

Second Victim: Gaining A Deeper Understanding To Mitigate Suffering

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Background:

When patients suffer unanticipated adverse outcomes, health professionals caring for them often become “second victims” of such events.¹ Although some information regarding second victim responses exists,²⁻⁷ a more systematic understanding of commonly experienced symptoms and behaviors could lead to the design of supportive interventions.

University of Missouri Health Care (UMHC) is an academic medical center with more than 5,000 employees providing comprehensive health care services throughout the state. The Office of Clinical Effectiveness (OCE) is charged with transforming the safety culture within UMHC, to include managing the system’s response to preventable events and unexpected outcomes. In 2007, OCE added second victim questions to our patient safety culture survey and 15% (n=175/1,160) reported they had experienced a patient safety event in the past year that caused personal problems such as anxiety, depression, or concerns about job capabilities.

Purpose:

The OCE interviewed second victims to gain a better understanding of the phenomenon and to identify institutional support strategies that could mitigate suffering.

Methods:

Following IRB approval, second victim volunteers representing three professional groups were solicited for private, hour-long interviews. The 23-item semi-structured interview tool covered basic demographics, participant recount of event circumstances, symptoms experienced,

and recommendations for institutional support. Interview tapes were transcribed by one person and double-checked for accuracy by a second. Transcripts were analyzed with the goals of understanding and naming the trajectory and formulating support recommendations. Research team meetings were convened until consensus was achieved

Results:

Forty-four individuals were contacted, 38 (86%) agreed to be interviewed, 5 never scheduled interviews, 2 declined after consent review. Thirty-one interviews were completed with physicians (n=10), RN's (n=11), and others (n=10). Average years of experience were 14, 58% were females and time since event ranged from 1-45 months. Participants experienced a variety of physical and psycho-social symptoms which did not differ by gender or professional group (Figures 1 and 2 contain the most commonly reported symptoms). Six stages were named in the second victim trajectory and Table 1 summarizes these stages along with common questions victims ask themselves and institutional supports to respond to the individual stage. In addition, 71% (22/31) described 'triggering' events that caused them to experience flashbacks, even long after the event. Several reported that involvement in improvement work or becoming an advocate for patient safety helped them to once again enjoy their work. With regard to supportive institutional actions second victims encouraged early identification of suffering, provision of ongoing emotional support from peers, coordination of the institution's overall event response to include gossip control, and inviting second victims to become members of the event-related improvement team.

Conclusions and Implications

The identification and trajectory of second victims is largely predictable. Institutionally-developed programs that screen at-risk professionals immediately after events complimented by deployment of appropriate support could influence their recovery and potentially career

outcomes. Programmatic evaluation will be essential for ongoing refinement of institutional support strategies.

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Figure 1: Most Commonly Reported Symptoms, Showing Comparison By Gender

