Methodology

Goals and Objectives

This project's goal is to improve knowledge about second victimhood and the impact it can have on patient outcomes. After implementing the project, staff should be able to identify signs/symptoms of second victimhood and how to obtain assistance in alleviating these effects. A non-experimental design will be constructed to accomplish this. A PowerPoint presentation (Appendix A) will provide education at a staff meeting for anesthesia providers. A questionnaire containing eight closed-ended questions (Appendix B) will be created and distributed to anesthesia providers after viewing the PowerPoint presentation. An assessment tool, Second Victim Experience and Support Tool (SVEST), (Appendix C), will be completed by participants after the educational presentation.

The SVEST tool is a validated self-assessment tool for assessing second victimhood and the assistance sought and provided. Participants rank statements as they pertain to themselves and personal experiences at the hospital. Statements also discuss types of support available for those affected by adverse patient events that may or may not have resulted in patient harm. The statements will encompass seven dimensions and two outcome variables. The responses will be rated on a 1-5 Likert scale, with the higher score representing greater second victimhood experience and inadequate support resources following second victimhood.

The PowerPoint educational tool will include defining characteristics of second victimhood as well as common symptoms. The effectiveness of the education will be assessed using eight closed-ended questions for statistical analysis of improvement in knowledge from the participants. Demographic data age, sex, profession, and years of practice will be included. All evaluation/assessment tools with be distributed by the presenter. Information will be stored in a

secure locked server accessed by the author. Participation is voluntary, and participants will remain anonymous. Completion of the assessment tool and survey will serve as informed consent. Interpretive phenomenological analysis, a qualitative data analysis, will be completed to identify commonalities from the participants' experiences.

Inclusion criteria include any anesthesia providers present on staff the day of the presentation; therefore, this project will have no exclusion criteria. Additionally, surveys will be completed by employees that attended the staff meeting and are willing to participate. For this reason, the project utilized a sample of convenience.

Evaluation Process

This project will be evaluated via distributed questionnaire. This tool will be utilized to assess the overall content, anticipate the ease of implementation, and identify areas of improvement. After viewing the PowerPoint presentation, a questionnaire containing eight closed-ended questions will be created and distributed to anesthesia providers. Participants will be asked to fill out the questionnaire. Upon completion, the responses will be kept in a secure location to protect the participants. After data analysis is calculated, the responses will be deleted. The SVEST tool will be utilized to incorporate a second victimhood support program at the site of implementation. A Likert scale will be used to assess the degree of support currently present in the facility and the level of second victimhood experiences participants have perceived in the past.

Human Subjects' Protection

Institutional Review Board approval will be obtained from the project site and Southern Illinois University at Edwardsville. This project serves to improve the quality of care. Since this

project does not involve collecting patient data, informed consent will not be needed from patients. Risks will include the time taken to complete the surveys and listen to the presentation.

Stakeholders

Stakeholders for this project include anesthesia providers, patients, family and friends of patients, risk management, pastoral care, and mental health providers. This project will affect Carle Foundation Hospital and potentially its satellite organizations. An anesthesia instructor from SIUE, Dr. Mary Zerlan, serves as project lead. The second reader for the project, Dr. Tracy Cooley, is a professor from the school of nursing at SIUE who has a strong background in mental health. Rahul Sinha, a nurse anesthetist from Carle Foundation Hospital, supports the project as the external stakeholder. American Association of Nurse Anesthesiology provided valuable information regarding mental health and second victimhood amongst anesthesia providers.

