

LEAD FEATURE

Support and Recovery Strategies for Second Victims

Lisa Croke, Managing Editor

One main goal for perioperative team members is to avoid complications for their patients; however, medical errors and adverse events can occur as a consequence of human fallibility. Such errors and adverse events can result in patient harm or death; this makes patients the “first victim.” In addition to the patient, three other groups also can be considered victims of an error or adverse event: health care workers (HCWs), who are considered second victims (SVs); the reputation of the facility (ie, third victim); and patients who can be subsequently harmed (ie, fourth victim).¹ An SV is defined as an HCW who is directly or indirectly involved in an unanticipated adverse patient event or injury or unintentional health care error and who becomes victimized in the sense that they are also negatively affected.² Evidence suggests that the prevalence of SVs after an error or adverse event can be up to 43.3%.^{1,3}

Consequences and Recovery

Second victims can experience a range of symptoms, including psychological (eg, shame, anxiety), cognitive (eg, burnout), and physical (eg, sleep problems) symptoms. Symptom severity is based on a variety of factors, such as relationship with the patient, clinical experience, and amount of support from coworkers.¹ Symptoms can last for days to years and can affect quality of life.^{1,4} “These symptoms can drive work-related consequences, which can affect someone’s ability to care for subsequent patients and often have large-scale ramifications for the facility, such as absenteeism or staff members leaving the facility or profession,” said Julie Cahn, DNP, RN, CNOR, RN-BC, ACNS-BC, CNS-CP, who was an AORN senior perioperative practice specialist at the time this article was written. There are six stages of recovery for SVs (Sidebar 1).

Support Strategies

There are multiple ways that organizations can support SVs, including connecting them with counseling, allowing them to learn from errors without punishment, and supporting their well-being. To prevent future errors or adverse events, SVs should be

allowed to share what led to the error and take part in efforts to learn from the error.¹

Process and Protocols

Clear guidelines for managing adverse events, including roles and responsibilities, and policies on open disclosure should be established; this includes methods for ensuring accountability and simple checklists to follow.¹ It is important to focus on the effect of adverse events on SVs’ work performance within the first 24 hours because there is increased potential for another adverse event in this timeframe.^{1,5} As such, an investigation to identify SVs should be performed simultaneously with a root cause analysis.¹

Culture

Errors can lead to lessons learned only if they are reported; blaming or punishing HCWs for errors resulting from systems in place does not address the cause or prevent errors from reoccurring.¹ According to Cahn, an organization’s culture plays a huge role in how HCWs are affected after an adverse event or error. “A second victim’s experience will be different in an unsupportive ‘blame and shame’ culture versus a learning culture or just culture where psychological safety is built in,” she said. Leaders should work to create a culture that avoids blame, shame, and punishment, but still supports accountability.¹ Resources and programs should be developed to detect high-risk events and decrease the negative effects for SVs.⁴

Emotional First Aid

The first stage of support is emotional first aid provided by a trusted coworker.^{1,4,6} According to Cahn, research indicates that the support most people want is collegial. “Often, they just want to talk to somebody who will understand them and their perspective; this is typically a colleague in their own profession,” she said. “They can have difficulty getting support from people who are within their chain of command or who are investigating the error that occurred; therefore, it is best if collegial support is not from either of

SECOND VICTIMS

Sidebar 1. Six Stages of Recovery for Second Victims¹

- Stage 1: Chaos and accident response
 - Realizing what occurred
 - Being distracted and immersed in self-reflection
- Stage 2: Intrusive reflections
 - Re-enacting and re-evaluating the situation
- Stage 3: Restoring personal integrity
 - Seeking support from a trusted person
 - Doubting their future in the profession
 - Being unable to move forward when met with unsupportive colleagues
- Stage 4: Enduring the inquisition
 - Worrying about repercussions (eg, job, litigation)
- Stage 5: Obtaining emotional first aid
 - Seeking emotional support (while having concerns about who is safe for legal and privacy reasons)
 - Being unclear about who could provide support (eg, professional, legal)
- Stage 6: Moving on
 - Feeling pressured to put the event behind them

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1. 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):325-330. <https://doi.org/10.1136/qshc.2009.032870>

these two sources.” The coworker should listen to the affected HCW and acknowledge that everyone is human, feels bad about errors and adverse events, and experiences negative effects when they occur; solutions should not be immediately sought or discussed. It also is important to recognize and share that everyone responds to an adverse event differently. A discussion immediately after the event should be encouraged to provide an opportunity for involved HCWs to debrief before beginning to perform work-related tasks again.⁴

