

Introduction

This study reports the first stage of an ongoing quality improvement initiative with the overall aim of identifying and providing an effective level of support for healthcare workers following patient safety incidents in Our Lady's Children's Hospital, Crumlin (OLCHC). The aim of this initial study was to identify whether the staff of a national paediatric hospital were familiar with the term 'second victim', their awareness of supports currently available to them following a patient safety incident and whether these are sufficient.

The term 'second victim' was first introduced by Albert Wu in 2000, and refers to a healthcare provider involved in an unanticipated adverse patient event, medical error and/or a patient-related injury, who become victimised in a sense that the provider is traumatised by the event (Scott et al. 2009). Van Gerven (2016) suggested that at some point in their career, all healthcare professionals are at risk of becoming a second victim.



Methods

A literature review informed the development of a survey instrument with qualitative and quantitative questions. This survey was piloted with 10 cross-discipline members of staff. Amendments to this survey were made, which was then distributed to approximately 1,650 staff members via survey monkey and hard copy. 303 participants took part in the study. Results were analysed and reported.

Results

This study is the first of its kind in the Irish healthcare system and its findings are consistent with internationally reported results. Findings revealed that 54.4% of participants were unfamiliar with the term 'second victim' (see figure 1 for details). 51.13% of the overall sample had been involved in a patient safety incident in the previous 12 months (see figure 2 for details). Of all doctors and nurses who took part in the study, 70% and 62.28% of them respectively had been involved in a patient safety incident in the previous 12 months.

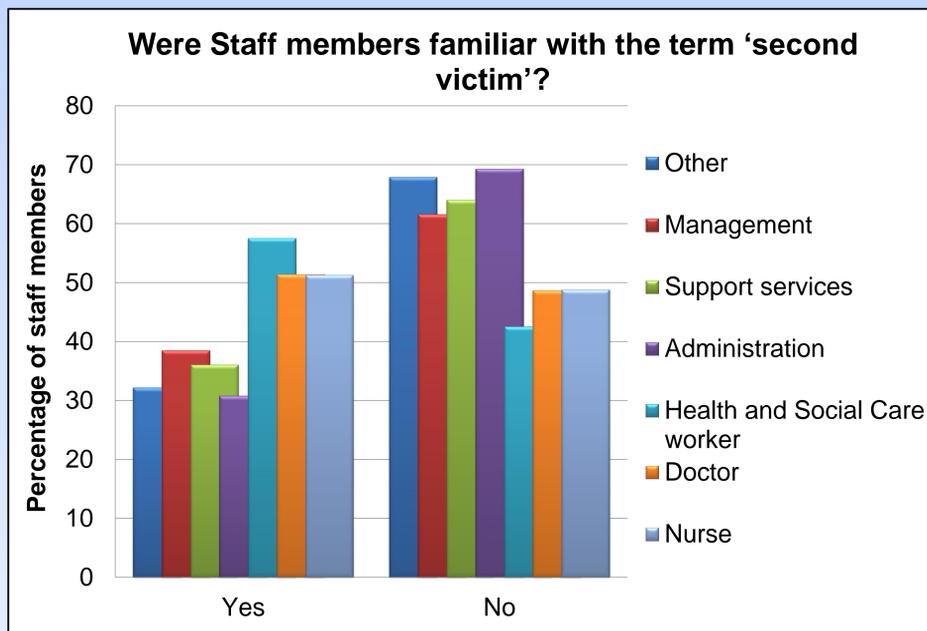


Figure 1. Displays staff familiarity with the term Second Victim.

Of all participants who had been involved in a patient safety incident, 53.54% reported feeling traumatised following the event.

Overall anxiety (63.46%) was rated as the most prevalent symptom experienced, with 'second-guessing yourself' second most frequent (52.27%). However, doctors and health and social care staff reported higher rates of 'second-guessing' than other disciplines (61.54% and 60% respectively).

The majority of staff (57.42%) felt supported following the incident, with Management staff reporting highest levels of support (75%). Overall, support was most frequently received from colleagues (81.63%).

