



Continuing professional life after "second victim" -experience: insights from a qualitative metasynthesis

Oral Presentation (Scientific)

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Background: The shortage of healthcare professional is a key risk factor for patient safety; influenced e.g. by work environmental conditions such as safety culture. Through involvement in significant adverse events healthcare professionals can be traumatized ("second victim"). Therefore, their professional performance can be impaired, thereby endangering patient safety as well as leading to an early professional exit. Thus far, a comprehensive model of second victims' experiences towards a deeper understanding of qualitative studies is missing.

Research objective: Therefore, the aim of this research was to identify, describe and interpret these experiences in acute-somatic inpatient settings.

Method and material: This qualitative metasynthesis (Sandelowski & Barroso) builds on a systematic literature search in PubMed, CINAHL and PsycINFO, augmented by hand searches and expert enquiry. Two authors independently evaluated qualitative studies published in German and English and assessed methodological quality using internationally approved criteria. Results were first analysed inductively according to Saldafia (metasynthesis) and then aggregated quantitatively (metasummary).

Results: A transactional model of second victim experience was conceptualized based on 19 qualitative studies (explorative-descriptive: n=13; grounded theory; n=3; phenomenology: n=3). Containing three main stages it shows a developmental process: in appraising their situation, second victims realize their involvement in an adverse event and become stressed and traumatized. To restore personal and professional integrity by striving to understand the adverse event, they act emotional and issue-focused. Continuing professional life can mean leaving the profession, surviving or thriving. Safety culture and healthcare professionals are transactional modulators of this developmental process.

Discussion: The newly developed model represents a valid knowledge base to develop and investigate the effectiveness of support programs. Therefore, and to quantify the impact of second victim experience on the shortage of healthcare professionals in Switzerland a culture-specific quantitative second victim assessment tool is required.

Conclusion: Insights from this study systematically reflect the second victim perspective based on qualitative studies. In accordance with our findings, we recommend integrating the experiences of second victims into safety culture and strategies to retain affected healthcare professionals. Therefore, the transactional model of second victim experience can provide a knowledge base.

Reference: Schiess, C., Schwappach, D., Schwendimann, R., Vanhaect, K., Burgstaller, M., Senn, B. (Manuscript accepted, 27.11.2017). A transactional „second victim" model - experiences of affected health care professionals in acute somatic inpatients settings: a qualitative metasynthesis. Journal of Patient Safety.