

The Importance of Reassuring Medical Workers from Psychological Disorder Related to Medical Workers as “Second Victim” as A Result of Adverse Event In Hospital

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Abstract

Human error in health care is a widespread concern. Mistakes and errors in health care can happen anytime. Not only the patient and family who suffer from this adverse event but also the medical workers. The word “second victim” belongs to medical workers who suffer after being involved in this adverse event. More than 50% of all medical workers who being involved after adverse event suffer emotionally and professionally and it impacts to psychological disorder such as anger, depression, feeling guilty, extreme sadness, etc.

One of the way that really efficient to help “second victims” is to give a support which really needed for these “second victims” in order to prevent a further negative impact on patient care. The method used in this paper is literature review, and the materials are relevant scientific journals in order to find the best solution through make an organization or counseling group which specially give a moral motivation or support to “second victims”. This organization will give accompaniment to the “second victim” by reassuring them they still competent in the medical field. This system is able to make medical worker still confident and prevent negative impact on patient care in the future.

Introduction

Medical errors represents a serious problem in medical world. If we talk about adverse event in medical field, there must be a patient as victim. Have you thought about the second victim of that adverse event? Less a few of us notice that medical workers are the “second victim” after adverse event. “Second Victim” are health care providers who are involved in medical error in hospital. After an incident, many health care professionals will have trouble in coping with their emotions and reactions such as shock, depression, worry, felling guilt, anger, etc. In the case of serious accident the patient is the obvious victim. But we rarely recognize that there is a second victim too.

References

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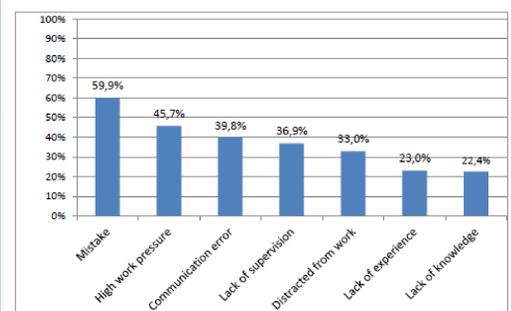
Method

This scientific poster was based on literature review. From online journal on issues that discuss about medical workers as “second victim” in effort on finding solutions in reassuring medical workers as “Second Victim” that they still competent in the medical field in order to make medical worker still confident and sure that they will work as good as they should.

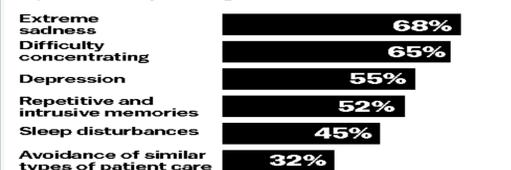
Result

Based from our study of the journals, the result is higher than we expect. Apparently, the numbers are so high. For example, 68% of the respondents got extreme sadness after being involved in adverse event and 59,9% due to mistake as the reason. The results of the outcome gives us the clue about how important to find the solution of this problem to prevent a further negative impact on patient care.

FIGURE 3.1. REASON FOR OCCURRENCE OF MOST MEMORABLE PATIENT SAFETY INCIDENT



Doctors and nurses are the “second victims” of medical errors
 Symptoms reported by doctors and nurses involved in patient safety investigations



SOURCE: Journal of Quality and Safety in Health Care **Vox**

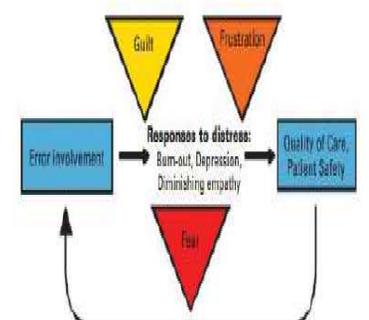
Discussion

The result of this study shows how big the problem which “second victim” face against. Most of the problems are misunderstanding, people avoidance, trauma, overthinking, paranoid, trembling sensation, lack of confidence, and depression. When medical workers do a mistakes, they usually respond it by feeling sad, guilt, fear, and frustration and it impacts to avoidance of similar patient care, and it means that medical workers have a doubt with their competency and it will decrease their quality in taking care of patient so do with patient safety (Schwappach, Bolluarte, 2009). Even with all of this problems, there are also many solutions, like employee support provided by the health care organizations or their workplace with rules and procedures regarding this issue, adding psychiatric and counseling care (Professional care), trained peer supporters, and local (Unit Department) support (Scott et al, 2010). Those initiatives needs to be backed up with policy makers and professional organizations.

Conclusion

Medical workers needs an institution for sharing their own experience in facing a harmful error in hospital to make them sure that they are still competent in the field they are work with, and also by making a good communication and relationship between the “second victim” and people around them to suppress the usual depression, PTSD, paranoid, and lack of confidence. “It may be part of human nature to error, but it is also part of human nature to create solutions, find better alternatives and meet the challenges ahead” (IOM, *Crossing the Quality Chasm*, 2001).

FIGURE 1.2. VICIOUS CYCLE OF ERROR INVOLVEMENT, EMOTIONAL DISTRESS AND FUTURE ERRORS (SCHWAPPACH & BOLLUARTE, 2009)
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