Second victim support programs and their impacts: integrative review

RESUMO | OBJETIVO: identificar e avaliar evidências científicas disponíveis na literatura sobre os programas de acolhimento e seus impactos em profissionais de saúde na condição de segunda vítima. MÉTODO: trata-se de uma revisão integrativa baseada na estratégia PICO, realizada com 8 artigos gerados através das bases de dados PubMed, Embase, Cochrane Library, LILACS, CINAHL e PsycINFO entre janeiro e junho de 2021. RESULTADOS: observando-se a existência de um suporte formal de acolhimento, as publicações abordam gestores de risco e segurança, profissionais acolhidos por programas de suporte, profissionais de assistência direta ao paciente e que poderiam ou não estar na condição de segunda vítima e seus impactos. CONCLUSÃO: apesar da presença de estudos que evidenciam a efetividade de alguns programas de suporte às segundas vítimas, ainda há uma lacuna acerca do tipo adequado de atendimento oferecido e os impactos dessas intervenções.
Descritores: Segunda vítima; Eventos adversos; Programas de apoio; Acolhimento; Angústia emocional.

ABSTRACT | OBJECTIVE: Identify and evaluate scientific evidence available in the literature about programs and their impacts on health professionals in the condition of the second victim. METHOD: is an integrative review based on the PICO strategy, carried out with 8 articles generated through the PubMed, Embase, Cochrane Library, LILACS, CINAHL and PsycINFO databases between January and June 2021. RESULTS: observing the existence of formal reception support, the publications address risk and safety managers, professionals assisted by support programs, direct patient care professionals and who may or may not be in the condition of a second victim and their impacts. CONCLUSION: despite the presence of studies that show the effectiveness of some support programs for second victims, there is still a gap regarding the appropriate type of care offered and the impacts of these interventions.
Keywords: Second victim; Adverse events; Support programs; Organisational support; Emotional Distress.

RESUMEN | OBJETIVO: Identificar y evaluar la evidencia científica disponible en la literatura sobre los programas y sus impactos en los profesionales de la salud en la condición de segunda víctima. MÉTODO: es una revisión integradora basada en la estrategia PICO, realizada con 8 artículos generados a través de las bases de datos PubMed, Embase, Cochrane Library, LILACS, CINAHL y PsycINFO entre enero y junio de 2021. RESULTADOS: al observar la existencia de apoyo formal de recepción, el las publicaciones se dirigen a gestores de riesgos y seguridad, profesionales asistidos por programas de apoyo, profesionales de atención directa al paciente y que pueden o no estar en condición de segunda víctima y sus impactos. CONCLUSIÓN: a pesar de la presencia de estudios que muestran la efectividad de algunos programas de apoyo a las segundas víctimas, aún existe una brecha en cuanto al tipo de atención adecuada ofrecida y los impactos de estas intervenciones.
Palabras claves: Segunda víctima; Eventos adversos; Programas de apoyo; Apoyo organizacional; Estrés emocional.

Andresa Gomes de Paula
Disciplines Processes of Elaboration, Validation and Cross-cultural Adaptation of Instruments and Implementation Studies of the Graduate Program in Nursing, Federal University of São Paulo, SP, Brazil.
ORCID:

Bárbara Peres Gama
Disciplines Processes of Elaboration, Validation and Cross-cultural Adaptation of Instruments and Implementation Studies of the Graduate Program in Nursing, Federal University of São Paulo, SP, Brazil.
ORCID ID:

Zélia Fernanda da Freria
Disciplines Processes of Elaboration, Validation and Cross-cultural Adaptation of Instruments and Implementation Studies of the Graduate Program in Nursing, Federal University of São Paulo, SP, Brazil.
ORCID ID:

Geisa Colebrusco de Souza Gonçalves
São Paulo School of Nursing. Federal University of São Paulo, SP, Brazil.
ORCID ID:

Regimar Carla Machado
Disciplines Processes of Elaboration, Validation and Cross-cultural Adaptation of Instruments and Implementation Studies of the Graduate Program in Nursing, Federal University of São Paulo, SP, Brazil.
ORCID ID:

Elena Bohomol
Disciplines Processes of Elaboration, Validation and Cross-cultural Adaptation of Instruments and Implementation Studies of the Graduate Program in Nursing, Federal University of São Paulo, SP, Brazil.
ORCID ID:

