

The "Second Victim"

Medicine is a fast-paced, highly stressful occupation field. That is the reason why many of us entered into professions in the medical arena. The feel of the adrenaline rush after a code or difficult surgery; the constant unknowns of what will walk through the door next; never doing the same thing twice day after day; expecting the unexpected. That is what we were trained to do and we are good at it. Alas, that feeling of euphoria that was initially felt from the adrenaline rush can sometimes turn on us after we have been in the field for as few as 4 years and can become our enemy. Why?

Adverse events can happen at any time and in any place in the hospital setting. An adverse event could be something as simple as omitting a patient medication or as complex as a wrong site surgical procedure. The key to adverse events is that they are unanticipated and we never know how we as the care provider will react to the event. What one provider can blow off as "no big deal", may cause another serious coping issues. Sometimes there may not be a single event that causes coping issues, but rather an additive effect of the stress of being in healthcare. An employee may reach a point where the cumulative effects of the stressors of the job just become too much for him/her to handle alone anymore. This is something we tend to refer to as "burn out" and at some point in our careers, we will all experience it in one form or another. Most of us are able to find a coping mechanism that allows us to work past this wall that suddenly comes between us and the job we love.

Albert Wu, MD, MPH, FACP is the director of the Center for Health Services and Outcome Research and also a professor at the Johns Hopkins University Bloomberg School of Public Health. He coined the phrase "second victim" over a decade ago when referring to the experience that healthcare workers can face after an adverse event. A team at the University of Missouri Health Care defined "second victim" further as "healthcare providers who are involved in an unanticipated adverse patient event...and become victimized in the sense that the provider is traumatized by the event" (Scott et al.,2009). Research by Dr. Wu and the University of Missouri team shows that it is not a matter of "if" a healthcare worker will experience this but rather "when."

"Second victims" can have a variety of reactions to the event. Physical reactions such as elevated heart rate and blood pressure, excessive fatigue, or insomnia may present. Psychosocial symptoms can show up as anger, frustration, decreased job satisfaction, a loss of confidence in work ability, difficulty concentrating, and even physical discomforts (hives, panic attacks, and heart palpitations) returning to work. "Second victims" may experience flashbacks of the event where they constantly ask "what if" questions and relive the event. In severe forms, depression can occur. If workers do not find a way to cope effectively through the trauma, they may ultimately end up leaving the profession.

What can be done to combat the "second victim" phenomenon? As managers, it is our responsibility to provide support to our employees in this time of need. Encourage employees to talk about their feelings related to the event with their leadership team and coworkers. By

