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**Empowering Second Victims: Supporting
Healthcare Professionals after Adverse Health
Events**



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Empowering Second Victims: Supporting Healthcare Professionals after Adverse Health Events

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Abstract

Purpose: This essay provides a comprehensive analysis of support programs for healthcare professionals following an adverse health event. Through the use of electronic health records, health information exchange, and interoperability with data standards, these programs aim to address the effects on second victims.

Methodology: The methodology utilized includes a thorough review of the literature on the topic and presents key findings and implications for future research.

Findings: Overall, these results highlight the importance of supporting healthcare professionals to improve patient outcomes and minimize negative impacts within the healthcare system.

Unique contribution to theory, policy and practice: As healthcare evolves ceaselessly, we must cultivate an environment where the shaken can recover their footing. Collaborative efforts and advances can weave together a support structure sturdy enough to hold up all harmed by mishaps as second victims.

Keywords: *Healthcare Professionals, Second Victims, Adverse Events.*

INTRODUCTION

As the healthcare field blossoms, recognizing those affected by harm is key. Second victims, providers distressed after error or patient harm, often go unseen. Programs for second victims after mishaps are important to explore, highlighting how they foster resilience and culture among caregivers. Examining research sheds light on best supporting second victims, like trees needing water in a dry spell, and improving outcomes. To ensure safety and care of high quality, prioritizing the well-being of these individuals is crucial. This paper aims to shed light on available support after adverse events, promoting a positive environment where professionals can grow is significant. Current studies reveal how to best provide solace for second victims, to ultimately enhancing results in the medical industry (Chan 2016).

The concept of the "second victim" phenomenon, is where healthcare providers who are involved in unanticipated adverse events or medical errors experience trauma and feelings of personal responsibility. There is an emphasis on the importance of providing support and resources for second victims, including immediate access to emotional first aid and opportunities for participation in organizational learning and system redesign efforts. Additionally, the document highlights the need for a separate function to provide support to second victims, separate from the event investigation process (Merandi 2017).

The issue of medical errors and their impact on patients and healthcare professionals is a significant public health problem and can compromise a patient's quality of life (Price 2022). The concept of the second victim is introduced, referring to healthcare professionals who experience emotional distress following errors. There is a dire importance for patient-centered care and the need to support healthcare professionals in coping with their emotional distress Vanhaecht et al. (2012). Additionally, it calls for raising awareness of this issue and implementing appropriate institutional responses.

The Institute of Medicine's annual perspective 2016 report on medical mistakes highlighted projected deaths due to preventable medical errors. Unanticipated clinical events often occur due to complex clinical conditions, poorly designed processes, and inadequate communication patterns. Clinicians often experience sadness and concern when reviewing medical errors. (Thomas et.al2023). Caregivers may suffer emotionally following a medical error, known as the second victim phenomenon. Caregivers often lack support and guidance in the aftermath of a clinical outcome or mistake.

Various forms of support are important for the healthy recovery of suffering clinicians. The University of Missouri Health Care in 2007, system found that a significant number of staff members reported personal problems following patient safety events. The second victim experience is a life-altering event for clinicians. The severity of the second victim response is influenced by various factors, such as the patient-clinician relationship and past clinical experiences. The recovery trajectory for second victims includes six stages: chaos and

accident response, intrusive reflections, restoring personal integrity, enduring the inquisition, obtaining emotional first aid, and moving on. Individual clinicians have unique support needs, and no one intervention will meet everyone's needs. Second victims often face stigma when seeking assistance. A robust second victim support infrastructure should include multiple support options, 24/7 availability, leadership presence/support, and opportunities for organizational learning and system redesign. Real-time surveillance and immediate support for second victims should be implemented in health care systems. Clinician support should be separate from event investigation, with peer support provided by one person and event investigation conducted by another.

