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Editorial

The second victim phenomenon: comprehensive support and systemic change in healthcare

The second victim phenomenon: a call for comprehensive support and systemic change

The Second Victim Phenomenon (SVP), introduced by Albert Wu in 2000 and as refined by the European Researchers' Network Working on Second Victims (ERNST), is a natural and frequently occurring stress response to unintentional adverse events in healthcare settings [1]. This phenomenon presents a multifaceted challenge. The SVP imposes a health burden on professionals and a financial burden on organizations. Consequently, the SVP impacts system efficacy, and ultimately affects future patients who receive suboptimal care from distressed staff. The net overall result being a triple loss [2, 3].

The triple burden of second victim phenomenon

Healthcare professionals experiencing SVP often suffer from significant psychological distress, leading to impaired performance and increased absenteeism, which directly impacts patient safety and organizational efficiency [4]. The health, well-being, and safety of professionals is inextricably linked to patient safety as outlined in Pillar 5 of the WHO Global Patient Safety Action Plan 2021–2030 [5]. This ripple effect creates a negative cycle of deteriorating care quality and safety.

Effective interventions: Scott's 3-step model

Historically, Scott's 3-step model [6], emphasizing peer support programs, has proven particularly effective. These highly appreciated programs among healthcare workers offer lower-threshold support compared to psychological help. The strength of the programs is that peers are familiar with the clinical context and can provide immediate, empathetic assistance. This model has paved the way for further innovations in supporting second victims, but it only addresses reactive measures.

Evolution to the 5-stage model by ERNST

In response to the growing recognition of the need for additional comprehensive preventive services, ERNST has expanded Scott's model into a 5-stage framework. This enhanced model introduces two additional stages: prevention (Stage 1) and self-care (Stage 2). Both additions focus on proactive measures to prevent SVP and empower professionals to manage their own well-being [7]. This holistic approach aims to mitigate the onset of SVP and equip individuals with the tools necessary for resilience.

The role of blame culture and moral injury

A critical factor influencing the severity of SVP is the presence of a blame culture within healthcare settings. When healthcare professionals face additional blame and neglect or experienced moral injury as results of facing ethical dilemmas and challenging decisions, their burden intensifies significantly [8]. Addressing this issue requires a cultural shift towards a restorative approach, prioritizing the psychosocial well-being of second victims. There needs to be acknowledging systemic factors and learning from these incidents to promote a just culture.

Integrating quality, safety, and risk management: a restorative approach

Quality, safety, and risk management play a pivotal role in addressing SVP. By adopting a restorative approach, organizations can not only address the root causes of adverse events but also support both patients (first victims) and professionals (second victims) through processes like CANDOR (Communication and Optimal Resolution) [9]. This approach fosters healing, reduces the long-term impact of SVP, and also reduces the likelihood of further unanticipated adverse events.

Enhancing resilience through Antonovsky's model of sense of coherence

Antonovsky's model of the sense of coherence provides a valuable framework for enhancing the resilience of professionals [10]. This model comprises three components: understandability, manageability, and meaningfulness:

Understandability: Ensuring transparent and blame-free case processing and identifying systemic deficits, together with quality and clinical risk management teams, can reduce self-stigmatization and isolation among healthcare professionals.

Manageability: Promoting knowledge of system-oriented processing without personal punishment for honest mistakes increases the willingness to speak up and seek help to enhance psychological safety.

Meaningfulness: Deriving meaningful lessons from near misses and adverse events can aid in recovery for both first and second victims, reducing negative secondary effects, like media scrutiny and legal disputes.

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Strategies for transforming health systems to address SVP

The expansion of a robust network of psychosocial support structures is urgently needed, along with various other strategies. Such a network is crucial for fostering a just culture and transforming healthcare facilities from high-risk environments to high-reliability organizations. In order to make this happen, legal changes regarding management of errors in healthcare are needed. Universities should play a pivotal role in introducing patient safety and resilience into their curricula, preparing future healthcare professionals to navigate and mitigate the challenges they will face. Furthermore, international alliances dedicated to ensuring quality contributions to the emotional well-being of professionals are essential. Recognizing psychosocial support as a fundamental aspect of occupational health is vital for the development of comprehensive and effective support systems.

The ERNST emphasizes open dialogue and cross-national collaboration to address the second victims' phenomenon, integrating diverse disciplines and approaches to mitigate the impact of adverse events on healthcare providers. ERNST provides scientifically grounded solutions and offers expert advice to decision-makers at multiple levels, ensuring that strategies developed are both effective and comprehensive in supporting healthcare professionals.

By acknowledging well-being and psychosocial safety of healthcare professionals as requisites for optimal care and promoting systemic changes, we can ensure safer, higher quality, and more resilient healthcare systems for all. The overall result being a triple gain through systemic change.

Conflict of interest

None declared.

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