Barriers to support nurses as second victim of medical errors: A qualitative study

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RESEARCH

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ABSTRACT

Background
Given the inevitability of medical errors and their impact on health workers, providing support to those who suffer is vital for their physical and mental recovery. Identifying the barriers to obtaining support is imperative in this regard.

Aims
The current study was conducted to identify the barriers regarding supporting nurses as second victims of nursing errors in clinical settings in Iran.

Methods
This qualitative study was conducted with a sample, which was included 18 nurses. The subjects were selected through the purposive sampling method, and data were collected using in-depth and semi-structured interviews. The data were analysed using methods as described by Graneheim and Lundman (citation needed). The research context included the general and specialized departments of hospitals in Tehran, Iran, during 2017.

Results
According to the results, mismanagement, Cultural barriers, inadequate information, and Legal barriers were the main barriers to supporting nurses.

Conclusion
Training nurses about the second victim phenomenon is recommended as well as the methods to manage the effects of this phenomenon, the supportive resources, and legal issues.

Key Words
Barriers, social support, second victim, qualitative research, nursing error

What this study adds:

1. What is known about this subject?
There are a lot of evidences concerning the nurseś traumatic experience towards nursing errors.

2. What new information is offered in this study?
In this study, the experiences of nurses after error about barriers to support were identified.

3. What are the implications for research, policy, or practice?
The results of this research can help managers formulate plans to support nurses as second victims of an error.

Background

The occurrence of medical errors in complicated therapeutic environments is inevitable.[1] The human outcomes of nursing errors are important and have many negative consequences for healthcare providers.[2] The psychological reactions to these errors in the literature are called the "second victim" phenomenon.[3-5] The phenomenon of the second victim is a devastating phenomenon beyond the individual level.[6,7] Most second victims struggle with their personal and professional problems alone.[8] There is a lot of

evidence about the emotional distress of second victims.[9] The care and support of the second victim is a professional and ethical imperative.[9,10]

Institutions may wish to help second victims but there are barriers, such as a lack of knowledge toward the involvement of nurses.[11] Edrees et al. conducted a study and mentioned the barriers existed in terms of supporting the second victims, including lack of financial support, lack of interest towards employees' problems, lack of clinical managers for supporting, the concerns about legal and disciplinary issues, and negativity which is related to errors.[12] Seys et al. conducted a review study to identify supportive intervention strategies for the second victims, in order to be included in Organizational strategies. It seems that there are unknown effective factors in the inappropriate supporting of nurses as second victims of medical errors.[13] This study aims to explain the barriers to supporting nurses as second victims of medical errors.

Method

This qualitative study was conducted using a conventional content analysis approach.[14] Participants were 18 nurses in teaching hospitals in Tehran. This included (14 female, and 4male). The mean duration of work experience was 14years, and participants were aged between 24 and 42 years age, with the mean age of 34 years. The inclusion criteria entailed involvement in a medical error, working full-time, at least one year's experience as a nurse and willingness to participate. Subjects were aware that they had the right to withdraw from the study at any time. No participant rejected or dropped out of the study. Interviews were conducted by the first author over a one year period in 2017. Due to the preference of interviewers at work or outside the work environment.

The subjects were selected among hospital nursing offices by purposive sampling method and continued until data saturation was reached. In this regard, the researchers were allowed to call the nurses via nursing clerk. The researchers were allowed to hold the initial appointment by making phone calls. The nurses working within intensive care units, surgical units, and emergency departments in hospitals centres in Tehran City stated that they had involved in errors leaving significant impacts on their lives and in other words, they experienced the sense of being as a second victim of error. In addition to his presentation and explanation of the purpose of the research, the first author received oral and written consent of the participants. Data collection was performed using semi-structural interviews in private and using Persian.

The scientific background for interview questions is a combination of literature reviews and authors' decision. At the interviews, questions like "What barriers have you experienced to support nurses after an error as a second victim?" and "Were the nurses supported after the error?" were asked.

The MAXQDA software was used to facilitate the categorization of qualitative data. After typing the interviews and the reviews of the transcripts, extract codes were named. These codes were categorized based on similarities and differences and they were interpreted within the context of the general transcripts in which they were combined to create a main category. The categories emerging from this were further reviewed and compared in order to identify super ordinate themes. The four criteria of transferability, dependability, credibility, and conformability were used to increase the rigor as defined by Lincoln and Guba.[15]

Results

The analysis of the data revealed four themes (Table 1). The participants perceived mismanagement as a barrier to receiving support after an error. The lack of human resources and their distribution in shifts, the employment of newly arrived and inexperienced pastors without training and the lack of proper equipment were among the factors that made nurses feel that they were not receiving support from the organization. "The beds and their fences in the ward are broken", Participant 5.