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INTRODUCTION

With the publication of To Err is Human: Building a Safer Health Care System, by the Institute of Medicine of the United States of America (USA), in 2000, the world was surprised by the fact that approximately 45% of deaths that occurred annually were caused by avoidable errors. 1 That same year, James Reason published Human error: Models and management, which emphasizes that these errors are not determined solely by human error, but by inadequate processes and/or system conditions that need to be addressed for prevention through technological adaptations, training of employees. professionals and user guidance. 2

Adverse Events (AE) are defined as an unintentional or unexpected incident with temporary or permanent harm to the patient. These can range from medication errors to medical device failures. 3

The patient who suffers the AE is identified as the first victim and, as soon as the error is noticed, everything must be done to reverse or minimize possible sequelae resulting from the incident. 4 Nurses and healthcare professionals often witness or are involved in AEs. 3

The term second victim (SV) is a definition that affects every health professional involved in an unforeseen adverse event to the patient, who suffers trauma from the event, feeling that he has failed and is responsible for the unexpected results. 5,6

Studies refer to psychological and physical symptoms that can cause damage to the SV personal life, the most common being: anxiety, anger, depression, hypertension, headache, insomnia and physical exhaustion. The consequences can be different, in the emotional, behavioral and cognitive spheres, which can result in systemic illness, burnout and even suicide. 4,6,7

Professionals may feel a loss of credibility and confidence in their capacity, fear of being harassed by the team, of punishment by their managers, fear of litigation impacting their performance, in addition to insecurity when having to interact with patients and family members. Regardless of the length of your career or position held, experiencing this condition can leave professional and personal marks. 8,9

“The patient who suffers the AE is identified as the first victim and, as soon as the error is noticed, everything must be done to reverse or minimize possible sequelae resulting from the incident. Nurses and healthcare professionals often witness or are involved in AEs”

The absence of adequate support and punitive cultures make the coping process difficult, as well as the lack of support from colleagues and their managers, which can lead to greater vulnerability, increasing the incidence of new errors and risks to patient safety. 10

It is important to create a safe and healthy environment, so that professionals feel welcomed by the team and managers, through open channels of communication, psychological support and recognition of the impacts caused on care in general, to promote professional rehabilitation. 11,12,13

The literature demonstrates the presence of formal organizational programs for sheltering second victims, such as Resilience in Stressful Events (RISE) by the John Hopkins Hospital and forYou developed by the University of Missouri Health Systems, both USA, and other informal supports, such as support from peers or co-workers, but few assess the effects of these programs on professionals in this condition. 14,15

Therefore, this study aims to identify and assess scientific evidence available in the literature about shelter programs and their impacts on health professionals in the condition of Second Victim.

METHOD

It is an integrative review, whose construction was carried out in six stages: 1) Delimitation of the theme and selection of the research question; 2) Establishment of inclusion and exclusion criteria; 3) Literature search; 4)

Table 1 - PICO Strategy (PCO). São Paulo, Brazil, 2021

	PICO (PCO) Table		Keywords
P - Population	It can be a single patient, a group of patients with a particular condition or health problem.	Health professionals as victims	Second Victim, Second Victim, Adverse events; Adverse events
C - Comparison or Contrast	Set as a default intervention, intent but used, or no intervention.	Care support/advice for managing the professional as a Second Victim in the face of an Adverse Event (AE)	Support program, support programs. Organizational support, Reception
O - Outcome	Expected results	Impacts on absenteeism. Impact on the intention to rotate, impact on the intention to leave the profession, impact on burnout, impact on professional self-efficacy, impact on professional suffering, impact on the ability to return to activities	Absenteeism, Reorganization of human resources, Emotional distress, Emotional distress