Cahn indicated that the first step for coworkers wanting to be supportive is having an awareness that SVs can emerge after an adverse event and what resources are available to them. “When an adverse event occurs, you need to be on the lookout for potential second victims; then, you can identify if they need support and if you are the right person to reach out or if there are programs or trained personnel available,” she said. “At the very least, it is best to acknowledge potential second victims; for example, you can say, ‘I’m really sorry this happened to you. This has been a tough break. Do you feel OK to share with me? Are you aware of resources?’” The trusted coworker can engage the affected HCW by taking them somewhere private as soon as possible after the event and asking open-ended questions (eg, “How do you feel?”), listening to their responses, and letting them guide the direction of the discussion (eg, short versus repeating the story). It should be noted that

it is not beneficial to tell the affected HCW not to worry or that everything will be fine.⁴

Formal Coworker Support

The second stage of support is provided by appropriately trained coworkers who follow-up with the affected HCW in the days or weeks following the adverse event, monitor their well-being, and provide referrals for additional support when needed.⁴ “Dedicated second victim programs are supported by volunteers within the facility, such as nurses, physicians, pastors, social workers, and all sorts of people who are trained on how to best support a second victim in the moment and long term,” Cahn said. Johns Hopkins Hospital has a RISE (Resilience in Stressful Events) program that consists of emotional support provided by an interdisciplinary group of volunteer HCWs; these teams are called after an adverse event; meet with the affected HCWs; actively listen; and provide emotional support, psychological first aid, and a list of current resources available within the facility (eg, employee assistance program, counseling).⁷

Professional Support

In stage three, mental health professionals may be best for providing support.^{1,4,6} This support should be accessible by all HCWs and should be encouraged when symptoms continue or get worse.⁴ Troubling symptoms may include re-experiencing the event (eg, flashbacks, nightmares, constant negative thoughts),

SECOND VICTIMS

emotional numbing or trying to avoid being reminded of the event, and hyperarousal (eg, anxiety, difficulty relaxing).⁸ “If someone has very severe or long-lasting symptoms, some of the larger second victim support programs will provide referrals to professional resources, such as licensed mental health providers,” Cahn said. “Referrals to professional sources of support outside the second victim’s facility is dependent on symptoms the individual is experiencing and the structure of the organizational support program.” Affected HCWs also may consider contacting their primary care provider for additional support or referral to specialists as appropriate.⁸

Prevention Strategies

According to Cahn, personal factors can feed into severity and duration of symptoms for SVs. “For instance, a person who already has high levels of resiliency, such as having a lot of support from their partner or their family, is going to have a very different experience than a person who is in the midst of getting a divorce,” she said. “In addition, if the individual has a lot of work experience behind them, often it can be a lens through which they may be more likely to see how systems or human factors contributed to the event, in addition to their responsibility or involvement.”

Adverse events can be especially damaging for HCWs with low self-esteem; therefore, it is important that HCWs work to strengthen their self-esteem.⁸ Tips to improve self-esteem include being kind to oneself (eg, challenging unkind thoughts, saying positive things about oneself, avoiding comparisons), recognizing positives (eg, celebrating successes), building a support network (eg, peer support, focusing on positive relationships), trying therapy, challenging oneself (eg, learning something new, setting goals), and taking care of oneself (eg, getting enough sleep, eating healthy).⁹ How HCWs explain negative events to themselves also can either protect or be detrimental to their self-esteem. These explanations can be adapted to be more supportive, which can increase resilience to challenging situations. As a first step, HCWs should increase their awareness of their thought processes and how they

explain negative events. Then, they can begin to question unhelpful and harmful thoughts and trade them out with more helpful and gentle thoughts.⁸

Perfectionism is not being able to amend very high standards; it makes thoughts and actions inflexible.⁸ Developing greater mental flexibility can allow HCWs to amend these high standards, so they can push more if they are feeling stronger and ease up on themselves if they are feeling overwhelmed.^{8,10} Tips for increasing flexibility include breaking down large goals into smaller, more manageable tasks; prioritizing tasks based on their effect on the entire project or goal; creating time limits for each task; taking regular breaks; avoiding worrying about things out of one’s control; saying positive things to oneself; having faith in coworkers and delegating tasks as appropriate; and allowing others to be themselves without criticism.¹⁰

Conclusion

An SV is an HCW involved in an unanticipated adverse event or error who experiences a range of symptoms that can affect quality of life. There are multiple ways that organizations can support SVs, including connecting them with counseling, allowing them to learn from errors without punishment, and supporting their wellness. For those wanting to learn more about supporting SVs, Cahn and her colleagues will be presenting an education session “To Err is Human: Support for



Coworkers can help support potential second victims by taking them somewhere private as soon as possible after an adverse event and asking open-ended questions, listening to their responses, and letting them guide the direction of the discussion. Image courtesy of SeventyFour via Getty Images

SECOND VICTIMS

Perioperative Second Victims” at the AORN Global Surgical Conference & Expo 2024.

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