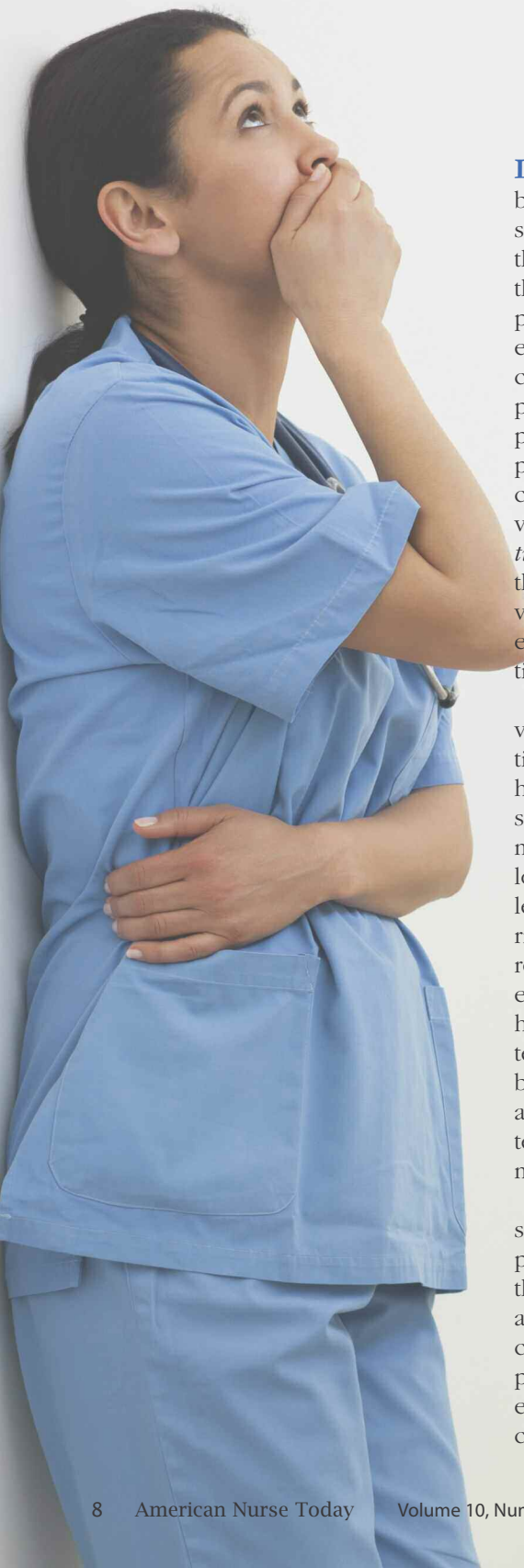
The second victim experience: Mitigating the harm

Devastating clinical events can traumatize the healthcare workers involved.

By Susan D. Scott, PhD, RN, CPPS



LIKE MOST NURSES, you probably consider yourself emotionally strong and resilient, with defenses that help you "get the job done" throughout your busy shift. But if a patient under your watch experiences an unanticipated event (especially involving an error on your part), you may be shaken to the point of being traumatized. The impact of an emotionally devastating clinical event on healthcare providers is known as the *second victim experience*. The second victim is the healthcare provider who was involved in the unanticipated patient event, medical error, or other patient-related injury.

In the event's aftermath, second victims experience intense emotions and vulnerability. They may have strong feelings of guilt, shame, anger, embarrassment, humiliation, isolation, depression, and loss of confidence. Most feel helpless; many say they've never experienced such an intense emotional response. They also may experience such physical symptoms as headache, excessive fatigue, muscle tension, nausea, eating disturbances, and sleep difficulties. Signs and symptoms of the emotional aftershock may last days, weeks, months, or even longer.

Many second victims feel personally responsible for the adverse patient outcome and believe they've failed the patient. Unless addressed, their emotional distress can take a high professional and personal toll and can alter, or even end, the clinician's career. This article provides insight into the second victim experience and describes ways to offer support.

What happens after the unanticipated event

Research shows that regardless of professional background, gender, or years of experience, second victims can easily recall the immediate and ongoing impact of an unanticipated patient event. In many cases, they can describe it in exquisite detail even years later. Collectively, emotionally charged second victim accounts reveal a predictable recovery trajectory with five specific stages; a sixth and final stage describes the clinician's professional outcome. These stages were first described in 2009 by Scott et al. in *Quality and Safety in Health Care*.

1. **Chaos and accident response.** This stage starts the moment the unanticipated event is identified. At that time and during the initial aftermath, the clinician is likely to be confused and may be overcome by a wave of emotion. Although bewildered, the clinician focuses on the steps necessary to stabilize the patient and begins to realize the potential severity of the event.
2. **Intrusive reflections.** The clinician repeatedly replays the clinical event mentally to try to understand specific details of the patient's care and what happened. Many clinicians isolate themselves from colleagues

(continued on page 10)

Three roads to recovery

During the final stage of recovery from an unanticipated clinical event, the involved healthcare provider may:

- drop out, leaving the clinical area, hospital, or profession
- stay in his or her current role but never return to the pre-event baseline performance level
- thrive by taking lessons learned and working to ensure that deficits in the process that led to the error are addressed, to decrease the likelihood that such an event will recur.

(continued from page 8)

and repetitively ask "what if" questions to help make sense of the event. They're likely to start second-guessing their clinical skills and knowledge base.