Source: study authors, 2021

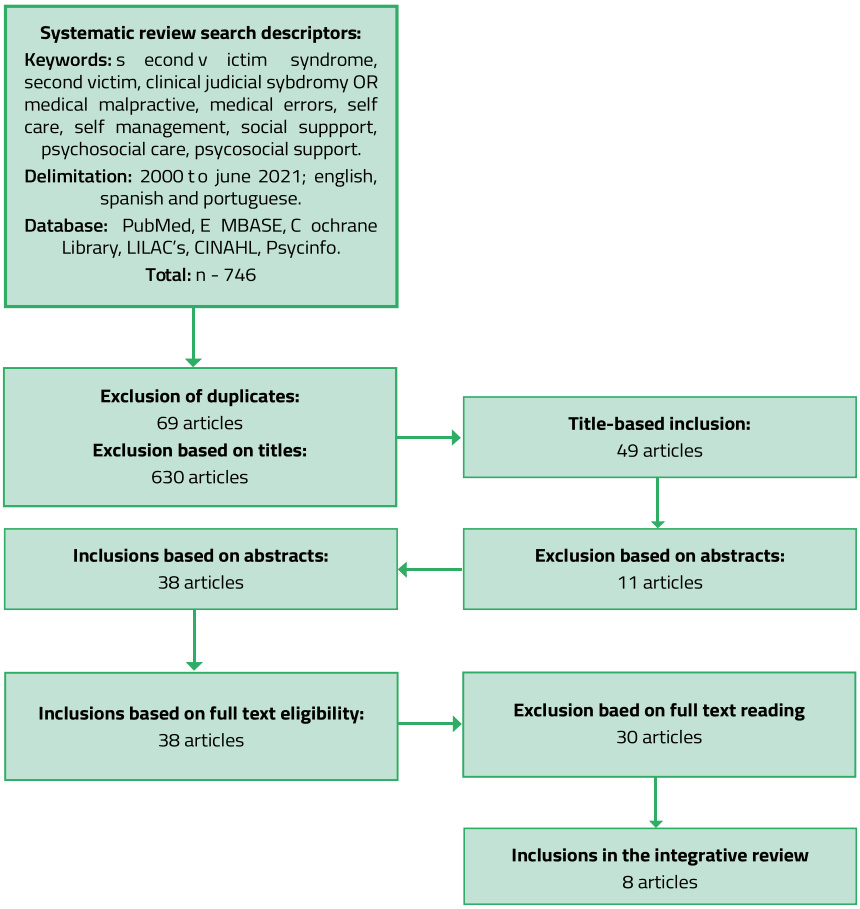
Data categorization; 5) Evaluation of the studies included in the review; 5) Interpretation, discussion, synthesis and presentation of the results found. 16

For the construction of the guiding question and selection of descriptors to search for better evidence on the subject, the PCO (Population, Context and Outcome) strategy was used. (16)

The search was conducted between January and June 2021 in the following databases: National Library of Medicine (PubMed), Embase, Cochrane Library, Latin American and Caribbean Health Science Literature (LILACS), Cumulative Index to Nursing and Allied Health Literature(CINAHL) and PsycINFO. This review followed the recommendation of the Preferred Reporting Items for Systematic Review - PRISMA-SCR (2018)17. The Boolean operators "AND" and "OR" were used to obtain the largest number of articles on the subject.

The inclusion criteria adopted were articles with primary texts available in full, in Portuguese, English or Spanish, covering health professionals as second victims, the existence of formal support for these professionals and the impacts

Figure 1-PRISMA. São Paulo, Brasil, 2021.



Source: study authors, 2021

of the programs on the institution. The time frame was between 2000 and June 2021, from the first definition of the second victim. As exclusion criteria, studies that did not address formal support programs for second victims and studies not found in full were excluded.

The search was carried out by two independent researchers, and a third reviewer was needed to resolve differences regarding the inclusion of primary studies and establish consensus in relation to the selected productions.

With the definition of the sample, a database was created. After the first selection, reading was carried out for critical evaluation and interpretation of the results, which were grouped and categorized. The results were analyzed and interpreted descriptively.

RESULTS

The article search process resulted in 748 publications with 69 duplicates. Of these 688 publications (PubMed: 488; CINAHL: 82; EMBASE: 129; PsycINFO: 30; Cochrane Library: 15; LILACS: four), 630 articles were excluded for not answering the research question. 38 articles were pre-selected for full reading, 28 were excluded for leaving the topic, four duplicated in more than one database, and three excluded for being non-original articles. Resulting in a total of eight selected articles, as shown in the PRISMA flowchart in Figure 1.

The selected articles were published from 2015 to 2021, shown in the table below (Table 2). As for the methodologies, qualitative (75%) and mixed (25%) methods can be observed. Regarding the target population, three (37.5%) approach risk and safety managers, three (37.5%) professionals who were assisted by support programs and two (25%) professionals related to direct care with patients and who might or might not be in the condition of Second Victim. The articles selected in the final phase for the review are shown in Table 3, as identified in Table 2.

