

Nurse's work process in the face of adverse events: reflections on the second victim

Processo de trabalho do enfermeiro diante de eventos adversos: reflexões sobre a segunda vítima
El proceso de trabajo del enfermero ante los eventos adversos: reflexiones sobre la segunda víctima

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Abstract

Objective: To reflect on the nurse's work process in light of support strategies for the second victims of adverse events. **Methods:** Theoretical-reflective study conducted between August and November 2024, based on the analysis of the scientific literature, discussions held in a subject during a post-graduate course, as well as the authors' experiences. Aspects inherent to the contextualization of adverse events in nursing, the phenomenon of the second victim, and the implementation of institutional support strategies were explored. **Results:** In addition to affecting patients, adverse events impact the involved professionals, configuring the phenomenon of the second victim, which requires the implementation of institutional support strategies to minimize the suffering of the involved professionals and strengthen safety culture. **Conclusion:** In the context of the second victim of adverse events, the critical analysis of the literature and the reflection on the nurses' practice highlight the complexity and importance of their role, who, by integrating the five dimensions of the work process, contribute to strengthening safety culture in health institutions, ensuring the quality of the provided care, while also offering protection and support to the team itself.

Descriptors: Nurses; Nursing, Team; Work; Patient Safety.

Whats is already known on this?

In health care, adverse events can occur that directly affect health professionals, the second victims, causing suffering, thus highlighting the need for organizational support strategies.

What this study adds?

The reflection on the importance of implementing national institutional strategies to support the second victims, highlighting the nurse's role in terms of applying and promoting a safety culture.



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Resumo

Objetivo: Refletir acerca do processo de trabalho do enfermeiro diante das estratégias de apoio às segundas vítimas de eventos adversos. **Método:** Estudo teórico-reflexivo, desenvolvido entre agosto e novembro de 2024, fundamentado na análise da literatura científica, nas discussões realizadas em disciplina de pós-graduação, bem como nas experiências dos autores. Foram explorados aspectos inerentes à contextualização dos eventos adversos na enfermagem, ao fenômeno da segunda vítima, além da implementação de estratégias institucionais de apoios. **Resultados:** Além de afetar os pacientes, eventos adversos impactam os profissionais envolvidos, configurando o fenômeno da segunda vítima, o que torna necessária a implementação de estratégias institucionais de apoio para minimizar o sofrimento dos profissionais envolvidos e fortalecer a cultura de segurança. **Conclusão:** No contexto da segunda vítima de eventos adversos, a análise crítica da literatura e a reflexão sobre a prática do enfermeiro destacam a complexidade e a importância de sua atuação, que, ao integrar as cinco dimensões do processo de trabalho, contribui para o fortalecimento da cultura de segurança nas instituições de saúde, assegurando a qualidade do cuidado prestado, ao mesmo tempo que oferece proteção e apoio à própria equipe.

Descritores: Enfermeiras e Enfermeiros; Equipe de Enfermagem; Trabalho; Segurança do Paciente.

Resumen

Objetivo: Reflexionar sobre el proceso de trabajo del enfermero ante las estrategias de apoyo a las segundas víctimas de eventos adversos. **Métodos:** Estudio teórico-reflexivo, desarrollado entre agosto y noviembre de 2024, basado en el análisis de la literatura científica, en los debates realizados en una disciplina de posgrado, así como en las experiencias de los autores. Se exploraron aspectos inherentes a la contextualización de los eventos adversos en enfermería, al fenómeno de la segunda víctima, además de la implementación de estrategias institucionales de apoyo. **Resultados:** Además de afectar a los pacientes, los eventos adversos impactan a los profesionales involucrados, configurando el fenómeno de la segunda víctima, lo que hace necesaria la implementación de estrategias institucionales de apoyo para minimizar el sufrimiento de los profesionales involucrados y fortalecer la cultura de seguridad. **Conclusión:** En el contexto de la segunda víctima de eventos adversos, el análisis crítico de la literatura y la reflexión sobre la práctica del enfermero subrayan la complejidad y la importancia de su actuación, que, al integrar las cinco dimensiones del proceso de trabajo, contribuye al fortalecimiento de la cultura de seguridad en las instituciones de salud, garantizando la calidad de la atención prestada, al tiempo que ofrece protección y apoyo al propio equipo.