As a result of mismanagement, managers used conservative and passive approaches in dealing with nurses. "I wanted to schedule a meeting to have a word but he avoided me and booked me when the ship had sailed", Participant 9.

The lack of a systematic support program was seen as a barrier to obtaining support. "Hospital administrators do not have any plan and everything is based on their personality", Participant 12.

Barriers regarding cultural beliefs in healthcare centres were considered as another barrier to supporting the involved nurses. In punishment atmosphere, Nurses, as second victims, are treated unfairly. Moreover, Administrators and supervisors disrespect them. As one of the participants declared the following sentence: The supervisor told me, "You do not merit be a nurse", Participant 6.

In this atmosphere, marginalization is occurred after the error, the faults are exaggerated, and the error becomes a crisis. In the nursing system, we always despise each other." Participant 16.

Nurses experienced "unfair judgments", so that they were convicted and were accused without any accurate assessment. They were assessed through "unfair assessments and they were treated with biased behaviours, as it is said by one of the participants:
"The doctor had not raise the fence of the bed, but hospital authorities blamed me because they were biased" Participant 5.

Individual approach to error" was the other cultural barrier it is believed that the error is unacceptable. "A good nurse never makes a mistake" Participant 5.

The nurses' needs, problems, and expectations are unknown to others and this ignorance is a barrier to supporting the involved nurses.

"Nobody knows what was happened to us", Participant 2.
The involved nurses were unaware of the minor sources of support. The weakness of rules and lack of legal sanctions are barriers to the involved nurses being supported. Other barriers to supporting the nurses, as second victims, include the lack of special rules, contradiction of hospital guidelines against legal materials, and insufficient enforcement of legal previsions.

Legal barriers were another reason for the inadequate support which was provided to nurses. Nurses stated that there were few laws in terms of supporting the nurses as victims. They expressed their experiences regarding "lack of monitoring" on "enforcement of laws" at their workplace. They said that it is needed to establish a law office in hospitals, as it is said by participant 10.

"If we had a legal expert at the hospital for these kinds of situations, it was so good. Our hospital administrators interpret the rules based on their own benefit anyway".

Discussion

According to the results of the current study, managers were not responsible for supporting nurses. Since managers are assigned in a pivotal position to recognize and mitigate system issues, weakness in management can be considered as a barrier towards supporting the nurses. The management of healthcare is important in supporting nurses because it plays a crucial role in workforce planning,

providing adequate equipment, assessing needs, and enforcing supportive rules. Managers can support second victims by identifying organizational trap errors and other threats which limit their consequences. The concept of cultural barriers was appeared to indicate that Organizational culture affects the development and maintenance of an attitude towards the answer to errors, the management of errors, and the protection of the second victim.[16] The idea of just culture has been introduced with the goal of a more dynamic approach than the punitive culture that was intended to eliminate the negative effect of the punitive culture.[17] The second victim phenomenon was unknown to nurses and the organization, and nobody cared about the problems of nurses; therefore, it was determined as a barrier to supporting them. According to the results of a study conducted by Rivera, more than one-third of the subjects (36 per cent) were not aware of the concept of the second victim.[18]

The concept of legal barriers indicates, the nurses are ill-informed about the law in relation to their occupation. In a study conducted by Hu et al. in 2011, legal situations were identified as the most inducing stressor universally and 72 percent of the participants tended to be supported to cope with legal issues.[19]

The limitation of this study is that most of the nurses approached are working in the field of treatment. The obtained results are, therefore, not transferable to the nurses who provide healthcare services in other sectors, such as families and schools.

Conclusion

It is to be hoped that we could take a step forward in promoting nursing support by using these results. It is recommended that senior nursing leaders in therapeutic centres design programs in order to support nurses as the second victims of the medical errors. The program should be designed according to the culture of the organization. The need for basic education regarding the law and the legal process of medical errors is obvious.

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PEER REVIEW

Not commissioned. Externally peer reviewed.

CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

ETHICS COMMITTEE APPROVAL

This study was approved by the Ethics Committee of Tehran University of Social Welfare and Rehabilitation Sciences with No. IR.USWR.REC.1394.384

Table 1: Main themes and subthemes of Barriers to Supporting for Nurses as Second Victims of Medical Errors

Main themes	Subthemes
Mismanagement	Inadequate Staffing and other Resources
	Incuriosity to the fate of staff and patients
	Sovereignty of taste rather than strategy
Cultural barriers	punishment atmosphere
	False beliefs
	individual approach to errors
Inadequate information	Inadequate information about the effect of the error on the nurses.
	Inadequate information of nurses about the supportive sources.
Legal barriers	Lack of supportive law
	contradiction of hospital guidelines against legal materials
	Insufficient enforcement of legal previsions.