Table 2. Classification of selected articles based on Year, Identification and Title, Journal, Origin and Authors. São Paulo, Brazil, 2021

Ano	Título do estudo	Periódico	Origem	Autores
2015	A1 - Risk managers' descriptions of programs to support second victims after adverse events.	Journal of Healthcare Risk Management..	EUA	White, A et al.
2016	A2 -The experiences of risk managers in providing emotional support for health care workers after adverse events.	Journal of Healthcare Risk Management..	EUA	Edrees, H. et al.
2016	A3 -Impact of health care adversity on providers: Lessons learned from a staff support program.	Journal of Healthcare Risk Management..	EUA	Trent, M. et al.
2017	A4 - Do Hospitals Support Second Victims? Collective Insights From Patient Safety Leaders in Maryland.	The Joint Commission Journal on Quality and Patient Safety	EUA	Edrees, H et al.
2020	A5 - Second Victim Support: Nurses' Perspectives of Organizational Support After an Adverse Event.	JONA The Journal of Nursing Administration	EUA	Stone, M
2020	A6 - Design and Impact of a Novel Surgery-Specific Second Victim Peer Support Program.	Journal of the American College of Surgeons	EUA	El Hechi MW et al.
2021	A7 - Second victim experiences of nurses in obstetrics and gynaecology: A Second Victim Experience and Support Tool Survey.	Journal of Nursing Management	EUA.	Finney, RE, et al.
2021	A8 - 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	EUA	Burlison JD. et al.

Source: study authors, 2021.

DISCUSSION

The emotional burden of professionals who are second victims after adverse events can bring great emotional damage that can be perpetuated throughout their personal and professional lives. One of the studies shows a low effectiveness of the program, possibly related to its structural form, as there is a deficiency in identifying professionals in this condition. 18

Others show good results, many health institutions have invested in support of services, but there is a perception of underutilization by managers. There is evidence of a drop in the incidence of professionals who wish to stop working and/or absenteeism from a job using the Second Victim Support and Experience Tool – SVEST. 18, 19,25 This instrument can help diagnose the

Table 3: Presentation of the characterization of the studies included in the integrative review by: Name, Year, Country, Objective, Target Audience, Approach, Programs, Results and Weaknesses. São Paulo, Brazil, 2021.

Identificação	Objetivo	Público alvo	Abordagem	Programa, ou intervenção	Principais resultados do programa
A1	Describe risk managers' perceptions of the characteristics of SV support programs.	575 Risk Managers who are members of the American Society for Healthcare Risk Management (ASHRM)	The questionnaire was prepared based on information from semi-structured interviews with five experts and administered in REDCAP.	Employee Assistance Program (EAP); Risk managers; Pastoral Assistance Team; Human Resources Sector; Clinical support providers; social workers; Support pairs; Support groups;	Most found their program to be somewhat effective in identifying professionals in emotional distress after involvement in an AE. And it was ineffective in providing support and helping the team get back to work.
A2	Examine the relationship between SV and the role of organizational support, considering the distress related to intentions for turnover and absenteeism.	579 Risk managers, ASHRM members.	Cross-sectional survey through a confidential web survey submitted and administered on REDCAP.	EAP, followed by support from the risk management department.	Most reported that the program was very effective in supporting professionals, and that they personally provided emotional support to professionals involved in AE.
A3	Evaluate SV traumatic experiences, the adversity, the impact of those experiences, the support models.	20 doctors (staff and residents) who used the program.	Qualitative study with focus group interviews.	Most respondent hospitals offered EAP services to their staff, but there were gaps in the services provided.	They identified the need for peer support, both for the SV and potentially for the individuals who provide this support.
A4	Describe the extent to which organizational support for SV is perceived as desirable by patient safety representatives, and identify and describe existing programs.	46 patient safety supervisors at critical care hospitals in Maryland.	Semi-structured interviews with qualitative analysis via email and telephone.	Immediate Debriefing Team CISM - (Critical Incident Stress Management) COPE - (Critical Stress Incident Management) RISE - (Resilience in Stressful Events) Psychiatric Outpatient Support Team	The EA's communication needs to be confidential and timely, preferably with a colleague; preventive education regarding risk management and the legal process is helpful, and additional support needs to be given to the specific experience of a board complaint. Incorporating proactive education is recommended, particularly in legal proceedings, and the supportive program role is important for positive impact and communication.