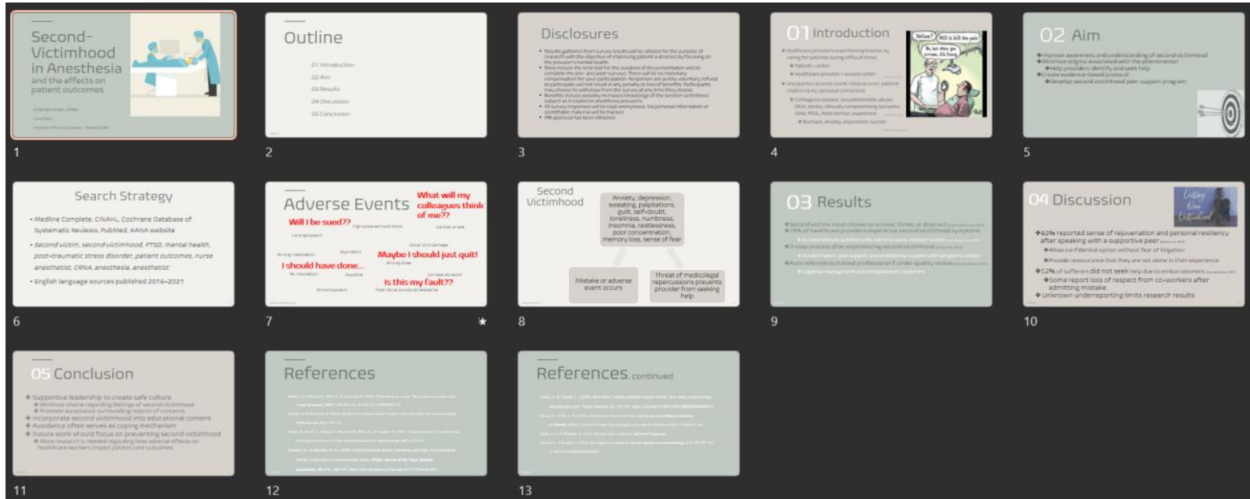
SWOT Analysis

The strengths of this project include the broad applicability of the topic. Healthcare providers at all levels can experience second victimhood, which can impact the care given to patients. Weaknesses may include resistance to change and actively engaged staff members. Opportunities exist to increase knowledge regarding recognition and treatment of second victimhood. Threats lie in employee trust in the resources available for providers to seek help.

Sustainability/Significance

Second victimhood can be applied to multiple areas of healthcare. Due to the low-cost design, the project can be easily replicated with new employee onboarding and yearly staff competencies. Costs are kept minimal by using existing staff and resources present at the implementation hospital.

Appendix A – PowerPoint presentation.



Appendix B – Closed-ended questionnaire.

1. Was this presentation helpful in increasing your knowledge regarding second victimhood?
   a. Yes
   b. No
   c. Other _______
2. Do you feel that you have experienced second victimhood?
   a. Yes
   b. No
3. What type of support is helpful for you?
   a. Religious leader
   b. American Association of Nurse Anesthetists
   c. Talk with a trusted peer
   d. Relay concerns to management

4. What is your level of motivation for implementing change in your workplace?
    a. Definitely NOT motivated
    b. Somewhat motivated
    c. Extremely motivated!
5. What is your gender
    a. Female
    b. Male
    c. Other ______
6. How many years of anesthesia experience do you have?
    a. < 2 years
    b. 2-5 years
    c. 5-10 years
    d. > 10 years
7. What is your current level of education as an anesthesia provider?
    a. Master’s
    b. Doctorate
8. Which best encompasses your age range?
    a. 25-35 years
    b. 35-45 years
    c. 45-55 years
    d. > 55 years

Appendix C – SVEST

Psychological Distress

- I have experienced embarrassment from these instances.
- My involvement in these types of instances has made me fearful of future occurrences.
- My experiences have made me feel miserable.
- I feel deep remorse for my past involvements in these types of events.

Physical Distress

- The mental weight of my experience is exhausting.
- My experience with these occurrences can make it hard to sleep regularly.
- The stress from these situations has made me feel queasy or nauseous.
- Thinking about these situations can make it difficult to have an appetite.

Colleague Support

- I appreciate coworkers' attempts to console me, but their efforts can come at the wrong time.
- Discussing what happened with my colleagues provides me with a sense of relief.
- My colleagues can be indifferent to the impact these situations have had on me.
- My colleagues help me feel that I am still a good healthcare provider despite my mistakes

Supervisor Support

- I feel that my supervisor treats me appropriately after these occasions.
- My supervisor's responses are fair.
- My supervisor blames individuals.
- I feel that my supervisor considers the complexity of patient care practices

Institutional Support

- My organization understands that those involved may need help to process and resolve any effects they may have on care providers.
- My organization offers a variety of resources to help me get over the effects of involvement with these instances.
- Concern for the well-being of those involved in these situations is not strong at my organization.

Non-Work-Related Support

- I look to close friends and family for emotional support after one of these situations happens.
- The love from my closest friends and family helps me get over these occurrences.

Professional Self-Efficacy

- After my involvement, I experienced feelings of inadequacy regarding my patient care abilities.
- My experience makes me wonder if I am not really a good healthcare provider.
- After my experience, I became afraid to attempt difficult or high-risk procedures.
- These situations do not make me question my professional abilities.

Turnover Intentions

- My experience with these events has led to a desire to take a position outside of patient care.
- Sometimes the stress from being involved with these situations makes me want to quit my job.

Absenteeism

- My experience with an adverse patient event or medical error has resulted in me taking a mental health day.
- I have taken time off after one of these instances occurs.

Desired Forms of Support

- The ability to immediately take time away from my unit for a little while.
- A designated peaceful location available to recover and recompose after an event.
- A respected peer to discuss the details of what happened.
- An employee assistance program that provides free counseling to employees outside of work.
- A discussion with my manager or supervisor about the incident.
- The opportunity to schedule a time with a counselor at my hospital to discuss the event.
- A confidential 24-hour hotline to discuss how my experience may be affecting me.