Think India Journal
ISSN: 0971-1260Vol-22, Special Issue-21
National Conference on
Recent Advances in Commerce, Management and Computer Science (NRCACMC-2020) sponsored by
Department of Commerce, VEL TECH RangaSanku Arts College,
Avadi, Chennai-62
Held on 4th January 2020

Winning Over Post-Traumatic Stress at The Workplace

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Abstract

A trauma, be it direct or indirect always leaves an impact on the people involved; and while traumatic events can range from anything like a personal loss to even a natural disaster, it is rare for the person involved to ask for help. The impact that a traumatic event leaves may not always be visible or evident to a casual observer.This paper therefore deals with **Post-traumatic stress** and its implications when it comes to the workplace. The various reasons behind post-traumatic stress will be explored here with emphasis not only on those directly exposed to trauma, but also on those who have been indirectly exposed and even more on those who are repeatedly exposed. The subtle signs and symptoms person will exhibit after being exposed to a traumatic event with regard to work quality, anti -social tendencies and behavioural changes and fears will also be considered. How these signs and symptoms if left unchecked can cascade into something momentous and debilitating will then be analysed. The various methods available to identify and help the people involved and the innumerable ways in which they can be brought back from the brink of despair to being productive and happy members of a workplace will also be delved into. Special note will be made of the various employee assistance programsthat can be made available like sensitivity training, removal of triggers, provision of support groups, increased flexibility of schedules and time lines and if needed even the services of a trauma counsellor.

Keywords: PTSD, Trauma, Stress disorders, Work related PTSD,Repeated exposure.

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Introduction:

Stress reactions to trauma are studied for ages. Post Stress traumatic disorders and its impact on work related problems are not given its due diligence. Traumatic neurosis and study on management's reaction to tackle the problem is an interesting aspect to inspect. How these signs and symptoms if left unchecked can cascade into something momentous and debilitating will then are analysed (anita kemp,1991) The various methods available to identify and help the people involved and the innumerable ways in which they can be brought back from the brink of despair to being productive and happy members of a workplace will also be delved into. Special note will be made of the various employee assistance programsthat can be made available like sensitivity training, removal of triggers, provision of support groups, increased flexibility of schedules and time lines and if needed even the services of a trauma counsellor.

While a few of those affected may occasionally ask for help, the majority remain silent. While reasons for the silence can vary from simple fear, embarrassment or avoidance to even a lack of acknowledgement, what remains constant is the fact that no matter what the reason, help needs to be offered. Those affected by a trauma are generally termed post-trauma survivors and their state of mental ill-being is referred to as Post-traumatic Stress Disorder or PTSD. Textbooks define PTSD as a chronic, often debilitating mental health disorder that may develop after a traumatic life event, such as military combat, natural disaster, sexual assault, life threatening illness, or the unexpected loss of a loved one (cassia reghy 2019).While everyone who is exposed to trauma will be affected by it, not everyone can be classified as suffering from PTSD.

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Literature Review:

The Diagnostic and Statistical Manual of Mental Disorders currently follows the DSM-5 criteria for diagnosing post-traumatic stress disorder. As per the DSM-5, there are eight criteria (Criteria A to H) that must be satisfied to classify the reaction to a trauma or stressor as PTSD. These criteria include stressors, intrusion symptoms, avoidance factors, cognition and mood negative alterations, reactivity and arousal alterations, duration of symptoms, functional significances and exclusion symptoms. Familiarity with the symptoms of PTSD is important in terms of its detection, diagnosis and treatment.