Descriptor: Enfermeras y Enfermeros; Grupo de Enfermería; Trabajo; Seguridad del Paciente.

INTRODUCTION

The work process refers to the intentional and conscious transformation of an object into a product, carried out through human intervention, using specific instruments. In nursing, this process comprises five dimensions, which may or may not be executed simultaneously: assisting, managing, teaching, researching, and participating politically.⁽¹⁾

It is a multifaceted process that can commonly be affected by factors such as insufficient preparation and training of the team, overload of responsibilities, labor conflicts, communication failures, lack of leadership, and scarcity of material and human resources, which contribute to the occurrence of adverse events (AEs).⁽²⁾

AEs are incidents that result in harm or injury to the patient during care, with physical, social, or psychological repercussions, whether temporary or permanent, which affect not only the patient but also reverberate to his/her family, the hospital organization, and the health team.⁽³⁾

Thus, specifically considering the repercussions of adverse events (EAs) on health professionals involved in their occurrence, the term "second victim" is used, which refers to the negative impacts suffered by these professionals, relating to emotional stress and the fear of possible ethical and legal sanctions.⁽⁴⁻⁵⁾

Taking on most of the responsibilities related to direct patient care, the nursing staff may be more susceptible to the occurrence of AEs, with data indicating that 70.50% of nurses experienced at least one AE during their careers, and 42.56% resulted in psychological suffering.⁽⁶⁾

Nurses, as leaders in health organizations, are drivers of a safety culture that acknowledges the inevitability of errors, allowing for a constructive approach in the face of their occurrence.⁽⁷⁻⁸⁾ Therefore, in order to strengthen such a culture, it is essential to record adverse events so that improvement strategies can be devised, as well as to adopt a fair analysis of such occurrences, welcoming the involved professionals and considering them as the second victims.⁽⁹⁾

Through direct and uninterrupted involvement with patients, nursing professionals are more likely to experience incidents that can lead to the occurrence of adverse events (AEs). In this context, one may ask: in the daily routine of their work process, do nurses manage to develop and implement effective support strategies for the second victims of AEs? Thus, this study has the objective of reflecting on the nurse's work process in relation to the support strategies for the second victims of AEs.

METHODS

Theoretical-reflective study, developed between August and November 2024, in the context of the subject "Work Process in the Health Area" of the Post-Graduate Program in Nursing at a federal higher education institution in Minas Gerais. The reflections were based on the discussions that took place in the classroom, the authors' experiences, and the analysis of national and international scientific literature on the theme.

That way, based on the theoretical framework regarding reflective thinking, the aspects inherent to the contextualization of AEs in nursing and the phenomenon of the second victim, as well as the implementation of institutional support strategies for the second victims of AEs, were explored.

It is worth underlining that, since this is a theoretical-reflective study, the EQUATOR Network checklists were not applied, as they are directed towards empirical research. Furthermore, according to Resolution n° 510/2016 of the Brazilian National Health Council (CNS, as per its Portuguese acronym), it is exempt from review by the Research Ethics Committee (REC), as it does not involve direct participation of human beings.

RESULTS AND DISCUSSION

Contextualization on adverse events in nursing and the phenomenon of the second victim

AEs refer to incidents that cause unnecessary harm to the patient, with harm understood as the deterioration of bodily structure or function and its resulting effects, such as diseases, injuries, suffering, death, disability, or dysfunction, encompassing physical, social, and/or psychological aspects.⁽³⁾

In the context of nursing, AEs are associated with factors related to service management, such as staff shortages, workload overload, relationship problems within the multiprofessional team, leadership and supervision challenges, and lack of professional experience among recent graduates, among others, and the care itself, such as insufficient and/or inadequate human and material resources, failures in the technical execution of care, and risk perception, among others.⁽¹⁰⁻¹¹⁾

The notification of AEs contributes to patient safety by enabling the identification of failures in processes and the implementation of preventive measures.^(10,12) The registration of AEs does not disqualify the organization for having failures, but makes it clear that it is aware and committed to patient safety.