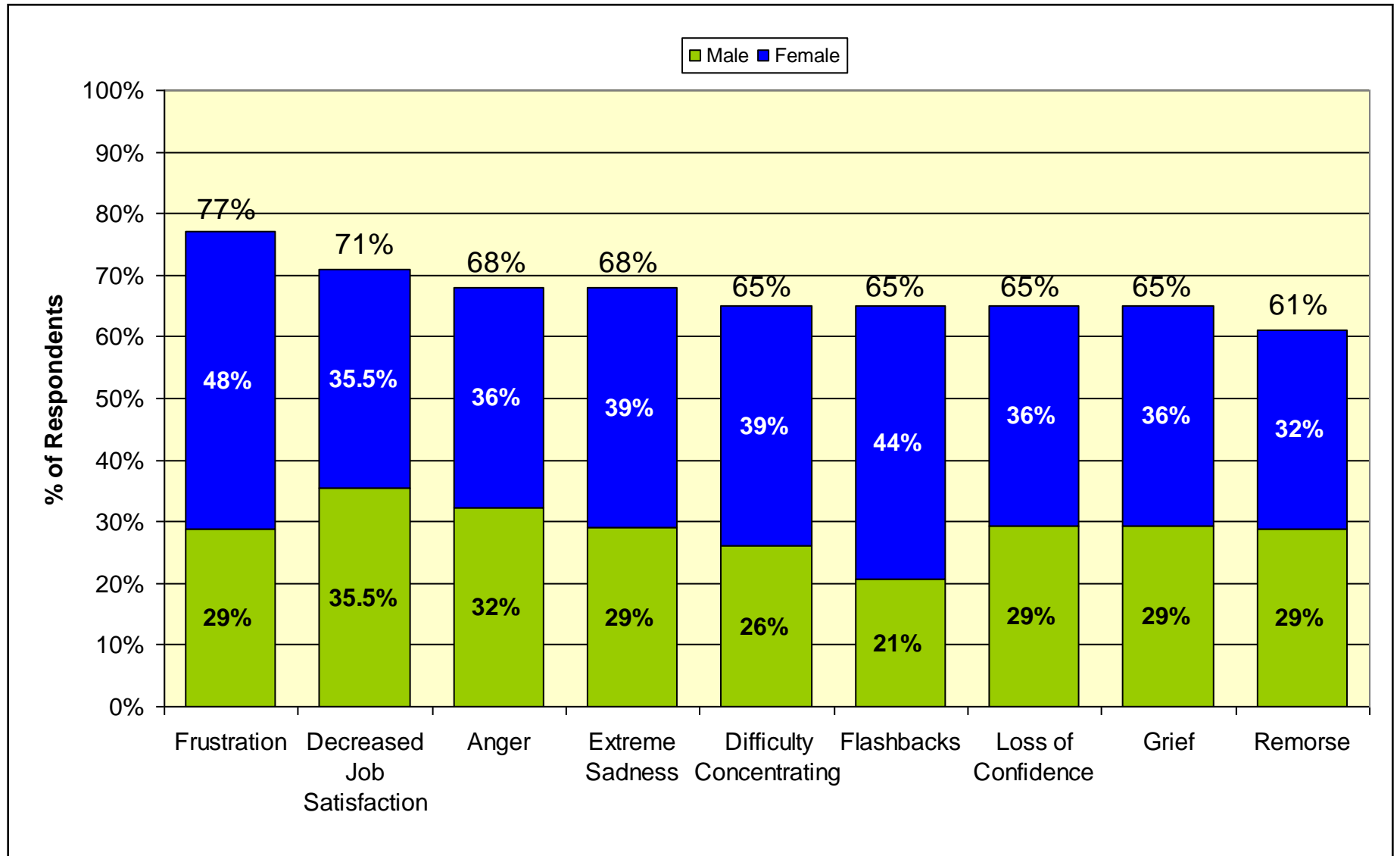


Figure 2: Most Commonly Reported Symptoms, Showing Comparison By Professional Group

