Review Article

International Journal of Pediatric Nursing
Volume 2 Number 3, September - December 2016
DOI: http://dx.doi.org/10.21088/ijpen.2454.9126.2316.8

Care for the Care Givers; Nurses as Second Victims of Medical Error

Ramya K.R.

Author Affiliation
Assistant Professor, Jubilee Mission College of Nursing, Thrissur, Kerala.

Reprint Request
Ramya K.R., Kundayi House,Chembamkandam, Ponnukkara P. O.Thrissur, Kerala-680306.
E-mail: raviramya11@gmail.com

Abstract

Medical errors is a serious patient safety threat with patient, health care worker and organisation. Although there are scanty data on medical errors in India, a recent report states that there are 5.2 million injuries occurring every year due to medical errors adverse events. Though medical error primarily affects patients and their families, it has profound and enduring traumatic effects in the involved health care worker making them second victims of the event. The existing investigations and process does not take into consideration of the trauma the event has implicated on the second victim. A non-judgemental and timely support to the second victim can foster goodwill, trust, and appreciation promoting a just culture in an organisation.It is imperative that organisations should recognize the need for second victims and design initiatives to support second victims to mitigate the emotional and professional impact of medical error.

Keywords: Medical Error; Health Care Worker; Adverse Events; Second Victims.

"Maybe the secret to taking care of the patient is to take care of the staff member who is caring for the patient."

Lucian Leape

Introduction

In the poem '*An Essay on Criticism', Part II,* Alexander Pope wrote 'To err is human; to forgive, divine.This proverbial phrase explains that, while anyone can make a mistake, we should forgive those who do mistakes, as God does. Once in a lifetime we all have found ourselves to be caught in mistakesas a human being and as a nurse which we find it hard to forgive ourselves. Making mistakes is a universal phenomenon and nobody is fallible to that.

The issue of medical error received more attention in the journals and media with the Institute of medicine report "to Err is Human; Building a Safer Health System". The magnitude of the medical errors and its varying impact has made hospitals to alert themselves in developing patient safety and quality initiatives programmes.A medical erroris a preventable adverse effect of care, whether or not it is evident or harmful to the patient while a medication error is any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the health care professional, patient, or consumer.

Although medical error is a universal issue, Institute of Medicine report 'To err is human: building a safer health system (2000) revealed that medication error is the eighth leading cause of death in the US with more than 98,000 mortalityannually, much higher than from car accidents, breast cancer, or AIDS [1]. The journal of patient safety (2013) accounts medical errors as the third-leading cause of death in America, behind heart disease and cancer.

U.S. food and Drug Administration estimates that and there are medication errors in just about 1 of every 5 doses given in hospitals and nearly 7,000 medication error related deaths occur every year [2].

There are very limited and reliable data available about the prevalence and consequences of medication errors, in India.A recent report states that there are 5.2 million injuries occurring in India every year due to medical errors adverse events. Topping the list is the medication error followed by hospital acquired infections and deep vein thrombosis.

Second Victims

Recent evidences from Agency for Healthcare Research and Quality (AHRQ), suggest that even the most experienced, well trained and competent nurses, and physicians have been associated with harm in some way.Of these most preventable harms are due to unintentional human errors and system failures [3] and intentional negligence and harm is very uncommon.

Medical errors not just impact the lives of the patients; it may also have a lasting negative impact on the involved health care worker tool. While the patient and the family become the first victims, the involved health care worker becomes the second victims. It was Albert Wu" Professor of John Hopkins in 2000 who coined the term "second victim' with his British Medical Journal study. The issue came into limelight recently with thetragical death of Kimberly Hiatt a paediatric veteran nurse, 7months after making a mathematical error that cost the life of a critically ill new-born. Despite having 27 years of experience, she was abandoned by the healthcare and was plagued by guilt. This has throwed light on the anguish of caregivers and the way the health care currently treat its own victims with blame, shame, and what may be most harmful 'abandonment'when systems failures, workload and fatigue predispose them to human error [4].

Suffering of Second Victim

Following a medical error from days to weeks second victim often experiences acute manifestations similar to those in acute stress disorder.Psychological signs and symptoms includenumbness, detachment, depersonalisation, confusion, grief, depression, anxiety, sleep disturbance withdrawal or agitation, Impairment in functioning andre-experiencing of the event. While awaiting and during investigation of the medical error, the second victim is often loaded with the fears of losing job, fears of criminal proceedings, loosing professional license, payment of fine and other financial consequences of losing a job. It is also common that colleagues, family members and may label them as incompetent or careless along with the first victim.

