care (Dominguez-Gomez and Rutledge, 2009., Duffy, Avalos, and Dowling, 2015., Salimi, Pakpour, Rahmani, Wilson, and Feizollahzadeh, 2020.). Staff well-being or the lack of not only impacts on the individual but can have a detrimental effect on those around them, staff morale, patient care and the wider organisation (Hall, Johnson, Watt, Tsipa, & O'Connor, 2016., Vaughan-Jones and Barham, 2009).

Recommendations echo those offered within the study. A development of strategies to ensure early identification of STS and that guarantee appropriate steps are taken to not only support those impacted by this trauma but to also prevent STS are required.

Further to this, dissemination of the issue of STS and engaging staff and managers alike in discussion around the topic will raise awareness of the subject and may aid in early identification and prevention.

Unique to this study is the area of nursing in which they focus, future research into this phenomenon within hyperacute stroke nursing would be advantageous to validate and strengthen the findings within this paper.

Despite disclosure in the introduction of the paper that the lead author had personal experience of STS and worked within hyperacute stroke care for a considerable time, there is no obvious mention of bias and there is an omission of discussion on reflexivity within the study. It is therefore recommended that future studies of this nature offer an insight into both the prospective and retrospective reflexivity of the authors.

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