

Nursing Care of An Orthodox Patient with Post-Traumatic Stress Disorder and Leg Ulcers - A Case Study

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Abstract: Taking care of patients from a different cultural background is a challenge for health care workers. Post-traumatic stress disorder (PTSD) is known in all cultures, but behavioral symptoms may vary depending on the patient's cultural context. This study aims to answer whether adapting nursing interventions to the cultural expectations of a patient impacts the acceptance of offered nursing care and the improvement of the condition of a patient from a different cultural background. The study uses a case study of a female patient of Ukrainian origin. After collecting data through narrative interviews, indirect and direct observation, nursing diagnoses were made and nursing interventions were undertaken, adapting them to the cultural needs of the patient. Providing nursing care and adapting it to the patient's culture has a positive impact on the therapeutic relationship and treatment outcomes, and the course of nursing care. The patient's cultural origin significantly determined the course of PTSD treatment. Flexible adjustment of medical care to the patient's cultural expectations resulted in increased trust in staff, better cooperation, and improved mental state of the patient.

Keywords: post-traumatic stress disorder, transcultural nursing, cultural competence, PTSD, case study

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Introduction

Post-traumatic stress disorder (PTSD) is a disorder that results from an individual experiencing a traumatic event that is life-threatening or causes serious bodily harm (Maercker & Hecker, 2016). Somatic symptoms of PTSD may be similar across cultures, while behavioral and affective responses may vary across cultures (Hinton et al., 2015). Research indicates that the severity of PTSD is strongly influenced by the socio-economic context and cultural or personal characteristics (Patel & Hall, 2021).

In the socialization process, a person learns which behaviors and emotions are culturally desirable. Culture determines how a person should suffer, how to show this suffering, and where to seek help. For example, studies conducted among the Ukrainian population

indicate that PTSD symptoms caused by war trauma occur in 74.4% of Ukrainians (Zasiekina et al., 2023), yet as many as 52.5% would not seek professional help (Chudzicka-Czupała et al., 2023), due to the negative perception of psychiatry in Ukraine.

To understand the full clinical picture of a specific mental disorder, it is important to consider the cultural background from which the patients come. Knowledge about culture is necessary to understand psychopathology, determine the norm, pathology, and make an accurate diagnosis. This study aims to determine whether adapting nursing interventions to the patient's cultural expectations impacts the acceptance of the offered nursing care and the improvement of the patient's condition from a different cultural background.

Method

The study used a case study of a patient of Ukrainian origin. Data was collected using narrative interviews, personal observations, and document analysis. The researcher read the patient's medical records every other day during the patient's three-week stay in the closed ward. The researcher tried to gain the patient's trust through regular conversations, initially conducted in the presence of other nurses and then in private.

The narrative interview was conducted in a private room in the hospital ward. The patient was informed that she should talk about her life and experiences with folk healing, focusing on the perception of the disease and its treatment from her perspective. The interview lasted two hours and 15 minutes and was recorded, maintaining the patient's anonymity. The recording was transcribed and translated by two Ukrainian translators.

During data collection and interpretation, the researcher minimized the risk of errors resulting from adopting one's cultural perspective. The researcher clearly defined the purpose of the study as deepening knowledge of Ukrainian culture. The patient gave verbal consent to participate in the study on the condition of anonymity.

Result and Discussion

A female patient, 38 years old, secondary education, no children. In Ukraine, she worked part-time. The patient left her family home for fear of war, stayed in Poland, and then in Germany in a shelter for immigrants. The shelter staff noticed a gradual deterioration of her mental state (tearfulness, panic attacks). She was admitted to a psychiatric ward without her consent after a suicide attempt. She has not received psychiatric treatment to date.

The patient had suicidal thoughts for several months, which intensified after recurring flashbacks (bomb explosions) and anxiety attacks. The patient has problems controlling anger, triggered by war images on TV and loud behavior of fellow patients. She complains of sleep problems, lack of appetite, and "a feeling of a broken heart" that intensified during emigration. The patient often used unconventional methods of treatment. She reads the Bible, prays, rolls eggs, or seeks advice from a healer to alleviate symptoms. The patient refuses to take medication. Physical examination revealed an ulcer caused by venous insufficiency in the left calf (oval shape, 1.3 cm long, 1 cm wide, 0.3 cm deep, no signs of infection). The wound was dressed in dry gauze and a red scarf (put on by the patient, which she believed would accelerate healing).

Table 1. Most important Nursing diagnoses and Interventions

Diagnosis	Purpose and Nursing Interventions	Assessment
1. Outbursts of anger and rage because of intrusive experiencing traumatic situations (flashbacks), manifested by uncontrolled behavior towards people and objects	Purpose: Reducing the frequency of the patient's outbursts of anger. Nursing interventions: - Helping the patient recognize anger triggers - Encouraging the patient to keep a diary - Isolating the patient from irritating stimuli after an outburst - Distracting the patient's attention through conversation, religious practices - Administering calming herbs (valerian) on doctor's orders - Assessment using the Broset Violence Checklist (2x a day for first 3 days) (Wegmann, 2019)	The patient learned to recognize anger triggers in her environment and react quickly. Through religious practices, the patient understood that she had the right to feel anger after trauma. The patient calmed down by focusing on her breathing.
2. Fear related to the retrospective experience of traumatic events, manifested by increased cardiorespiratory parameters and psychomotor agitation (Lavin, 2012)	Purpose: Lower the patient's anxiety level. Nursing interventions: - Assessment of anxiety intensity on the H. Peplau model (Peplau, 1991) - Ensuring constant presence of a nurse - Nurse remains calm and communicates using Safewards model (Bowers et al., 2014) - Establishing therapeutic relationship - Providing low-stimulus environment - Using paper bag for breathing - Encouraging affirmation methods - Enabling religious practices - Use of relaxation techniques - Cognitive restructuring (Kukkonen & Sharifullin, 2017)	Anxiety decreased from severe level (hyperventilation, palpitations, sweating) to mild level (nervous playing with button, internal anxiety, ability to describe experiences).