Almost all facets of a person's life get affected following PTSD, however, significant manifestations are observed at two areas namely, the workplace and in personal relationships. Various triggers and can trigger or exaggerate PTSD symptoms, both at home and at the workplace. While it is easier for those at home to identify, prevent and deal with these triggers, as they might actually be aware of the cause or history behind the same, almost every episode at the workplace is unexpected and debilitating. This is what makes it important to identify PTSD in the workplace. However, to identify PTSD, it is first important to know what exactly PTSD is.While it is simple to label PTSD as a psychological problem that develops in certain people who have experienced traumatic or life threatening events, the actual list of events that constitute a traumatic event was narrowed down recently in the newest edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) to "actual or threatened death, serious injury, or sexual violence". This list is then further expounded upon as there should be a quantifying exposure to the trauma; wherein traumatic events can be following

a) Direct Exposure
b) In – Person Witnessing
c) Indirect exposure , when a close friend or relative has a violent or accidental traumatic event
d) Repeated or extreme indirect exposure to details of trauma, during the course of professional duties (policemen, healthcare professionals, forensic workers, mortuary workers, military personnel)

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However, the bottom-line remains that regardless of whether the above criteria are met verbatim; anyone who is directly, indirectly or repeatedly exposed to trauma will suffer the after effects. At the same time, what is note-worthy is that not everyone who suffers from a trauma can be classified as a PTSD victim or patient. The reason for this can be laid at the feet of various psychological, genetic, physical and social factors like dysfunctional family backgrounds, cultural variability's, Type B, C and D personalities, inappropriate coping mechanisms, financial instability and personal resilience factors.

Nevertheless, the top 5 commonly experienced traumatic events that precede PTSD are:

a) Domestic Violence
b) Sexual assault/ abuse/harassment
c) Loss of a loved one
d) Traffic Accidents
e) Life-threatening medical illness

Domestic Violence has always been a touchy subject, where in majority both the victim and the victimizer adopt a silent policy in the mistaken belief that what happens in the home does not require further discussion outside the home. The victims mostly have it driven into them, that they deserve whatever punishment was meted out and so will rarely if never voluntarily share any details of the trauma they are going through. However, it needs to be noted that the direct victim is not always the only victim of domestic violence. The other family members, especially the children in the family will also be affected psychologically. While most sexual assault victims usually receive professional counseling and medical services, there are plenty of victims who do not come forward as they either fear the repercussions or else feel ashamed of what happened. In some instances the assault might not even be recent but could even be a childhood incident. Sexual harassment, on the other hand could be in the past, recent or even on going; maybe from a stranger, a family member or even someone at the workplace.

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The loss of a family member or a close friend, while personal is something that can be identified at work easily as the individual will surely take a leave of absence for the same. However, what needs to be clarified here is the fact that not all loses will affect a person in a similar manner. Some people will initially be depressed and then will bounce back to normal that, some others might initially appear unaffected but then might breakdown after days, months or even years. The intensity of the symptoms depends on the relationship between the individual and deceased, the manner and suddenness of death and the availability of supportive family and friends.

Traffic accidents; be it on the road, in the air, by rail or at sea are another area where the individual might inform the workplace of the event to avail of leave. While it is common for everyone to sympathize with the injured following an accident, the people who suffered no external wounds are those that will have severe and debilitating issues later on as survivors guilt and the near death experience will leave invisible scars on their psych. Once again the severity of the symptoms depends on the magnitude of the accident, the other people injured or killed and once again the availability of supportive family and friends.

Life-threatening illnesses technically no longer qualify as trauma if they are non-immediate or non-catastrophic. However, it still remains that a major illness or surgery will affect the mental well-being of both the patient and the family members. Regardless of the outcome, the experience is bound to leave a mental scar, which may manifest either immediately or after a few weeks or months.

Regardless of the cause, the person may develop one or more of the following symptoms:

a) Reliving the event through nightmares and flashbacks
b) Avoiding situations that are seem like reminders
c) Negative changes in behavior and feelings like self-blame and detachment from others.
d) Hperarousal features like aggressiveness, recklessness and exaggerated responses.

This will then be translated to the workplace with employees suddenly developing a lack of concentration, spaced out sessions, inattentiveness, tardiness, forgetfulness, increasing absenteeism, increased agitation, nervousness or irritability and substance abuse. Previously out-going and friendly individuals can turn sullen and silent, not to mention aggressive. In more severe cases, employees may experience panic attacks and may turn suicidal or even homicidal.Considering that the affected individual affected is rarely going to voluntarily open up and admit he or she has a problem, getting them to accept help is a momentous task. Majority of the time, asking direct questions, offering to help and even being sympathetic will be taken negatively and will push the individuals further into denial. However, the onus falls on the organization to find a way out to help and bring them back.