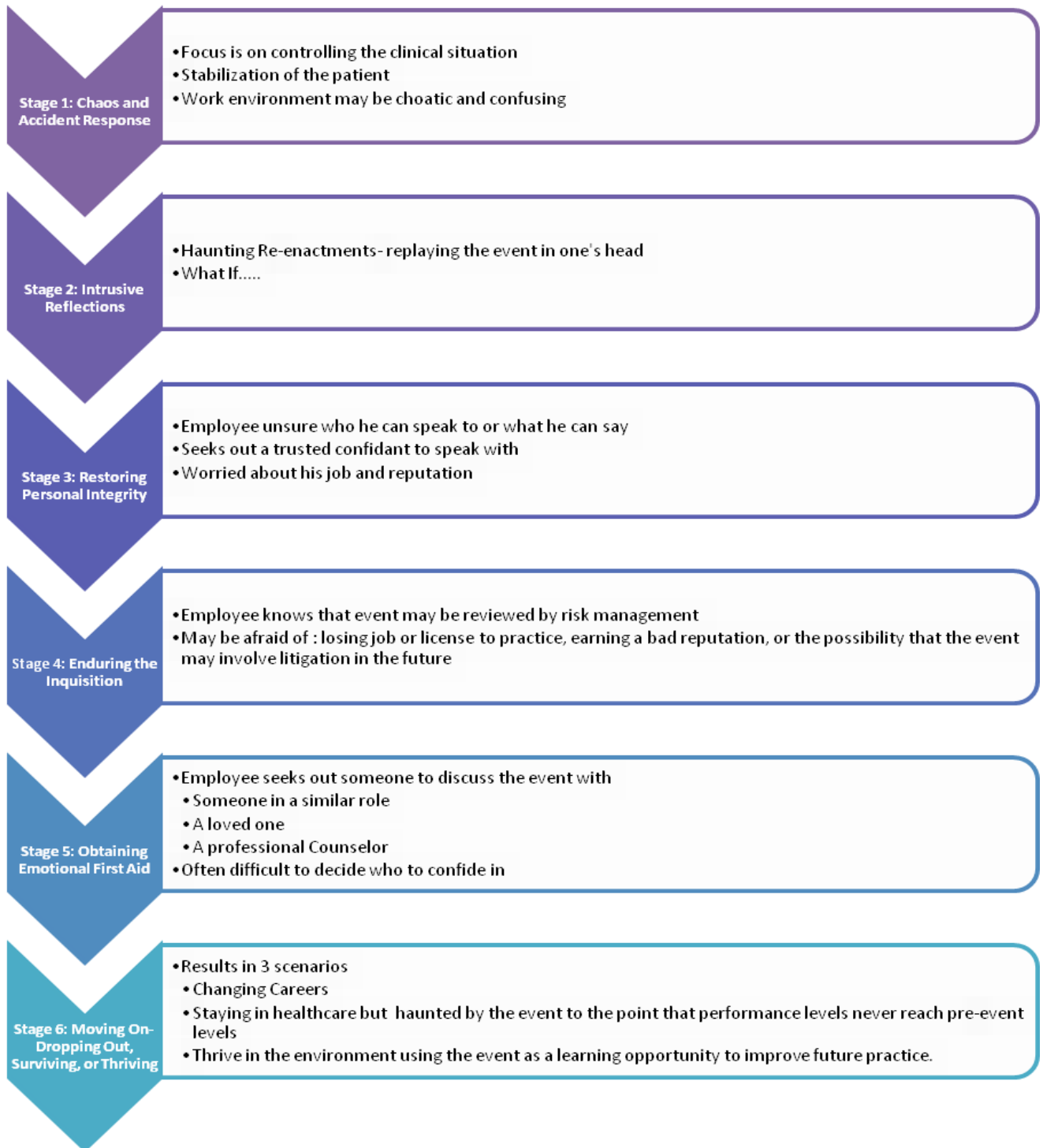
talking to others, employees will see that they aren't the only one going through this type of trauma and the dialogue with peers may offer insights into alternate ways to cope. Offer a post-event debriefing as soon as possible with all staff that was present for the event, allowing them to tell their story. Be sure to offer encouragement and reassurance. Provide employees with available resources to help them cope if they feel they need more professional help, for instance the hospital chaplain or the Employee Assistance Program (EAP). In the event that you need more information on how to help your employees, you can go to the Medically Induced Trauma Support Services website (www.mitss.org) and download free resources from their tool kit. With the right tools, we can help our fellow employees through these rough periods so that they go on to have successful careers in healthcare.

Works Cited

- (2013). Let the Healing Begin: Caring for the "Second Victim". *ECRI Risk Management Reporter*, 32(1), 1-10.
- Scott, S., Hirschinger, L., & Cox, K. (2009). The natural history of recovery for the healthcare provider "second victim" after adverse patient events. *Qual Saf Health Care*, 18(5), 325-30.
- Wu, A. (2000). Medical error: the second victim. The doctor who makes the mistake needs help too. *BMJ*, 320(7237), 726-727.

