

The Second Victim: Knowledge for the Healthcare Team

Charisse Lyn Tabotabo, MSN, RN-BC, RNC-NIC

BACKGROUND

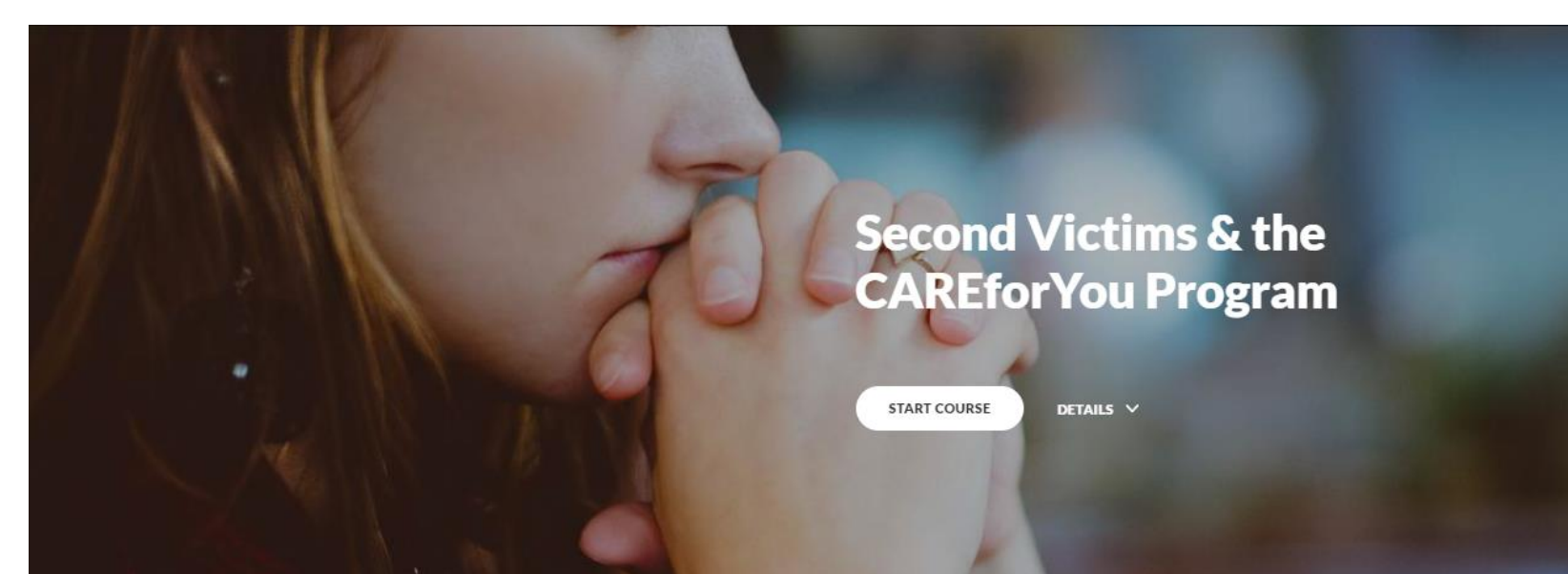
- Second Victim: health care providers who are involved in an unanticipated adverse patient event that causes subsequent trauma
- Many healthcare organizations have second victim peer support programs, but healthcare team members may not be aware of the second victim phenomenon or the benefits of receiving peer support
- In **Fall 2019**, a Southern California healthcare organization developed a peer support program for second victims. Despite this program being available to staff at all the organization's entities, many NICU nurses did not know the program existed

PURPOSE

Provide education to NICU nurses on the second victim phenomenon and the healthcare organization's peer support program, CAREforYou.