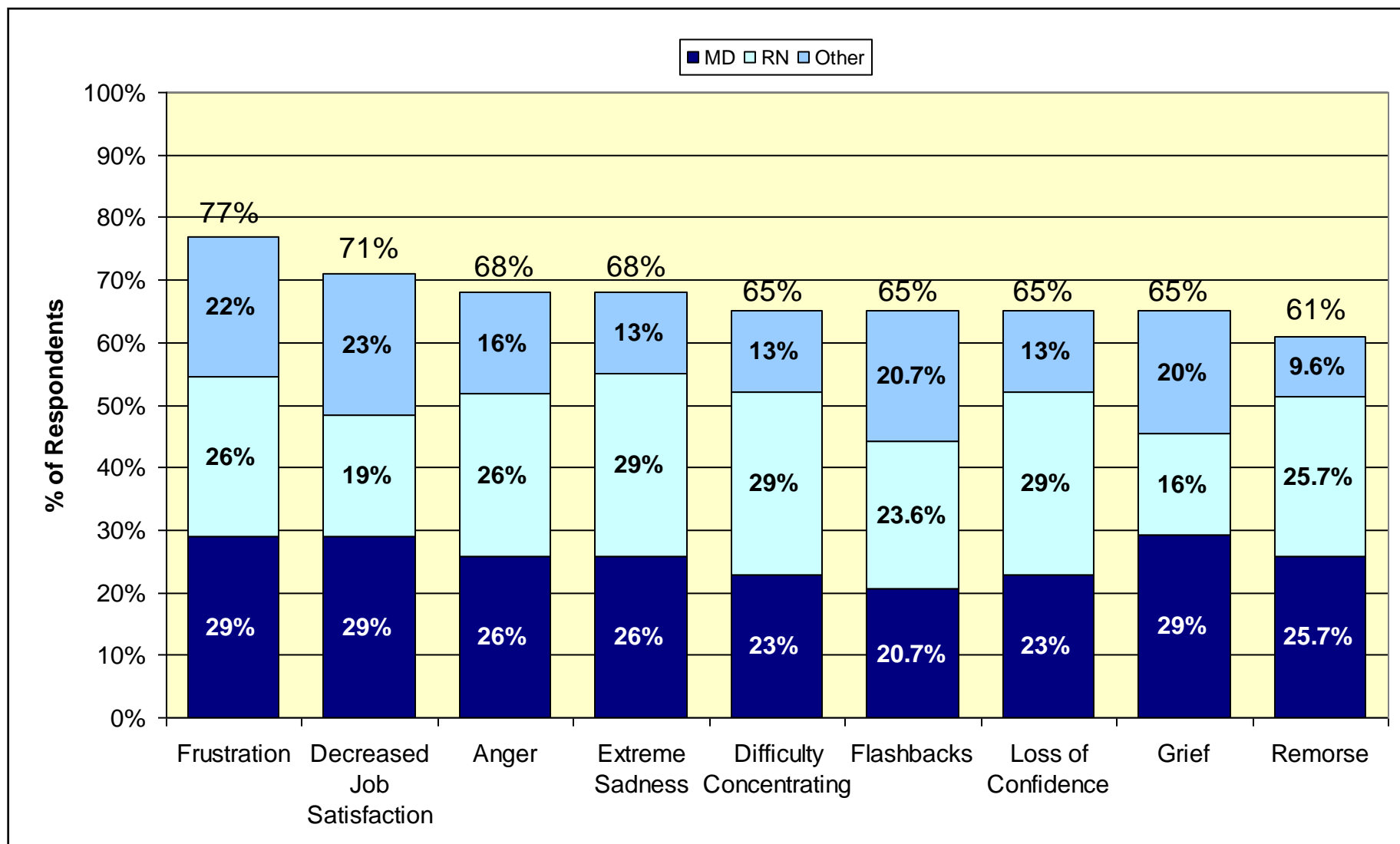


Table 1: Research Team Consensus Chart - The Second Victim Trajectory

	Stage Characteristics	Common Questions	Proposed Institutional Actions
Stage 1 Chaos & Accident Response	Error realized/ event recognized. Tell someone ⇒ get help Stabilize/treat patient May not be able to continue care of patient Distracted	How did that happen? Why did that happen?	Identify second victims Assess staff member(s) ability to continue shift Activate “Emotional Response” Team Evaluate if event debrief is indicated
Stage 2 Intrusive Reflections	Re-evaluate scenario Self isolate Haunted re-enactments of event Feelings of internal inadequacy	What did I miss? Could this have been prevented?	Activate “Emotional Response Plan” Observe for presence of lingering physical and/or psychosocial symptoms
Stage 3 Restoring Personal Integrity	Acceptance among work/social structure Managing gossip/grapevine Fear is prevalent	What will others think? Will I ever be trusted again? How much trouble am I in? How come I can’t concentrate?	Provide management oversight of event Manage unit/team’s overall response including rumor control
Stage 4 Enduring the Inquisition	Realization of level of seriousness Reiterate case scenario Respond to multiple “why’s” about the event Interact with many different ‘event’ responders Understanding event disclosure to patient/family Physical and psychosocial symptoms	How do I document? What happens next? Who can I talk to? Will I lose my job/license? How much trouble am I in?	Identify key individuals involved in event Interview key individuals Develop understanding of what happened Begin formulating the ‘why’ did it happen
Stage 5 Obtaining Emotional First Aid	Seek personal/professional support Getting/receiving help/support Litigation concerns emerge	Why did I respond in this manner? What is wrong with me? Do I need help? Where can I turn for help?	Ensure emotional response plan is progress Ensure that trained personnel are available to offer and provide emotional support Ensure Risk Management representatives are known to staff and available
Stage 6 Moving On (One of Three Trajectories Chosen)	Dropping Out Transfer to a different unit or facility Consider quitting Feelings of inadequacy	Is this the profession I should be in? Can I handle this kind of work?	Provide ongoing support of the second victim Support second victim in search for alternative employment options within institution
	Surviving Coping, but still have intrusive thoughts Persistent sadness, trying to learn from event	How could I have prevented this from happening? Why do I still feel so badly/guilty?	Provide ongoing support Maintain open dialogue
	Thriving Maintain life/work balance Gain insight/perspective Does not base practice/work on one event Advocates for patient safety initiatives	What can I do to improve our patient safety? What can I learn from this?	Provide ongoing support Support second victim in ‘making a difference’ for future events Encourage participation in case reviews involving event Encourage staff feedback on practice modifications