

First Line Help for Second Victims

Deb Sonnenberg MSN, RN, CNOR, Katey Nguyen MSN, RN, NPD-BC, Jenny Lindner BSN, RN, CNOR, Julie Lyke MA, BSN, RN, Molly Beckstrom, and Jennifer Encinger, MSW, LICSW

ABSTRACT

Healthcare professionals involved in adverse patient events often experience psychological distress, referred to as Second Victim (Wu, 2000). This project aimed to assess staff awareness of available support and resources and evaluate current processes for providing assistance following these events. A survey of perioperative staff revealed gaps in support and awareness of available resources, highlighting opportunities for improvement. Although a standardized outreach program was developed and proposed to perioperative operational leaders, implementation was not completed, limiting findings to pre-intervention data.

CONTACT

Katey Nguyen
MHealth Fairview
Katey.Nguyen@fairview.org
(605)413-6188

BACKGROUND

Objective: Increase awareness of support and provide resources for identified second victims following adverse patient events.

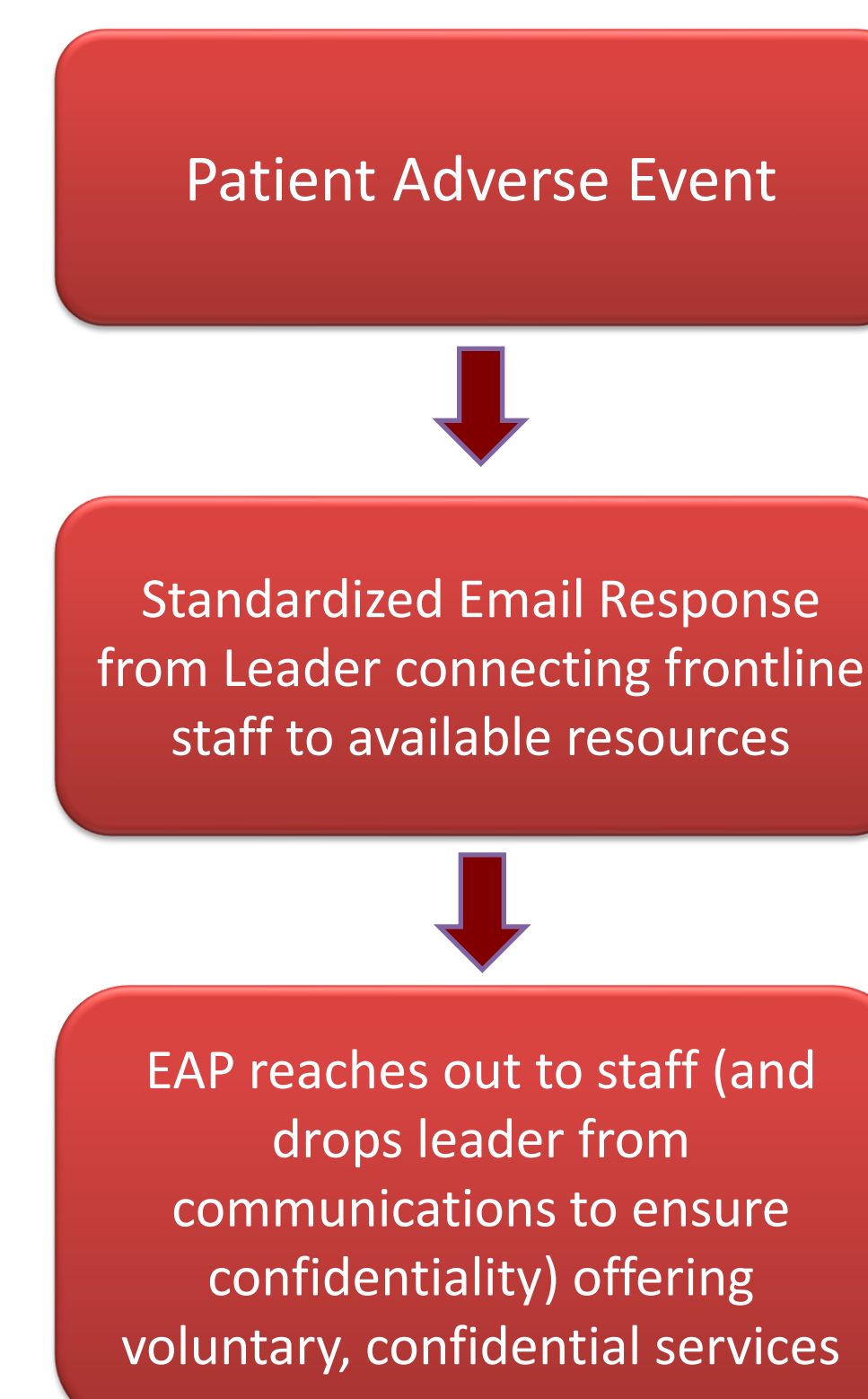
Second victims are healthcare personnel who experience psychological or physical symptoms after direct or indirect involvement in an unintentional adverse patient event (Wu, 2000). Consequences can include decreased attention, fear of returning to work, absenteeism, and even leaving the profession (Burlison et al., 2021; Schiess et al., 2021). Current system support relies on voluntary, employee-initiated resources such as the Employee Assistance Program (EAP). Leaders, key stakeholders, and survey data identified a gap in the current support process and expressed commitment to improving the support process following these events.