SECOND VICTIMS AND SUDDEN AND UNEXPECTED DEATH

The term "second victim," was coined by Albert Wu to describe the impact of medical errors on healthcare professionals (Wu 2000). Second victims are healthcare providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient-related injury, and become victimized in the sense that the provider is traumatized by the event. (Scott 2009) *There* are concerns about the term suggesting passivity or stigmatizing healthcare professionals. Some authors recommend abandoning the term. However, it is still used internationally by healthcare professionals, managers, and policymakers because it is memorable and conveys a sense of urgency. The term does not deny responsibility but highlights the need for attention.

SVS (sudden and unexpected death resulting from medical error) in the healthcare system, particularly with defensive medicine highlights the adverse effects of representing these adverse events as criminal acts and the emotional toll it takes on healthcare providers involved in medical litigation. The practice of defensive medicine involves ordering unnecessary tests and procedures to protect against liability.

PREVALENCE OF HEALTHCARE PROFESSIONALS AS SECOND VICTIMS OF ADVERSE EFFECTS.

After an adverse event, the prevalence of second victims varied from 10.4% up to 43.3%.9. (Goncharuk 2023). Research has shown that almost half of HCPs experience the impact as an SV at least one time in their career Ozeke (2019). Indeed, there are always SVs, when there is a serious patient adverse event, but mostly silent because of the fear of litigation and the absence of a well-defined reporting system (Edrees 2011). The effects specialists such as Surgeons, anesthesiologists, and Pediatricist were found to be most affected according to researchers (Han 2017). In hospitals, most of the malpractice assertions are related to "surgical" or "infusion errors", whereas for outpatient care, most assertions are related to "unnoticed" or "late diagnosis"

EMOTIONS OF SECOND VICTIMS

The storm of emotions second victims face after bad medical outcomes are violent and can smash their well-being to pieces. Vanhaecht et al. (2012) note that "support for the shipwrecked after catastrophes must be structured on the deck and below." Providing shelter from anxiety,

depression, and post-traumatic stress disorder (PTSD) is critical. These impacts can blow harsh winds through their personal and professional lives. Hospitals have launched life rafts for second victims to address emotional impacts. Seys et al. (2013) mention that "second victim help is needed to tend wounded healthcare workers and fix quality of care." These programs intend to offer psychological first aid and supplies to aid recovery and professional well-being. Mathebula et al. (2022) underscore the importance of these programs by stating "doctors in diverse wards are at risk of suffering second victim effects," emphasizing that these programs must be available across all medical settings to effectively handle emotional impacts experienced by second victims. Current programs showing passengers to shore after accidents have demonstrated positive outcomes in helping second victims recover from mishaps. They offer a safe harbor for processing emotions and obtaining support from comrades and professionals. Furthermore, these programs also help improve general wellness, permitting the continuation of high-quality patient care. In conclusion, common emotional storms like anxiety, depression, and PTSD can shatter second victims after adverse health events. Yet existing programs accessible to them in medical environments have displayed fruitful results in aiding rehabilitation and boosting professional well-being. For these programs to succeed, they must be structured on individual and organizational levels, as stressed by Vanhaecht et al. (2012). Additional studies should persist in evaluating and upgrading these life rafts to ensure second-victim security in healthcare.

The harrowing storms of emotions that second victims braved in the aftermath of adverse events cannot be overstated. As Vanhaecht et al. (2012) ominously declared, support on both institutional and personal planes for these beleaguered souls was direly needed to lift them from the depths of their private hells. This calls for urgent focus on establishing ravenous support architectures within organizations to anchor those flung into turmoil.

CONCLUSION

In conclusion, effective support systems play a crucial role. These systems form a safety net, catching those who fall through healthcare's cracks in the wake of adverse events. Extensive research has illuminated their preeminent importance across healthcare's varied landscapes.

RECOMMENDATIONS

Developing and implementing such systems must remain a priority to ensure better outcomes for the afflicted. As healthcare evolves ceaselessly, we must cultivate an environment where the shaken can recover their footing. Collaborative efforts and advances can weave together a support structure sturdy enough to hold up all harmed by mishaps as second victims.

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