METHODS

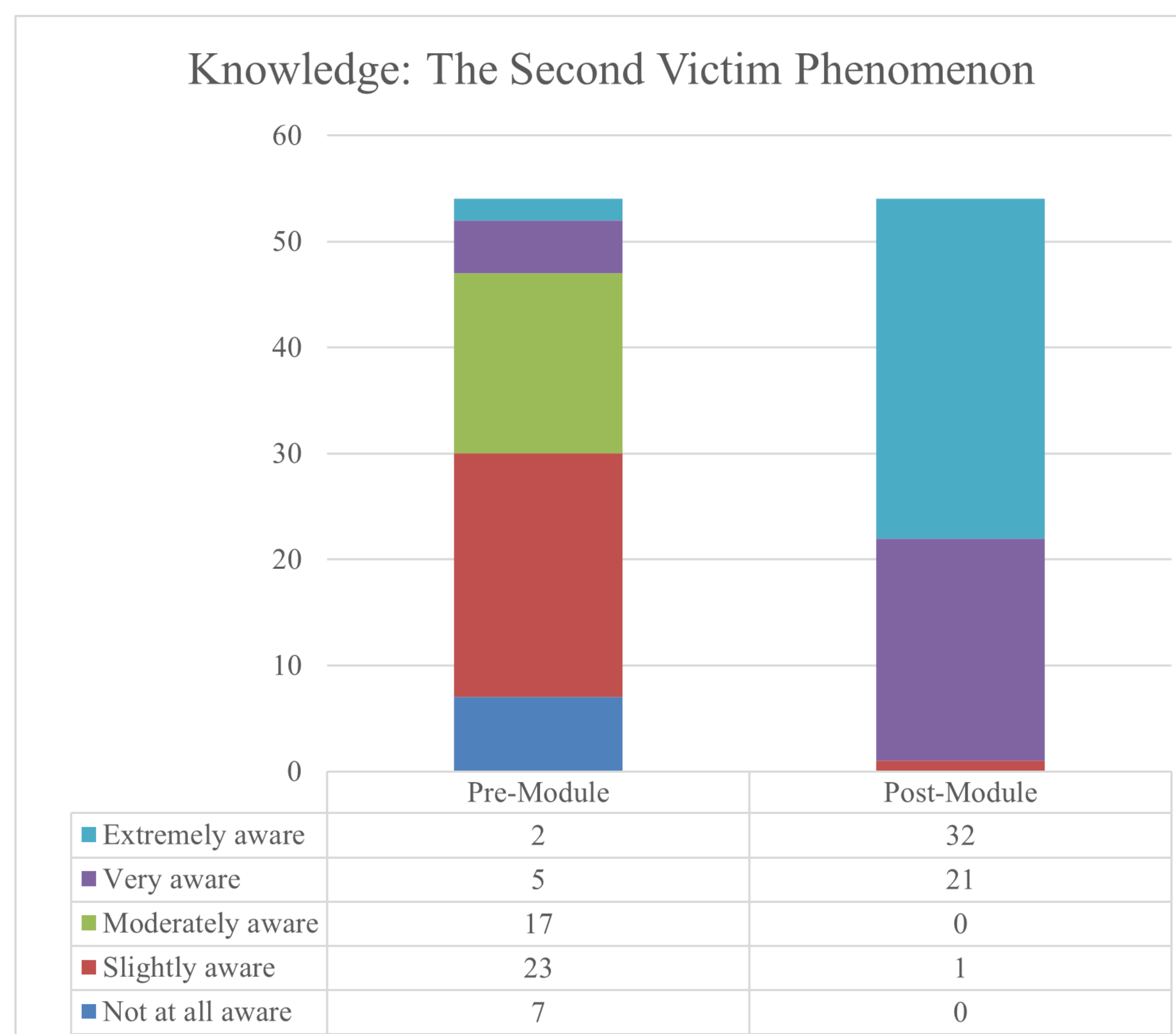
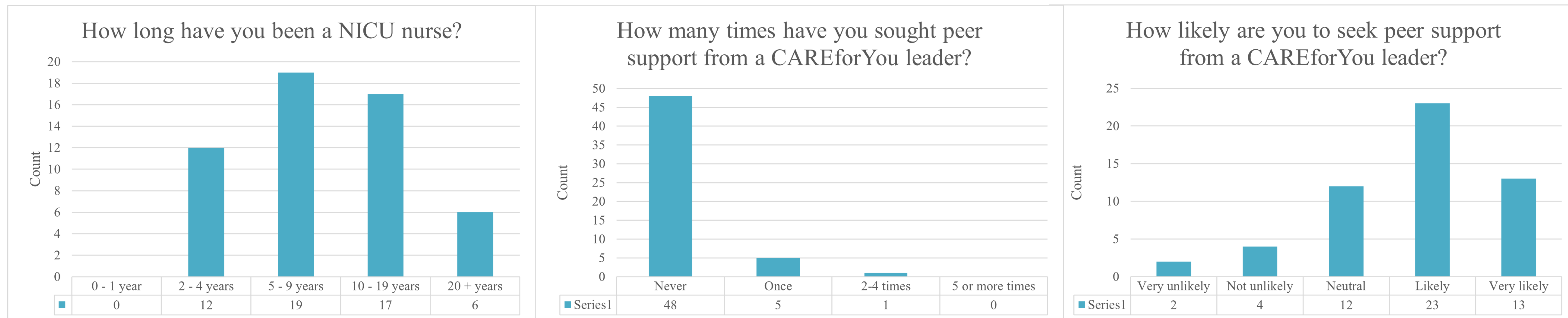
- An online learning module was created and a link to it was disseminated to all NICU nurses in collaboration with the NICU Manager, NICU Clinical Nurse Specialist, and the NICU Unit Practice Council
- NICU nurses were asked to complete the anonymous survey upon completing the learning module, July – October 2020
- 54 nurses participated in the survey



