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ORIGINAL ARTICLE

Personal, situational and organizational aspects that influence the impact of patient safety incidents: A qualitative study



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KEYWORDS

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Abstract

Objectives: When a patient safety incident (PSI) occurs, not only the patient, but also the involved health professional can suffer. This study focused on this so-called “second victim” of a patient safety incident and aimed to examine: (1) experienced symptoms in the aftermath of a patient safety incident; (2) applied coping strategies; (3) the received versus needed support and (4) the aspects that influenced whether one becomes a second victim.

Materials and methods: Thirty-one in-depth interviews were performed with physicians, nurses and midwives who have been involved in a patient safety incident.

Results: The symptoms were categorized under personal and professional impact. Both problem focused and emotion focused coping strategies were used in the aftermath of a PSI. Problem focused strategies such as performing a root cause analysis and the opportunity to learn from what happened were the most appreciated, but negative emotional responses such as repression and flight were common. Support from colleagues and supervisors who were involved in the same event, peer supporters or professional experts were the most needed. A few individuals described emotional support from the healthcare institution as unwanted. Rendered support was largely dependent on the organizational culture, a stigma remained among healthcare professionals to openly discuss patient safety incidents. Three aspects influenced the extent to which

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PALABRAS CLAVE

Seguridad del paciente;
Errores médicos;
Segunda víctima;
Médicos;
Enfermeras;
Comadronas

a healthcare professional became a second victim: personal, situational and organizational aspects.

Conclusion: These findings indicated that a multifactorial approach including individual and emotional support to second victims is crucial.

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Aspectos personales, situacionales y organizacionales que influyen en la repercusión de incidentes adversos durante una intervención sanitaria: un estudio cualitativo

Resumen

Objetivos: Cuando se produce un incidente adverso durante una intervención sanitaria, no solo puede sufrir el paciente, sino también el profesional sanitario implicado. Este estudio se centró en la conocida como «segunda víctima» de un incidente adverso durante una intervención y su objetivo fue evaluar: 1) los síntomas experimentados a raíz de un incidente adverso durante una intervención sanitaria; 2) las estrategias de afrontamiento que se aplicaron; 3) el apoyo recibido frente al apoyo necesario, y 4) los aspectos que influyeron en que uno se convirtiera en una segunda víctima.

Material y métodos: Se llevaron a cabo 31 entrevistas exhaustivas con médicos, enfermeras y comadronas que habían estado involucrados en un incidente adverso durante una intervención.

Resultados: Los síntomas se clasificaron por repercusión personal y profesional. Se utilizaron estrategias de afrontamiento centradas en el problema y en la emoción después de un incidente adverso durante una intervención. Las estrategias centradas en el problema, como el análisis de la causa primordial y la oportunidad de aprender de lo sucedido, fueron las más apreciadas, pero las respuestas emocionales negativas, como represión y huida, eran frecuentes. Lo más necesitado era el apoyo de colegas y supervisores que participaron en la misma intervención, partidarios de los compañeros o expertos profesionales. Algunas personas describen el apoyo emocional de la institución sanitaria como no deseado. El apoyo prestado depende, en gran medida, de la cultura organizacional, aunque entre los profesionales sanitarios subsiste el estigma de hablar abiertamente de incidentes adversos durante una intervención. Tres aspectos influyeron en la medida en que un profesional sanitario se convirtió en una segunda víctima: aspectos personales, situacionales y organizacionales.

Conclusión: Estos resultados indicaron que es fundamental un enfoque multifactorial que incluya apoyo individual y emocional a la segunda víctima.

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Introduction

Reason said fallibility is part of the human condition.¹ Because of the complexity of today's healthcare environment, it was recognized that even with preventive measures and the best healthcare professionals, they were all at risk of being involved in a patient safety incident (PSI) at some point.² A PSI was "an event or circumstance that could have resulted, or did result, in unnecessary harm to a patient".³ Despite all current efforts made to improve patient safety, harmful PSIs still occurred in one out of seven patients.^{4,5}

Unfortunately, there was more than one victim after a PSI.^{6,7} The first victim was the patient and his/her family. The second victim after a PSI was the healthcare professional involved in the event. Scott et al.⁸ defined second victims as "healthcare professionals involved in an anticipated adverse patient event or medical error who become victimized in the sense that they are traumatized by this event. Frequently, they feel personally responsible for

the unexpected patient outcomes and feel as though they have failed their patient, doubting their clinical skills and knowledge base". Several studies have reported signs and symptoms such as shame, guilt, anger, self-doubt and overall stress symptoms.^{9,10} Stress has been implicated as a major contributing factor to poor communication and poor leadership, a leading cause of sentinel events. It was estimated that nearly half of healthcare providers could experience the second victim phenomenon at least once during their professional career^{9,11} indicating this was a significant hazard in health care.

Clinician involvement in a PSI could affect both physical and psychological well-being and requires action to restore balance. Lazarus and Folkman¹² described two types of coping responses as emotion focused and problem focused. Problem focused strategies aimed to remove or reduce the cause of the stressor. Emotion focused coping involved trying to reduce the negative emotional responses associated with stress such as embarrassment, fear, anxiety, depression,

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