A5	Describe nurses' experiences with organizational support after an AE.	12 nurses	Qualitative descriptive design study. Snowball sampling was incorporated at the end of each interview.	EAP, lavender code, chaplain services, counseling and coaching, informal support such as peer support, discussions and debriefings.	Participants wanted early leadership and general organization support because that would have been extremely beneficial in "going beyond the AE".
A6	Create and evaluate a peer care program for surgeons and residents with SV.	47 surgeon attendants and interns;	Participation in the program as supporters or assisted professionals. Impact was assessed after 1 year through the number of interventions performed and anonymous feedback received from participants.	The project was carried out in 5 steps: creation of a conceptual framework, selection of peer supporters, training, systematic identification of important AEs, and design of a systematic intervention plan.	The majority expressed satisfaction with the confidentiality, the safe/trusted environment the program provides, and the opportunity for intervention. And a positive impact on the department's culture, with increased awareness of the need to support colleagues who are going through difficult situations.
A7	Determine the prevalence and types of experience as SV; explore the types of support used or most desired; and identify risk factors.	115 nurses	Application of the Second Victim Support and Experience Tool to assess related symptoms and current and desired support resources in the organization.	Conversations with peers or with supervisors/managers, family, religious or private therapists Systems review Members of the patient safety/quality committee	The SV experienced: psychological distress, rotation intentions, decreased self-efficacy and considered that institutional support was weak. Peer support was the most desired form of support.
A8	Examine the relationships between the second victim - related distress, turnover intentions and absenteeism while considering the role of organizational support.	155 nurses directly involved in patient care	Cross-sectional self-report research using the Second Victim Experience and Support Tool – SVEST	Organizational support was assessed by the perceived level of support received from peers, supervisors and the institution in general.	Support can alleviate suffering, reduce the desire to stop work, or take time off from work. For the distress rotation intentions list, organizational support and peer support contributed equally; for the anxiety-absenteeism relationship, the co-worker was the strongest contributor.

Source: study authors, 2021.

characteristics of the SV of an institution and help implement a program that adequately serves professionals of all categories and guide managers on how to deal with these individuals. 25

This divergence of perceptions is possibly related to the professionals' fear of exposure to their managers and colleagues, low confidentiality of programs, of being negatively judged; absence from work; the belief that support will not be effective; and concern that

support would be placed in history. in addition to the fear of dealing with the patient and their families and possible litigation. 18-22

The cost and time outside working hours that would need to be given for the intervention were cited as a factor that could hinder the search for and permanence of the professional in the program. 21,22

There is still a lack of evaluation of the effectiveness of the services. Lacks related to timeliness, staff ability to engage with clinical providers, and physical accessibility. 20 Intervention in pairs proves to be the most effective in the professional's recovery and in studies involving professionals who were in the SV condition. Ongoing training and the availability of professionals for immediate assistance to the second victim can be an important factor for them to resort to care, in addition to demonstrating a better effectiveness of the intervention. 23

The programs demonstrate the existing deficit in identifying professionals with SV condition and providing adequate support, whether due to a lack of programs that meet all demands, or even the lack of management and the need to improve existing ones. Still, there is a lack of results that indicate the best forms of support and how we can effectively develop their actions in the professional sphere. It is imperative to apply a support that meets the needs of professionals in SV conditions and the monitoring of their results in the short and long term in terms of satisfaction and professional performance indicators.

Taking into account that SV is the professional who undergoes physical and/or psychological suffering, and the impact that the pandemic caused by COVID-19 has brought to health professionals in Brazil due to their illness, whether due to inadequate pre-existing working conditions.and aggravated by the pandemic, or by the increase in the number of in-hospital deaths, 26,27 there is a lack of national studies on the topic addressed and the weakness present in the supports presented by the studies above.

CONCLUSION

Despite the presence of studies that show the effectiveness of some support programs for second victims, there is still a gap to elucidate which types would be more appropriate. An appropriate diagnosis of how the institution's professionals react to an adverse event, in addition to the clear and permanent dissemination of the programs, which encourages the search for support services, thus further studies could show the impacts of these interventions. The use of validated tools is extremely important to assist in this process. The limitations of the present study were the difficulty in finding national articles on the topic and studies that described the impact of the support offered to professionals in institutions, such as absenteeism, carrying out care processes and adverse events, which directly impact the environment of work, on the quality and safety of these services.

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