



Nursing and Post-Traumatic Stress Disorder: Care Proposal in Post-Conflict

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History

Received :

January 20th, 2020

Accepted:

February 20th, 2020

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Post-traumatic stress disorder (PTSD) is often associated with war, violence, and armed conflict-related situations. Its explanation lies on the origin and development of this psychiatric diagnosis as it was firstly identified in ancient Greece by Hippocrates concerning behaviors and nightmares experienced by war soldiers¹, which was later defined as traumatic neurosis by Hermann Oppenheim in relation to combatants and violent scenarios². After that, phenomena such as shell shock or war neurosis³ were defined and studied during World War I and II, which required the incorporation of medical psychiatrists in battle lines to detect mental disorders related to violent situations. Based on the analysis of scenarios such as the Vietnam war and the Gulf war, new evidence was found in relation to combatants' experience and their response to hostile situations^{1,4}.

However, it is important to point out that PTSD is not only related to violence, armed conflict, combat situations but basically to any experience or context that lead to a possible trauma, which is understood as an emotional wound caused by exposure to a situation, moment or action leading to a shocking experience⁵. After this clarification, several questions from the Colombian context arise. One of these questions is: What traumatic events did/does the armed conflict provoke in Colombia? This is where the relevance of the nursing role (as well as the entire interdisciplinary healthcare team) is centered in addressing possible care needs that arise from physical, cognitive and behavioral responses to pathological exposure in traumatic scenarios (specifically to conflict and combat scenarios) in the civilian population, active conflict participants such as members of the armed forces or members of illegal armed groups.

How to cite this article: Ballesteros CF. Enfermería y estrés postraumático: propuesta de cuidado en el posconflicto. Rev Cuid. 2020; 11(1): e1128. <http://dx.doi.org/10.15649/cuidarte.1128>



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Nursing professionals should focus their intervention on people's needs that require nursing knowledge and skills. In the scenario described above, people who have been diagnosed with post-traumatic stress disorder (PTSD), a disease characterized by a set of signs and symptoms appearing after exposure to an extremely traumatic event (e.g. combats)⁶, having flashbacks (among other findings) as a determinant sign. Flashbacks are defined as the revival of traumatic events, re-experiencing the same psychic and physical responses as at the original moment⁷.

As part of the MSc Nursing degree with a focus on mental health at the National University of Colombia, Bogotá campus, a dissertation was carried out to provide a possible solution. In this dissertation⁸, a nursing intervention was described based on the theory of interpersonal relations by Hildegard Peplau⁹, which is also linked to the remotivation intervention technique¹⁰ that stands out for its practicality, brevity, and efficiency. This intervention can be applied at any stay, traditional psychiatric institution or any place where it is needed. Technique sessions should be conducted by a leader who should be duly trained, that for the proposal purposes, it is recommended to be part of the nursing team. This leader will be referred to as a "remotivator" who aims at increasing socialization and self-esteem in each remotivation session. Sessions are comprised of five phases that should be identified and established⁸, addressing groups of people who suffer from this disorder to discuss and develop health-related aspects in these people and bringing attention on themselves¹⁰. All of the

above is based on the Nursing Care Process (NCP) to work under the diagnosis "00141- post-trauma syndrome"¹¹ and apply the nursing intervention "5240-Counseling"¹², which is supplemented by the role of the same name that Hildegard exposes and proposes in her theory.

This type of proposal calls for continuity in the generation of intervention proposals aimed at solving problems in the course of the practice, always trying to use a unified language of the profession as the NANDA taxonomy. It is necessary to aim at addressing the needs of the Colombian population (as a priority) or if this is the case of the professional's work or academic development, it could be applied anywhere. Health-disease processes should be led and thus, interdisciplinary groups.

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