The first step in this is to identify those individuals who might be suffering from PTSD. The next step is even harder, as the individual needs to accept both that he and she needs help and secondly, they should be receptive to the help being offered. Step three is the actual provision of help and the fourth and final step is the return to normal life.

In childhood age sexual abuse or witnessing serious injuries or unexpected death of a beloved one are among important traumatic events.PTSD can be categorized into two types of acute and chronic PTSD: if symptoms persist for less than three months, it is termed “acute PTSD,” otherwise, it is called “chronic PTSD.” 60.7% of men and 51.2% of women would experience at least one potentially traumatic event in their lifetime. The lifetime prevalence of PTSD is significantly higher in women than men.

Proposed Model and Hypotheses Formulation:

Based on the extensive review of literature, the researcher has developed model for this study. The postulated model depicts in figure 1, comprised of seven factors named Occupational Stress, Repeated Exposure, interpersonal conflict, performance deterioration, and social withdrawal.

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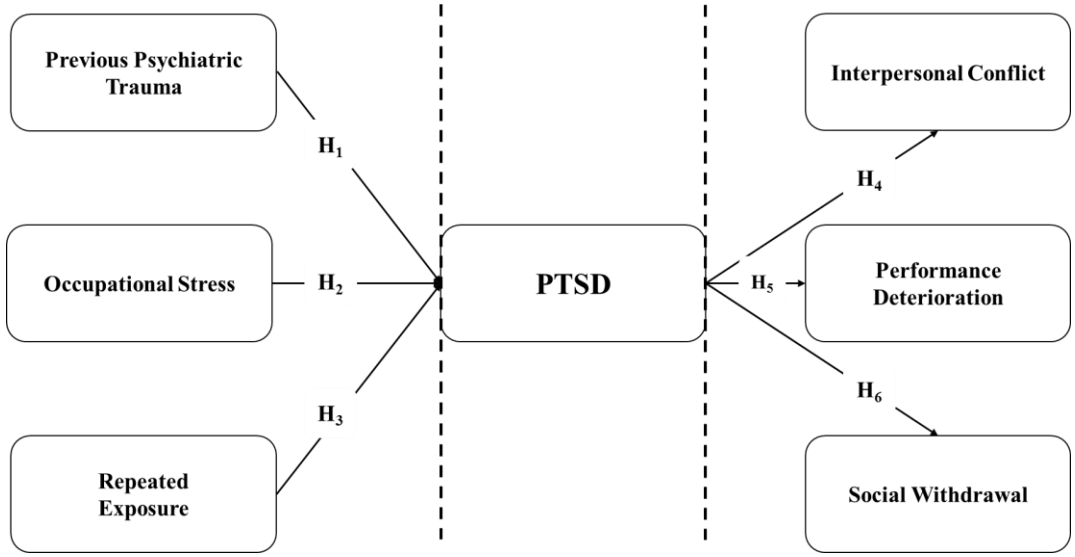

Figure: 1 Proposed model

- **H_1 – Previous Psychiatric Trauma has significant impact on PTSD**
- **H_2–Occupational Stress has significant impact on PTSD**
- **H_3– Repeated Exposure has significant impact on PTSD**
- **H_4–PTSD has significant impact on interpersonal conflict**
- **H_5–PTSD has significant impact on performance deterioration**
- **H_6–PTSD has significant impact on social withdrawal**

Research Methodology

The researchers worked directly with the hospital nursing staff from the 10participating hospitals, to develop a measuring instrument that included 37 items, covering 7factors. Following a review by the medical practitioners for content validity,themeasurement instrument was pre-tested for reliability using a test–retest with thesurvey items re-ordered.Hospitalnursing staffs were asked to rate their opinion on a Likert-type five-point quality scale that ranged from