In this learning module, you will learn about the Second Victim phenomenon, Sharp Healthcare's CAREforYou program, and how to seek support if you become the second victim.

Second Victim Phenomenon
CAREforYou Program

RESULTS



PRE- AND POST-MODULE SURVEY QUESTIONS AND RESULTS

Knowledge	Z	p-value
1. The Second Victim Phenomenon	-0.62	.533
2. Symptoms of the Second Victim Phenomenon	-5.62	<.001
3. Effects of the Second Victim Phenomenon	-5.35	<.001
4. The healthcare organization's CAREforYou program	-5.65	<.001
Skills		
5. Recognizing myself as a second victim	-2.99	.003
6. Recognizing a coworker as a second victim	-2.21	.027
7. Utilizing the CAREforYou program	-5.97	<.001
Attitudes		
8. I have experienced embarrassment from these instances.	-3.00	.003
9. My involvement in these types of instances has made me fearful of future occurrences.	-3.54	<.001
10. My experiences have made me feel miserable.	-2.11	.034
11. I feel deep remorse for my past involvements in these types of events.	-3.24	.001

* Based on an alpha value of 0.05

CONCLUSIONS

- Improvement for the dissemination of information about the second victim phenomenon must occur for nurses to recognize themselves and others as second victims.
- Improved marketing about how peer support has helped NICU team members cope will increase the use of services, allow for earlier intervention, and may result in decreased incidences of symptoms associated with the SV phenomenon.

EBP MODEL

Johns Hopkins Nursing Evidence-based Practice Model (JHNEBP)

- Problem-solving approach
- Integrates best available scientific evidence with the best available experiential evidence

COST-BENEFIT ANALYSIS

No associated cost to create the learning module.

Financial & non-financial benefits:

- Improved retention
- Improved service, satisfaction, morale
- Increased loyalty
- Less time off work

IMPLICATIONS FOR CLINICAL PRACTICE

- Recommendations include increasing the availability of services for all shifts by training more peer support leaders.
- Due to the ease of accessibility to online learning, the learning module can be disseminated to other units or entities within the organization.