Diagnosis	Purpose and Nursing Interventions	Assessment	Diagnosis	Purpose and Nursing Interventions	Assessment
3. Insomnia triggered by nightmares, characterized by insufficient sleep at night and impaired functioning (Lavin, 2012)	Purpose: Improving sleep quality, reducing nightmares. Nursing interventions: - Establishing contact and assessing causes of insomnia - Educating patient about sleep hygiene - Providing appropriate sleeping conditions - Enabling non-academic therapeutic activities (e.g., freeing from evil eye through prayers or folk healer) - Learning relaxation activities (warm bath, herbal tea) - Conducting imagery therapy (nightmare reprogramming)	Improved sleep quality noted. Patient slept longer, waking up rarely. Patient woke up rested, in better mood. Intensity of nightmares decreased significantly. Patient reported no "feeling of pressure in the heart area" after contact with Babka.	5. Risk of developing wound infection because of prolonged wound healing due to presence of fibrin and swelling around the wound	Purpose: Reducing the risk of wound infection by optimizing healing conditions. Nursing interventions: - Informing patient about purpose of treatment - Assessment of wound condition using LUMT scale - Washing wound with sterile gauze soaked in Octanisepten® - Protecting edges with Cutimed Protec® - Using hydropolymer dressing HydroControl Cutimed® and Lavanid Wundgel® - Fixation with bandage - Individualized compression therapy - Education on reducing swelling - Documenting activities	The procedure was performed in accordance with applicable standards. No symptoms of wound infection were observed. Patient tolerated treatment well. Patient placed a red scarf over the bandage (for cultural reasons), to which nursing staff agreed.
4. Culture shock manifested by constant feeling of tension, disorientation, anxiety and frustration due to unfamiliarity with new socio-cultural environment after migration (Szkup et al., 2014; Wojda, 2021)	Purpose: Adaptation of the patient to a new socio-cultural environment. Nursing interventions: - Establishing contact using ACCESS transcultural care model (Romem et al., 2021) - Enabling contact with relatives and familiar items - Enabling religious practices - Showing openness and interest in patient's culture - Providing phrasebooks for basic communication - Providing information in native language - Assuring patient staff is ready to help - Participation of professional interpreter	The patient coped better with acculturative stress. She gradually gained self-confidence and established relationships with fellow patients. She willingly shares information about customs in Ukraine and notices differences in German culture.			

The described case shows that cultural origin significantly determines PTSD symptoms and acceptance of treatment. Our observations indicate that providing nursing care and adapting it to the patient's culture has a positive impact on the therapeutic relationship and treatment outcomes.

Culture is an important factor determining attitudes towards health, perception of illness, and acceptance of treatment methods. Despite the symptoms of PTSD, the patient did not perceive herself as a sick person who needed specialist help. The patient refused pharmacological agents due to the belief that nightmares, anxiety, and flashbacks were caused by the evil eye.

An important element of nursing care was enabling the patient to use alternative methods of treatment by referring to magical thinking. The patient was convinced that her symptoms were the result of the evil eye, which could be alleviated by egg rolling. Given the patient's beliefs, she was allowed to have contact with a folk healer (Babka). Adapting nursing interventions to the patient's needs significantly reduced her anxiety and improved her sleep.

Our observations are consistent with studies showing that nurses who provide culturally sensitive

nursing care improve the quality of care and patient satisfaction (Cai, 2016; Kaihlanen et al., 2019). Among Orthodox believers in Poland, Ukraine, and Belarus, the institution of village healers (Babka or Znachor) has survived to this day (Sadanowicz, 2018).

The patient described the feeling of pain in the heart area as a "heart-crushing feeling," which can be described as an idiom of suffering. In connection with this, the patient was provided with a separate, quiet room where she could take her religious accessories and engage in religious practices.

The patient's leg ulcer was treated with modern dressings with positive results. Additionally, the patient placed a red scarf over the dressing, to which staff gave consent. In folk medicine, red material is used to treat skin diseases and wounds according to the principle of similarity (Kolossova, 2005).

Migration is associated with psychosocial discomfort, manifested by culture shock. The nursing interventions undertaken alleviated the patient's culture shock. Facilitating communication through access to an electronic translator resulted in increased trust in staff and cooperation from the patient.

Conclusion

The patient's cultural origin significantly determined the course of PTSD treatment, which was important in nursing practice. Flexible adjustment of medical care to the patient's cultural expectations resulted in increased trust in staff, better cooperation, and improved mental state of the patient. Recognizing the cultural needs of patients and meeting them is associated with having cultural competence acquired in the education process. The development of cultural competence for psychiatric nurses and its practical application is necessary to improve the quality of care and eliminate inequities in access to psychiatric care for patients from different cultural backgrounds.

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Author Contributions

Conceptualization, P.W.; methodology, P.W.; validation, P.W.; formal analysis, P.W.; investigation, P.W.; resources, P.W.; data curation, P.W.; writing—original draft preparation, P.W.; writing—review and editing, P.W.; visualization, P.W.; supervision, P.W.; project administration, P.W. The author has read and agreed to the published version of the manuscript.

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Conflicts of Interest

The authors declare no conflict of interest. The funders had no role in the design of the study; in the collection, analyses, or interpretation of data; in the writing of the manuscript; or in the decision to publish the results.

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