

Impact of being the second victim in an adverse healthcare event

Becoming a second victim of an adverse event in a hospital setting has far-reaching consequences for healthcare providers, writes **Suzanne Creed**

HEALTHCARE IS DESIGNED to provide healing and supportive care to patients, but despite the best endeavours of healthcare professionals, unfortunately adverse events can occur leading to unintended harm to patients. Any adverse outcome or near miss in healthcare should prioritise the patient who has been affected by such an event. Patients and their families are considered to be the ‘first victims’ of such events.

Clinicians and healthcare organisations have an ethical and professional obligation to openly disclose unanticipated patient outcomes, in accordance with the Civil Liability (Amendment) Act 2017 and Open Disclosure legislation.¹ The Irish Medical Council’s Guide to Professional Conduct and Ethics for Registered Medical Practitioners (9th edition, 2024) also highlights that when a patient safety incident occurs, the response from health service providers, including doctors, must be professional and empathetic, and that you must practice, promote and support a culture of open disclosure.²

True burden of adverse events on healthcare workers

However, being involved in an adverse event or near miss can also significantly affect the healthcare worker. Human error is commonly attributed as the leading cause of healthcare incidents with an ultimate focus on individual clinician blame. Consequently, clinicians can often experience significant emotional and psychological distress.

A recent systematic review highlighted that two-thirds of healthcare workers involved in patient safety incidents reported troubling memories, anxiety, anger, remorse and distress, and over half reported feelings of guilt and embarrassment with a fear of future patient safety incidents.³ These healthcare workers are commonly referred to as the ‘second victims’ – a term coined by Albert Wu in 2000.⁴

Professional consequences

The consequences of becoming a second victim extend beyond the emotional realm and can have a lasting impact on a healthcare worker’s personal and professional life. For healthcare professionals, adverse events can result in disciplinary investigations, increased scrutiny, and damage to one’s professional reputation. A UK study identified that 16.9% of doctors undergoing a current/recent complaint experienced moderate/severe depression.⁵ Levels of distress experienced correlated with the gravity of the complaint, with the highest levels

following a complaint to the professional regulator.⁵ The fear of legal repercussions and the potential for medical negligence claims can also lead to increased defensive medicine practices, negatively impacting patient care. Additionally, second victims may experience decreased job satisfaction, loss of confidence, and a reluctance to engage in high-risk procedures or complex cases.

The consequences of becoming a second victim not only affect individual healthcare providers, but can also have broader implications for the wider healthcare workforce with 27% taking sick leave for over a month and some doctors reportedly considering leaving the medical profession altogether.⁵

Risk management to support second victims

The first step in supporting second victims is to recognise the unique emotional and psychological challenges they face. By acknowledging and proactively managing the stress-error-cycle associated with adverse incidents, individual clinicians, healthcare teams and organisations can work towards developing and implementing effective support programmes to facilitate recovery and mitigate the long-term consequences. The following are some practical strategies that may be helpful when managing the stress associated with an adverse event.

1. Speak with the patient and/or family

As previously outlined, healthcare organisations and individual doctors have an ethical responsibility to openly disclose unanticipated patient safety incidents resulting from care or treatment.¹ Healthcare providers often feel uncomfortable and anxious about such discussions with patients and their families. Their reluctance is commonly based on uncertainty about the appropriate approach to take and fears of subsequent complaints or litigation. When managed appropriately open disclosure can reduce the negative impact of an adverse outcome and support a culture of transparency and patient safety.

2. Organisational safety culture and analysis of significant events

Healthcare organisations should aim to foster a culture of transparency, where reporting and discussing errors are encouraged without fear of retribution. Learning from adverse events is a fundamental aspect of achieving high-quality, effective and safe patient care. Undertaking a ‘systems approach’ to analysing adverse events is recommended as the most appropriate strategy for analysing adverse incidents in high-risk complex industries such as healthcare. A ‘systems approach’ also provides a more

meaningful and enriched understanding as to why things went wrong in the first place, while also reducing the likelihood of a focus on individual clinician blame.

3. *Keep reasonable working hours*

Clinicians involved in adverse incidents often resolve that “this will never happen again” and subsequently pursue self-improvement in an attempt to ensure it never will. Such an approach can be challenging when an endeavour to enhance your personal performance creates greater demands on yourself (eg. working more hours). Excessive working hours can result in fatigue and ultimately increase the likelihood of further adverse events.

4. *Good communication and people skills*

If you feel anxious, fearful, or dissatisfied following an adverse event you may find it difficult to relate well to patients and colleagues. These feelings can impair the doctor-patient relationship as well as impede the functioning of healthcare teams. Having an awareness of these emotions and working to connect with patients and colleagues can help relieve personal stress while enhancing effective communication and improving patient outcomes.

5. *Maintain a healthy work-life balance*

Most healthcare professionals are aware of the benefits of maintaining a healthy work/life balance. However, maintaining a ‘balanced’ lifestyle is even more important in this situation. At a minimum, try to take care of your physical and mental health. Focus on developing healthy eating habits, regular exercise, and trying to get enough sleep. Remember to take regular breaks from work-related duties. Try to relax and enjoy a hobby or interest outside your working life. Remember to spend time with family and friends – don’t isolate yourself.

6. *Identify your support networks*

Personal relationships may also suffer because of your emotional distress. To address this, try to identify your support systems, ie. those close to you and with whom you can share your personal feelings and concerns, without sharing specific patient information or specific details about the adverse event. Sharing your feelings and concerns with a spouse, trusted friend or colleague can help reestablish your emotional equilibrium.

7. *Monitor your consumption of medication and other substances*

Be aware that during times of emotional stress, some people may have a tendency to improperly self-medicate or abuse alcohol and other substances. Doctors should be aware of the Medical Council’s guidance concerning self-care, which states (Paragraph 12.2): “You must not prescribe controlled drugs for yourself”.² It also advises: “If health and wellbeing risks arise from your work you should raise these concerns with an appropriate person or authority such as your employer”.² You may also find it helpful to consult with your own GP or occupational health department if your emotions resulting from an adverse event are significantly impacting your sense of wellbeing.

8. *Seek professional help*

Managing stress on your own is not always possible. You may need to seek professional help if you find you are struggling. Peer support programmes provide a safe space for healthcare workers to share their experiences, emotions and concerns with colleagues who have undergone similar experiences. These programmes aim to reduce isolation, normalise the emotional response, and promote healing and resilience. Additionally, counselling services, debriefing sessions and access to mental health professionals can help second victims navigate through their emotional distress and aid in their recovery process.

There are many expert agencies dedicated to supporting doctors facing concerns regarding their own wellbeing or that of a colleague. These include the HSE’s Employee Assistance Programme which provides free confidential counselling services for all HSE employees,⁶ the RCPI’s mentoring initiative for trainees,⁷ and the Practitioner Health Matters Programme, all of which provide excellent resources and confidential help. In addition, the Medical Council has developed a detailed document on doctor wellbeing which details a comprehensive list of wellbeing resources.⁸

Conclusion

Becoming a second victim of an adverse event in a hospital setting has far-reaching consequences for healthcare providers. The emotional toll, professional consequences and potential long-term effects on wellbeing highlight the need for support and recovery programmes. Healthcare organisations should consider what systems they have in place that support a culture of patient safety and open disclosure. By implementing peer support initiatives and counselling services, and fostering a culture of transparency and learning, healthcare organisations can mitigate the impact of adverse events on their workforce. Ultimately, prioritising the wellbeing of healthcare workers is not only essential for their individual recovery, but also for maintaining a resilient and high-quality healthcare system.

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