SECOND VICTIMS SUPPORT SURVEY

	Pre-data (n = 63)
Number involved in negative patient outcome	35
Number offered support following event	15
% staff offered support following negative patient outcome	43

PLANNED INTERVENTION



METHODS

Preparation and Planning:

- Engaged key stakeholders (Practice & Education, EAP representatives, unit leaders) reviewed existing support processes. This group then developed educational materials, including a one-page SBAR for leaders, email scripting, and a brief training on recognizing second victim symptoms.

Survey Assessment:

- Conducted an OR staff survey (n=63) to evaluate awareness of resources and experiences with support after adverse events.
 - 56% (35 respondents) reported involvement in an adverse event
 - Of these, 57% (20 respondents) were not offered support following the event

Planned intervention:

- Designed a standardized leader-driven process: when aware of an adverse event, leaders would send a scripted email to affected staff with EAP resources, directly connecting them to EAP support. This approach aimed to shift from an opt-in to an opt-out model for initial outreach.

Note: Implementation was not completed; findings reflect pre-intervention data only

SUMMARY

1. Enhanced leader engagement in supporting second victims
2. Promotes culture of psychological safety and support
3. Shifts from opt-in to opt-out model for initial outreach
4. Although implementation was not completed, this work highlights the need for structured processes to support second victims in the perioperative setting
5. Future steps include completing implementation and measuring post-intervention outcomes to evaluate impact

REFERENCES

- Burlison, J. D., Quillivan, R. R., Scott, S. D., Johnson, S., & Hoffman, J. M. (2021). The effects of the second victim phenomenon on work-related outcomes: Connecting self-reported caregiver distress to turnover intentions and absenteeism. *Journal of Patient Safety*, 17(3), 195-199. <https://doi.org/10.1097/PTS.0000000000000301>
- Schiess, C., Schwappach, D., Schwendimann, R., Vanhaecht, K., Burgstaller, M., & Senn, B. (2021). A transactional "second-victim" model—Experiences of affected healthcare professionals in acute-somatic inpatient settings: A qualitative metasynthesis. *Journal of Patient Safety*, 17(8), e1001-e1018. <https://doi.org/10.1097/PTS.0000000000000461>
- Wu, A. W. (2000). Medical error: The second victim. The doctor who makes the mistake needs help too. *BMJ*, 320(7237), 726-727. <https://doi.org/10.1136/bmj.320.7237.726>