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Perceptions of Nurses who are Second Victims in a Hospital Setting

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- No conflicts of interest



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Who is a Second Victim?

- Health care providers traumatized by an unanticipated adverse patient event develop feelings of responsibility over outcomes
- Identifying and recognizing second victims can be challenging as many suppress their feelings due to the perceived stigma of seeking help from peers and others



Review of Literature

Second Victim Phenomenon

Emotional response to adverse patient events



Adverse Event

Stressful patient-related event:

- Patient arrest/death
- Aggressive patient/family
- Medical error
- Unexpected outcome
- Trauma





Impact on Nurses- Personal

- **Emotionally** (e.g. stress, anxiety, burnout, depression)
- **Physically** (e.g. increased heart rate), fatigue
- Results in unplanned absences or intent to resign
- Affected for years in the form of self-doubt, post-traumatic stress responses, perceived inadequate support by peers and management, and fear of disclosure



Impact on Organization

- Errors are costly and contribute to public concern for patient safety
- Factors contributing to these costs are related to legal proceedings and settlements
- Employee suffering, high turnover and absenteeism
- Psychological stress in the aftermath of unanticipated adverse patient events can potentially lead to nurse burnout and substance abuse among the second victims themselves

Burlison JD, Scott SD, Browne EK, Thompson SG, Hoffman JM. The second victim experience and support tool: validation of an organizational resource for assessing second victim effects and the quality of support resources. J Patient Saf. 2017



Study Purpose

- Determine the prevalence of second victims
- Identify if support was helpful
- Determine if nurses were aware of available resources



Methodology

Descriptive research design

Convenience sample

Invitation to participate sent via email

Completion of survey implied consent

IRB approval obtained



Theoretical Model



Dr. Jean Watson's *Theory of Human Caring*



HFH philosophy of nursing is centered on a culture of caring that encompasses patients, families, communities, and colleagues



Survey Design

- Demographics
- Organization assessment
- Second Victim Experience Support Tool (SVEST)
- Post-event support resources



Second Victim Experience Support Tool (SVEST)

Dimensions of SV Experiences:

- Psychological distress
- Physical distress
- Colleague support
- Supervisor support
- Institutional support
- Nonwork-related support
- Professional self-efficacy

Outcome Variables:

- Retention
- Absenteeism



Data Analysis

Second Victim Comparison:

Chi-square tests

Continuous Variables:

Student's t-tests

SVEST:

Wilcoxon or Kruskal-Wallis



Demographics

- 359/1100 nurses completed the survey
- 160 nurses self-identified as SV

Second Victims:

- Majority 18-37 years old (54.7%, n = 87) and female (91.8%, n = 146)



Organizational Assessment Questions

Awareness and Use of Resources	% Second Victims that Responded No	% <i>Not</i>-Second Victims that Responded No	P-Value
Aware of employee assistance program	41.3 (66/160)	30.8 (56/182)	0.044*
Unaware of any available support resources	68.8 (110/160)	79.7 (145/182)	0.021*

Second Victim responses to the Organizational Assessment Questions

Variable	Strata	% SV that Responded No	% SV that Responded Yes	P Value
Unaware of any support resources	Male	34.5 (10/29)	33.3 (3/9)	1.000
	Female	44.4 (100/225)	60.5 (46/76)	0.015
Aware of pastoral care	Male	16.7 (3/18)	50.0 (10/20)	0.043*
	Female	54.2 (78/144)	43.3 (68/157)	0.060

Second Victim Responses to the Organizational Assessment Questions

Variable	Strata	% SV that Responded No	% SV that Responded Yes	P Value
Contacted unit specific debriefing	ADN	14.8 (23/155)	80.0 (4/5)	0.032
	Diploma	35.7 (5/14)	0 (0/1)	
	BSN	45.3 (86/190)	73.3 (11/15)	
	> MSN	48.4 (15/31)	0 (0/1)	
Contacted unit specific debriefing for self or colleague following event	Age Category: 54-72	47.5 (19/40)	75.0 (3/4)	0.607
	38-53	42.1 (37/88)	50.0 (6/12)	0.602
	18-37	45.3 (73/161)	100 (6/6)	0.010

SVEST Responses:

Psychological & Physical Distress

Variable	Total Agree/ Strongly Agree % (n)
Psychological distress	
Embarrassed	62.2 (79)
Fearful	70.0 (89)
Miserable	36.2 (46)
Remorseful	49.6 (63)
Physical distress	
Exhausted	48.0 (61)
Hard to sleep	39.3 (50)
Uneasy and nauseous	35.4 (45)
Lack of appetite	29.1 (37)

Second Victim SVEST Responses:

Colleague Support

- 78.7%: Talking with peer brings relief
- 67.7%: Colleagues indicate I'm still a good provider

Supervisor Support

- 62.9%: Situation considered
- 66.9% Supervisor Fair
- 91.4%: Does Not Blame



Discussion

Nurses will at some point in their career be affected by a traumatic patient event.

Second victims can experience post-traumatic stress responses.

Second victims experienced greater psychological distress than physical distress.

Discussion

- In the Theory of Human Caring, *nursing is defined by caring*
- Nurses practice the art of caring, through compassion in order to ease patients' and families' suffering while promoting healing and dignity
- However, nursing cannot provide that compassion and healing, if they themselves are hurting

- Addressing nurses' understanding of the second victim concept and assessing their understanding of available resources enhances care of nurses and helps to minimize their own suffering and aides in their ability to care



Implications for Practice

Consider age, gender and experience

These factors can influence resources
staff prefer to access post-adverse event

Implications for Practice

Focus on making information on support programs readily available

- The majority of second victims indicated that they were unaware of resources available post-adverse event,
- Organizations need to focus on making this information readily available
- More education regarding the second victim concept in general should be shared with nursing administration and all staff members

Limitations

Survey participation depended on nurses:



Reading email



Being motivated to complete the survey



Trusting responses would be anonymous



Future Work

- Further studies are needed to look at the effect of peer-to-peer support programs and peer processing groups have on the psychological health of nurses who are second victims
- Replicate this study post-pandemic



Conclusion

Presence of the second victim phenomenon

Support decision-making and allocation of resources for second victims

More education is needed





Questions?