Following the psychological symptoms individual may show characteristic of post-traumatic stress disorder (PTSD) [5], like extreme Fatigue, tachycardia, tachypnea, sleep disturbances, Increased blood Pressure, muscle Tension, poor concentration and flash backs and thoughts of suicide [6]. A few individuals suffer longer term consequences that can diminish their social functioning,overall health and functioning [7]. Personal and professional relationshipscan suffer. Job performance may be affected with decrease in job satisfaction.

The postincident trajectory for second victimscan vary to be minimal, to recover and to thrive, to survive withresidual symptoms, or even to leave the healthcare industry and a few even commit suicide because of the experience [8].

Intensity of the Second Victim Phenomenon

- Relationship between the patient and the caregiver.
- Past clinical experiences.
- The patient being the same age as a family member of the caregiver or some other "connection".

High Risk Areas for Second Victim

- Emergency department
- Paediatric department
- Neonatology department
- Operation theatre
- Critical care departmetns
- Labour room
- Oncology department
- Code blue teams
- Code red teams

Vecchione A reports that a vulnerable environment with a high workload, congested /inadequate spacing, distractions like phone calls, and interruptions in the continuity of care, poor lighting and noise are associated with increased risk of medical error [9].

Predictable Natural History

Stage 1: Chaos and Accident Response

This stage starts the moment the unanticipated event or error is identified. There is emotional turmoil

followed by a period of rapid inquiry to find out the incidence, its severity and outcome and possible treatment. Second victim may be confused, distracted or in possible denial and may get help from a peer for providing patient care.

Stage 2. Intrusive Reflections

This stage is marked by re -enactments, to try tounderstand specific details ofthe patient's care and whathappened. Second victim may isolate themselves as the feeling of inadequacy in knowledge and skills prevail. They may blame themselves or others for the event.

Stage 3. Restoring Personal Integrity

In this stage, victims seek support from an individual whom they trust (colleague,friend or family member). Manyworries about the event's impact on his or her job, future employment, professional licensing and future professional career. A non-supportive environment may be perceived and fear is prevalent. Feelings of negative departmental thoughts/gossip towards the person may delay recovery in this stage.

Stage 4. Enduring the Inquisition

Reiterate the event in the formal setting and respond to answer multiple "why" questions. Fear of the unknown and poor understanding of the investigation process can cause profound stress on the individual. Concerns of job security, licensure and future litigation arises.

Stage 5. Obtaining Emotional First Aid

The second victim realizes and reaches out for personal or professional (as psychological/ spiritual) emotional support. They not necessary know to whom turn to and trustdue to professional and legal reasons. Engage in self-care, such as exercise, nutrition, mindfulness, relaxation to alleviate the impact. Second victim may also seek professional/ skill development as needed

Stage 6. Moving on during the final stage of recovery, despite a desire to move on, the second victim may:

Drop Out- transfer to a different department or hospital, leave the profession or move to a different practice location.

Surviving-continuing in the current professional role and performing at the expected performance levels butbut never return to the pre-event baseline performance.Persistent feelings of internal adequacy and intrusive thoughts are present.

Thriving-Gain insight/perspective from the event. Inculcate positive lessons from the event and Maintain life/work balance [10].

Caring for our Own

One should remember that the instant patient harm occurs, the involved practitioner also becomes a patient of the organization—a patient who will often be neglected [11]. It is our moral responsibility to treat second victim with respect and dignity. We have to change the current culture of blame abandonment, isolation, and punishment of second victims to a culture that provides accessible and effective support for these care givers who are hurt. This support must begin the moment the harm has identified and must extend for as long as necessary. Accreditation bodies like Joint commission international has recognized and stressed the need for institutional commitment to develop facilities and support services to address second victim needs in a view that most hospitals ignore or fail this issue. Like the five patient rights on medication safety; the second victims have their rights too. The five human rights of second victims are acronymed as 'TRUST':