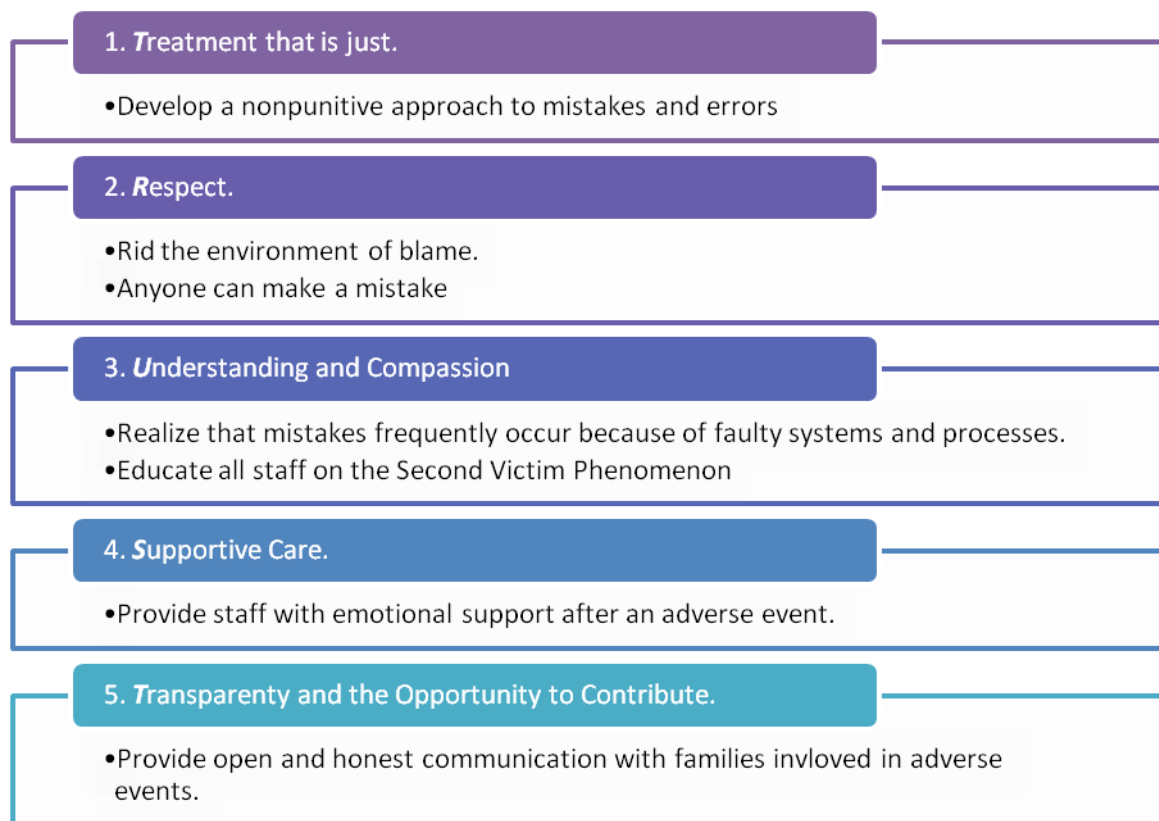
Common Reactions to Adverse Patient Events

Just as Kübler-Ross identified predictable stages of grief that individuals go through, Scott et al identified 6 predictable stages that healthcare workers progress through after dealing with an adverse patient event.



A common fear the healthcare worker may have is in trying to decide who to speak with about the event. He may feel that he will break confidentiality rules by discussing his feelings with loved ones or friends or that by discussing the events he may be breaching attorney-client privilege if the event has gone to litigation. He may also be afraid that if he speaks with a coworker, the coworker will not understand his feeling or may even be judgmental to the point of acting like a bully. By not providing an outlet for employees to discuss their feelings and emotional reactions to adverse patient events, we do them a disservice in their healing process and in turn their practice may suffer. As a result, we may permanently lose valuable members of the healthcare team because they were not given the opportunity to properly heal from an emotionally scarring event.

Creating a Just Culture environment throughout the organization will help when caring for employees that have become “second victims.” Charles Denham, MD who is the chairman of the Texas Medical Institute of Technology developed a model of the 5 Rights for the Second Victim called TRUST:



Works Cited

- (2013). Let the Healing Begin: Caring for the "Second Victim". *ECRI Risk Management Reporter*, 32(1), 1-10.
- Denham, CR. TRUST: the 5 rights of the second victim. *J Patient Safety* 2007 Jun; 3(2):107-19.
- Scott, S., Hirschinger, L., & Cox, K. (2009). The natural history of recovery for the healthcare provider "second victim" after adverse patient events. *Qual Saf Health Care*, 18(5), 325-30.
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