3. **Restoring personal integrity.** The clinician worries about the event's impact on his or her job, future employment, and professional licensing. The clinician desperately wants to remain a valued colleague—not a weak link for the team—and worries that coworkers are discussing her or his professional performance.
4. **Enduring the inquisition.** The clinician realizes other parties in the organization (frequently strangers) will conduct a review of the event and ask him or her to answer multiple "why" questions. Fear of the unknown and poor understanding of the investigation process can cause marked stress.
5. **Obtaining emotional first aid.** The clinician realizes the need for emotional support but may not know whom to turn to or trust. Few clinicians actively reach out for support from colleagues. Most silently hope a colleague will realize something isn't right and offer support.
6. **Moving on.** This stage represents the final effect of the event on the clinician, who may take one of three possible paths of recovery. (See *Three roads to recovery.*)

Supporting our own

Despite a growing literature base that shows unexpected clinical events can have ominous emotional consequences, most second victims don't get adequate support from employers. Instead, they suffer tremendous anxiety and stress alone and in silence. Without appropriate support, they may experience long-term sequelae and prolonged personal suffering. Some decide to leave their profession.

Although their psychosocial and physical recovery requires emotional support, many aren't sure where they can safely turn for support and guidance. Without prompt support, they may face long-term career sequelae that could jeopardize their careers and affect their personal lives—distraction at work, difficulty focusing on the task at hand, a decline in clinical performance, and increased frustration and irritability. Some relocate to an alternative care environment or leave their profession altogether.

When they do confide in others, most choose colleagues and supervisors. Given a choice, many would prefer to receive support from a trusted colleague with intimate knowledge of their work environment and its challenges. An ideal colleague-confidant is one who's familiar with the victim's specific professional role. Such colleagues, especially those who've been second victims themselves, can offer powerful healing words and support.

Second victims also seek opportunities to meet with their supervisor in a spirit of performance improvement to review the care they rendered to the patient. They desperately want their supervisors to tell them they still have confidence in their clinical skills and consider them a trusted member of the team.

In clinically complex environments, unexpected and sometimes tragic patient outcomes occur on a regular basis. To protect their clinicians, organizational leaders must understand the seriousness of the second victim experience and develop a comprehensive response plan that provides immediate support and assistance. (See *A pathbreaking program.*) Formalized organizational initiatives should make addressing second victims' suffering a priority.

Although many healthcare organizations anticipate second victims' needs and are planning interventions to help them make a healthy recovery, few have formalized action plans to address these victims' many unique needs at the organizational level. Ideally, readily accessible support infrastructure should be accessible to all clinicians 24/7 so staff members experiencing an unanticipated clinical event can get immediate help. Employees should be made aware of the support that's available and should be told what to expect after the event. Such programs should include screening and monitoring of at-risk professionals immediately after the unanticipated event, appropriate emotional support to expedite their recovery, and mitigation of adverse career outcomes. Clinician support must become a predictable part of the organization's response to an unanticipated clinical event, starting from the moment the event is discovered. ✭

Most second victims don't get adequate support from their employers.

A pathbreaking program

In 2007, patient-safety nurse researchers at the University of Missouri Health Care (MUHC) gathered a steering group to guide development of a rapid response system to care for caregivers. During team development, this group provided social support to colleagues in distress until the formal team was deployed.

In 2009, MUHC implemented a second victim support infrastructure to provide emotional support for clinicians, student learners, and volunteers. In this first-of-its-kind intervention, a comprehensive support infrastructure called the forYOU Team offers immediate emotional and social support for clinicians on a 24/7 basis. The team addresses the individual's unique needs using an evidence-based, three-tiered model. The menu of comprehensive emotional support ranges from on-demand immediate emotional first aid to professional counseling services. (See **www.muhealth.org/foryou** for more information.)

Susan D. Scott is the manager of patient safety and risk management at the University of Missouri Health Care System in Columbia.

Selected references

Carr S. *Disclosure and Apology: What's Missing? Advancing Programs That Support Clinicians*. Boston, MA: Medically Induced Trauma Support Services; 2009.

Conway J, Federico F, Stewart K, Campbell MJ. *Respectful Management of Serious Clinical Adverse Events*. 2nd ed. Cambridge, MA: Institute for Healthcare Improvement; 2011. www.ihi.org/resources/Pages/IHIWhitePapers/RespectfulManagementSeriousClinicalAEsWhitePaper.aspx

Dekker S. *Second Victim: Error, Guilt, Trauma, and Resilience*. Boca Raton, FL: CRC Press; 2013.

Hu YY, Fix ML, Hevelone ND, et al. Physicians' needs in coping with emotional stressors: the case for peer support. *Arch Surg*. 2012;147(3):212-7.

Scott SD, Hirschinger LE, Cox KR, et al. Caring for our own: deploying a second victim rapid response system. *Jt Comm J Qual Patient Saf*. 2010;36(5):233-40.

Scott SD, Hirschinger LE, McCoig M, Cox K, Hahn-Cover K, Hall LW. Chapter 28: The Second Victim. In: DeVita, MA, Hillman K, Bellomo R, eds. *Textbook of Rapid Response Systems: Concept and Implementation*. New York: Springer; 2011:321-30.

Scott SD, Hirschinger LE, Cox KR, McCoig M, Brandt J, Hall LW. The natural history of recovery for the healthcare provider "second victim" after adverse patient events. *Qual Saf Health Care*. 2009;18(5):325-30.

Seys D, Scott S, Wu A, et al. Supporting involved health care professionals (second victims) following an adverse health event: a literature review. *Int J Nurs Stud*. 2013;50(5):678-87.

van Pelt F. Peer support: healthcare professionals supporting each other after adverse medical events. *Qual Saf Health Care*. 2008;17(4):249-52.

Waterman AD, Garbutt J, Hazel E, et al. The emotional impact of medical errors on practicing physicians in the United States and Canada. *Jt Comm J Qual Patient Saf*. 2007;33(8):467-76.

Wu AW. Medical error: the second victim. The doctor who makes the mistake needs help too. *BMJ*. 2000;320(7237):726-7.