- *Treatment that is just.* As intentional harms are very rare in health care, second victims deserve to be treated nonjudgmentally with the compassion and caring that they provide for patients. Anon-punitive approachshould exist with organizational leaders showing integrity, fairness, just treatment, and shared accountability for outcomes. Corrective actions should be directed towards improving the system that allowed the error to occur.
- *Respect.* All members of healthcare team are susceptible to medical error; second victims deserve respect and dignity. Leaders must encourage their organizations to respect those involved in an event.
- *Understanding and compassion.* The caregiver needs time and compassionate help to be able to grieve; to go through the stages; (1) chaos and accident response, (2) intrusive reflections, (3) restoring personal integrity, (4) enduring the inquisition, (5) obtaining emotional first aid and (6) moving on. Leaders must understand the psychological emergency that occurs when a patient is unintentionally hurt.

- *Supportive care.* Care givers are entitled to psychological and support services that are delivered in a professional and organized way; as the way we take care of the patients and families who are harmed.
- *Transparency and Opportunity to Contribute.* Second victims have a right to participate in the process of learning from the error, to heal themselves and contribute to patient safety initiatives to make things right" when their behaviour has contributed to unintentional harm.

Significance of Second Victims Support Initiatives

- Loss of organisational culture in the long term.
- Increased likelihood of medical errors with Emotional distressed employees
- Mitigation and better recovery with support.
- Fosters goodwill, trust, and appreciation towards organisation among health care workers.
- The health care organization itself can become a "third victim" of medical error, sustaining a wound that can either be worsened or lessened by the behaviour of its leaders [12].

Support for the Care Givers

Medical errors have implications for patients, their families, health care providers and the organization. Unexpected events are largely the product of an imperfect system, not defective individuals. When an investigation happens, the emotional health of caregivers has not been a consideration in error investigation and resulting action plans. The last thing any healthcare provider expects to happen as a result of their care is what they deliver a serious patient harm or patient suffering. When an unexpected event happens most of them don't get adequate support from their employers. It is undeniable that no healthcare professional ever wants these things to happen again. When they do occur, organization and its leaders should help them to alleviate their emotional suffering, provide a sense of community rather than isolation to minimize premature exit from the profession, maintain satisfactory performance levels, and support a healthy patient safety culture.

The comprehensive support network proposed by Scott uses a three-tier intervention model.

- Tier 1 provides basic emotional first aid at the departmental level. It is estimated that the majority of second victims will receive support at this level. This involves spreading awareness and training on early monitoring and intervention among first respondents (colleagues, supervisor, and team members) of the second victim phenomenon in an attempt to normalize the event for the caregiver.
- Tier 2 provides guidance, nurturing and support for identified second victims by their colleagues/ peers who are specially trained. It involves individual support to the second victims and group debriefings when an entire team is affected by an adverse event.
- Tier 3 provides additional professional guidance, counselling and support when a when a second victim's emotional stress exceeds the expertise of the peer supporter. It is estimated that 10% of "second victims" require escalation to the third tier. Professional team may include clinical health psychologists, chaplains, employee assistance program personnel, wellness personnel, social workers and palliative care team members and peer mentors.

Role of Health Care Organization

- Promote and build a 'just culture' than the traditional punitive or blame culture by the management and leaders.
- Recognise the negative impact that medical errors among health care workers in addition to the first victim.
- Promote organizational awareness about second victim phenomenon.
- Form a multidisciplinary advisory committee.
- Develop a protocol for identifying second victims.
- Initiate and set up formal programs to assist second victims.
- Identify and train peer mentors and experts.
- Immediate identification and support to second victims to help mitigate suffering and promote recovery.

Conclusion

Health care workers including nurses are educated and trained to care for patients without being emotionally involved throughempathy (without being involved personally in their feeling). In the long term they become emotionally strong and

resilient to cope up with emotionally and physically challenging job requirements through a busy shift. This process of numbing down may blunt the ability of nurses to experience the emotional impact that adverse events have on patients, families and even themselves, making them shaken to the point of being traumatized. So it is our moral responsibility to heal the wounded healers from an emotionally devastating event. Though this is an age old issue has always taken a backseat, it's time to implement organisational level initiatives with available resources to support the second victims.

With increasing focus on patient safety initiatives, mostly been on improving systems of care, these systems include real people, and safety events may take an emotional toll. Second victim initiatives may prevent the double tragedies(patient and health care worker) even among the so called well experienced and strongest caregivers. It is one of the most needed changes in health care; the care for the care givers.

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