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## Second victim: Caring for the caregiver

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In many healthcare organizations the needed support for second victims is lacking or unavailable. Unanticipated and tragic patient outcomes will happen to excellent healthcare providers, the results being anxiety, depression, guilt and fear. The effects of being a second victim can result in post-traumatic stress and compassion fatigue with providers ultimately leaving the profession. After obtaining IRB approval, a volunteer debriefing support program was implemented. Validated surveys and an encounter form were utilized to collect data to identify the prevalence and effects of second victim and the impact of the debriefing support program. Roles of the respondents included nurses, physicians and allied health, the majority were registered nurses. Prior to the pilot, 42.5% of staff was at high risk for secondary traumatic stress with a decline post survey to 26.2%, the percent at risk in which the P-value ( $p < 0.05$ ) was defined to be statistically significant for secondary traumatic stress. The results establish the prevalence of second victim and the need for a debriefing support program. A debriefing support program increases staff resilience to expedite the recovery of the healthcare provider to improve quality of care, patient safety, staff engagement and retention. Over 200 encounters have been provided and expanded to two other hospitals within the organization. Health care organizations and leaders must acknowledge the significance for providing the needed resources and support. The ongoing development and implementation of a support debriefing support program is important for the healing of the caregiver and organization.

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