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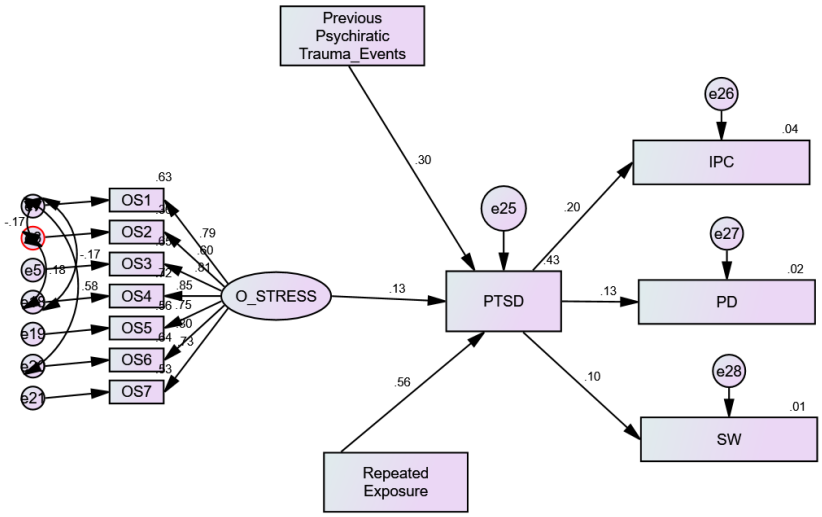
"strongly disagree" to"stronglyagree".A data-driven, questionnaire was distributed to 600 randomly selected nursing staffs. A total of 446 responses were received. To control bias, a data screening processwas conducted. After excluding responses with missing data, a total of383usableresponses remained.

Data analysis and Results

Among the 383respondents, 191 were female. The ages of the respondents ranged from 21to 55 years.Confirmatory factor analysis (CFA) was conducted to verify the unidimensionalityofthe scales for each construct and to validate the measurement model.Theresultsindicate that the measurement model provided a good fit to the data. GFI=0.949; CFI=0.933; NFI=0.920; RMSEA= 0.031. Reported values all exceeded therecommended threshold of 0.9 (Hair et al., 2010).



A structural model was estimated to validate the proposed theoretical model. The results for various fit indices based on AMOS indicate that the proposed modelprovided a good fit to the

data RMSEA = 0:07;CFI= 0.927; GFI= 0.936; NFI = 0.921. The SEM results providesupport for all hypotheses formulated from the postulated model.

Table:1 Standardised Path Co efficient

Hypotheses	Path Co efficient	P Value
H1: Previous Psychiatric Trauma - PTSD	0.30	0.000
H2: Occupational Stress - PTSD	0.13	0.002
H3: Repeated Exposure - PTSD	0.56	0.000
H4:PTSD - Interpersonal conflict	0.20	0.001
H5:PTSD-Performance deterioration	0.13	0.000
H6: PTSD - Social withdrawal	0.10	0.000

Conclusion:

The effect of trauma or any other event may have a huge psychological impact on a person with leads to stress and its manifestation stress disorder. The cascading effect of stress untreated is called Post traumatic stress disorder. The Influence of the PTSD on workplace is the core of this study. PTSD is explored systematically not only the effects of stressors but also the stressors and the moderating role of repeated exposure and intrusion previous trauma/ psychological impact. There are lot of studies conducted on the stressors which leads to PTSD, but very few studies are administered on the moderating role of the repeated encounters and previous psychological damages. The recovery process is a mandatory one to retain and rehabilate the human resource. The role of management is prime in managing the stress by screening the employees and advice on how to overcome the trauma exposure. Administering job rotations for the employees who are exposed repeatedly, and train individually the employees and supervisors

to work effectively in the stress prone environment, we need health service team to treat the persons with PTSD with evidence based treatments like frequent psychological assessments of employees Monitoring re-exposure of injured workers the crucial follow-up we must do.

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