



SOCIEDAD ESPAÑOLA DE
CALIDAD ASISTENCIAL

Revista de Calidad Asistencial

www.elsevier.es/calasis



ORIGINAL ARTICLE

Becoming a ‘‘second victim’’ in health care: Pathway of recovery after adverse event



C. Rinaldi^{a,*}, F. Leigheb^a, K. Vanhaecht^b, C. Donnarumma^a, M. Panella^a

^a Department of Translational Medicine, School of Medicine, University of Eastern Piedmont, Novara, Italy

^b Center for Health Services and Nursing Research, School of Public Health, University of Leuven, Leuven, Belgium

Received 27 January 2016; accepted 2 May 2016

Available online 1 July 2016

KEYWORDS

Second victim;
Emotional distress;
Adverse events;
Support program;
Patient safety

Abstract

Introduction: The healthcare worker involved in an unanticipated adverse patient event can become second victim. These workers suffer physically and psycho-socially and try to overcome the post-event emotional stress by obtaining emotional support in a variety of ways. The goal of this research was to study second victims among health care providers in Italy.

Methods: This contribution contains the results of 33 interviews of nurses, physicians and other healthcare workers. After institutional approval, the semi-structured interview, composed of 25 questions, was translated from English into Italian. The audio-interviews were transcribed on paper verbatim by the interviewer. It was then verified if the interviewees experienced the six post-event stages of second victim recovery previously described within the literature.

Results: The interviewees described the post-event recovery stages described by literature but stages were not detailed in the exact succession order as the American study. All participants clearly remembered the adverse event and referred the physical and psycho-social symptoms. The psychological support obtained by second victims was described as poor and inefficient.

Discussion: The post-event recovery pathway is predictable but not always clearly respected as defined within this Italian sample. Future study of the second-victim phenomenon and desired supportive interventions is necessary to understand the experience and interventions to mitigate harm of future clinicians. Every day healthcare workers become second victims and, considering that human resources are the most important heritage of healthcare infrastructures, after an adverse event it is very important to execute valid interventional programs to support and train these workers.

© 2016 SECA. Published by Elsevier España, S.L.U. All rights reserved.

* Corresponding author.

E-mail address: cml.rinaldi@gmail.com (C. Rinaldi).

PALABRAS CLAVE

Segunda víctima;
 Angustia emocional;
 Eventos adversos;
 Programas de apoyo;
 Seguridad
 del paciente

Convertirse en «segunda víctima» en asistencia sanitaria: la vía de la recuperación después de un episodio adverso

Resumen

Introducción: El trabajador sanitario implicado en un episodio adverso imprevisto de un paciente puede convertirse en la segunda víctima. Estos trabajadores sufren física y psicológicamente, y tratan de superar de varias maneras el estrés emocional posterior al episodio mediante la obtención de apoyo emocional. El objetivo de esta investigación fue estudiar segundas víctimas entre el personal sanitario en Italia.

Métodos: Esta contribución contiene los resultados de 33 entrevistas a enfermeras, médicos y otros profesionales sanitarios. Después de la aprobación institucional, la entrevista semiestructurada, compuesta por 25 preguntas, se tradujo del inglés al italiano. El entrevistador transcribió las entrevistas sonoras literalmente. A continuación se comprobó que los entrevistados hubieran experimentado las 6 etapas de recuperación posteriores al episodio de segunda víctima descritas en la bibliografía.

Resultados: Los entrevistados describieron las etapas de recuperación posteriores al episodio descritas en la bibliografía, pero las etapas no se presentaron en el orden de sucesión exacto en que aparecieron en el estudio norteamericano. Todos los participantes recordaban claramente el episodio adverso e hicieron referencia a los síntomas físicos y psicosociales. El apoyo psicológico obtenido por las segundas víctimas se describió como deficiente e ineficaz.

Discusión: La vía de recuperación posterior al episodio es previsible, pero no siempre se respeta con claridad, como se define en esta muestra italiana. Es necesario un futuro estudio sobre el fenómeno de la segunda víctima y las intervenciones de apoyo deseadas para entender la experiencia y las intervenciones para atenuar el perjuicio de los futuros médicos. Cada día, trabajadores sanitarios se convierten en segundas víctimas, y teniendo en cuenta que los recursos humanos son el patrimonio más importante de las infraestructuras sanitarias, después de un episodio adverso es muy importante ejecutar programas de intervención válidos para apoyar y formar a estos trabajadores.

© 2016 SECA. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

Introduction

Albert Wu used the term “second victim”, for the first time, on 2000.¹ A second victim was defined as “a health-care worker involved in an unanticipated adverse patient event, in a medical error and/or a patient related-injury who become victimized in the sense that the worker is traumatized by the event. Frequently, second victims feel personally responsible for the patient outcomes. Many feel as though they have failed their patient and feel doubts about their clinical skills and knowledge base”.^{2,3} Recent studies show the prevalence of second victims³⁻⁶ and point out that most of second victims struggle in isolation, both personally and professionally. This also has a negative impact on their colleagues, supervisors, managers, patients, and organization.^{7,8}

According to literature addressing the needs of health care’s second victims need to become part of national and local patient safety and quality improvement initiatives.⁷ Senior organizational leaders should organize and support the organization support network. Second victims should be encouraged to be actively involved in the design and development of support structures.⁹

“Second victims” are an emerging problem also in Italy, underlined by the Ministry of Health Care in 2011 that published “Guidelines for manage and communicate Adverse Events in Health Care”. This document specifies the

necessity to support the operators involved in an adverse event and assess the impact that this event has on the involved operators and staff in order to adopt appropriate strategies to ensure the event become a learning source and not a demotivational one.¹⁰

The goal of this research was to study second victims in Italy.

Specific objectives were:

1. to describe the physical and psycho-social impact of an adverse event on second victim;
2. to specify the recovery course after an adverse event;
3. to describe the actual assistance provided to the second victims.

Methods

A research quality–quantity strategy has been used for this study. After approval from institutions (SN5518) to investigate about impact and support concept for second victims, nurses, doctors and other healthcare workers were identified to poll with semi-structured interviews.

The four-person team, consisting of two safety/risk management experts, one registered nurse, and one sociologist, determined an interview schedule. A 25-item semi-structured interview guide was used and included personal

Download English Version:

<https://daneshyari.com/en/article/1090906>

Download Persian Version:

<https://daneshyari.com/article/1090906>

[Daneshyari.com](https://daneshyari.com)