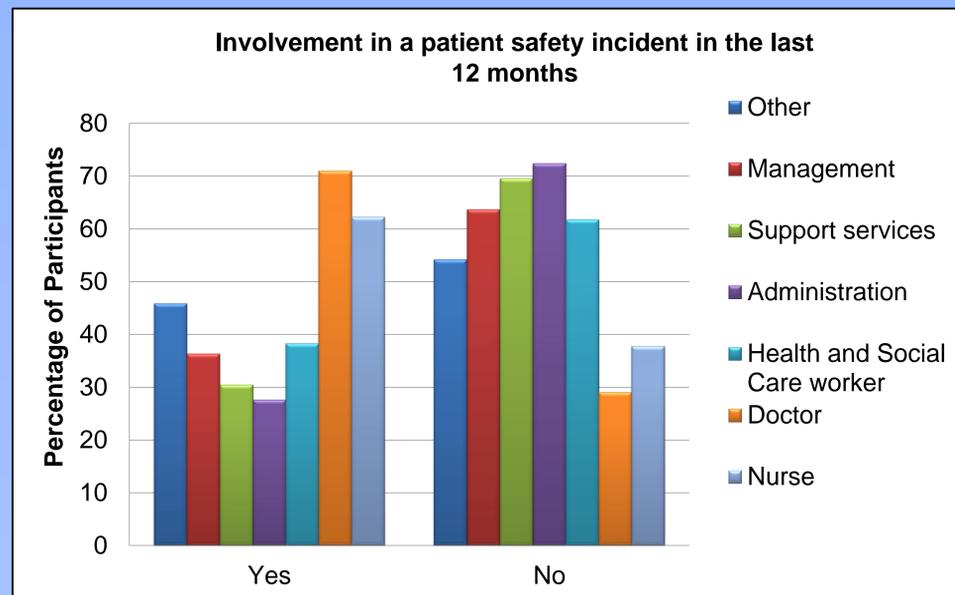


Figure 2. Displays the Percentage of participants who were involved in a patient safety incident in the last 12 months.

Only 42.99% of staff overall were aware of the existing available supports within OLCHC. From the overall sample, 36% of respondents did not know of or believed that there was no (36.80%) formal support available to them. In contrast to this, 70% of the respondents from management reported that there were formal support systems available to them. Of those surveyed 33.3% of nurses contemplated leaving their job following a patient safety incident.

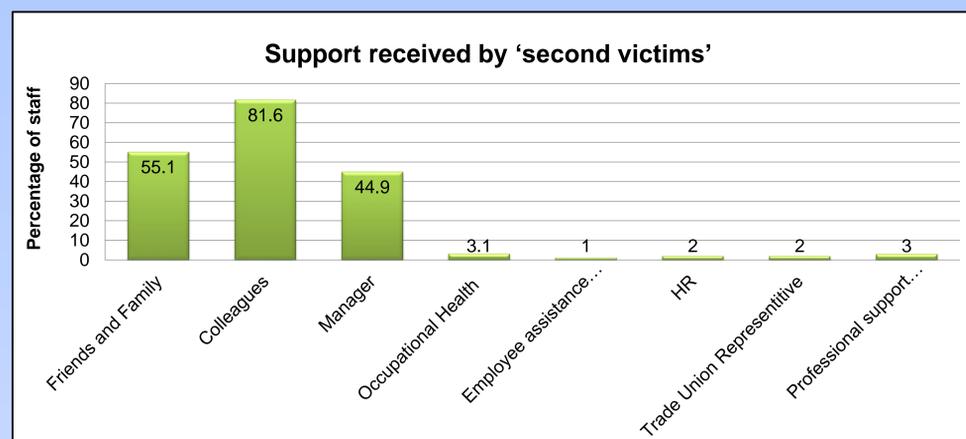


Figure 3. Displays where staff members received support following a patient safety incident.

Doctors (82.76%), other (72%), support services (68.42%), administration (57.69%) reported that they were not aware of existing support in OLCHC. Health and social care (58.62%), nurses (55.86%) and management (90%) reported that they were aware of existing support in OLCHC.

Recommendations

The findings of this study highlight that there is a need to increase understanding and awareness among staff about what it means to be a 'second victim' and what supports are currently available. The following goals have been set for the next stage of this quality improvement initiative:

- Education must be provided to all staff members about the 'second victim' phenomenon and what support is available to them.
- Seek resources to provide dedicated confidential support services for 'second victims'.
- Dedicated resources to lead specific support services for second victims.
- Rolling training for line managers which will provide them with the necessary skills to support staff, including issues such as confidentiality and how to provide a safe place for discussion.

References

1. Van Gerven et al.,(2016). Increased risk of burnout for physicians and nurses involved in a patient safety incident. Chapter 2 in Health Professionals as Second Victims of Patient Safety Incidents: Impact on Functioning and Wellbeing page (Dissertation presented in partial fulfilment of the requirements for the degree of Doctor in Biomedical Sciences).
2. Scott, S. D., Hirschinger, L. E., Cox, K. R., McCoig, M., Brandt, J., & Hall, L. W. (2009). The natural history of recovery for the healthcare provider "second victim" after adverse patient events. *Quality and Safety in Health Care*, 18(5), 325–330. doi:10.1136/qshc.2009.032870