By recognizing the inevitability of human failures, safety culture promotes a positive approach to errors, encouraging the continuous improvement of processes. The Brazilian National Patient Safety Program (PNSP, as per its Portuguese acronym) understands this culture as the integration of components and behaviors that strengthen the commitment to safety and quality of care, valuing learning over punitive practices.⁽¹³⁾

Nonetheless, it is commonly hindered by the prevalence of a punitive culture, which discourages acceptance and notification of errors and creates fear of punishment among professionals.⁽¹²⁾

That way, the concept of "second victim" is brought back, which describes the impacts experienced by these professionals.⁽⁴⁾ It is added that they can be affected both personally and professionally, developing physical, emotional, and cognitive repercussions resulting from occupational stress, with manifestations that compromise quality of life.⁽¹⁴⁾

It is believed that a significant portion of professionals is susceptible to experiencing situations associated with the condition of a second victim, and these impacts can lead to health complications that, in certain circumstances, require specialized follow-up and time off from work activities.^(6,14)

Therefore, it is expected that institutions have emotional support plans for the second victims, through a non-blaming approach with active listening, words of comfort and encouragement, while not neglecting the analysis of adverse events (AEs), with the goal of identifying weaknesses and proposing actions that reflect on the quality and safety of care.⁽¹⁵⁾ It is noted that, unfortunately, what is often found is punitive action, verbal, and/or written warnings, and even termination.

Thus, it is essential to implement support systems for professionals to strengthen safety culture in institutions, so that nursing leadership is aware of how to identify and guide the professional towards organizational strategies to support the second victims.⁽¹⁶⁾

Nonetheless, even though AEs are configured, both globally and nationally, as an important issue and the literature is extensive on the theme of patient safety, there are gaps in studies that address support strategies for the second victims in the national context, highlighting a significant disparity between the

knowledge produced internationally and that available in Brazil, which possibly impacts the practices adopted in the country.⁽¹⁵⁾

Implementation of support strategies for the second victims of adverse events

Support strategies for the second victims of adverse events (AEs) should be institutionally implemented, reflecting an organizational concern for the involved professionals. However, the nurse, specifically, can contribute to the proposal and implementation of support strategies for the second victims of AEs in light of the five dimensions of his/her work process.⁽¹⁾

In the context of patient safety, nurses take a central role in terms of promoting a safety culture, integrating teams, and fostering open and transparent communication, which enables the reduction of adverse events and the promotion of learning from errors. In addition, they can act in the implementation of safety and quality policies in health environments, grounded on evidence-based practices, in order to identify areas for improvement in care.⁽¹⁷⁻¹⁸⁾

Accordingly, it is necessary for the lead nurse to be equipped to identify and apply the institutional strategies of support for the second victims of AEs, in order to invest in a non-punitive culture, reflecting concern for the worker's health and strengthening the principles of safety culture.⁽¹⁶⁾

In order to corroborate it, the international literature highlights the implementation of formal and informal strategies to support the second victims. Temporary leave, reflective writing, positive feedback, participation in root-cause analysis of the adverse event, the development of action plans, and validation of the decision-making process to prevent future incidents, as well as peer support and proactive education programs, are among the organizational interventions.^(15,19)

Various types of support have been implemented, such as the forYOU programs, from the University of Missouri, the Resilience in Stressful Events (RISE), from the Johns Hopkins Hospital, the Center for Professional and Peer Support (CPPS), from the Brigham and Women's Hospital, and the Medically Induced Trauma Support Services - MITSS, which aim to meet needs in a systematic manner.^(15,19)

In the Brazilian scenario, there is a scarcity of information on institutional initiatives aimed at supporting the second victims.⁽¹⁵⁾ A study conducted with newly graduated nurses revealed that, although most received some type of support after a critical incident, this support was not always formal or institutional, but offered by significant people, whether from the work environment or personal life. It was also noted that, despite the predominance of environments without practices of blaming and punishment, such behaviors still occur in certain contexts.⁽¹⁴⁾

The Second Victim Experience and Support Tool (SVEST), translated into Portuguese as the *Questionário de Experiência e Apoio à Segunda Vítima* (BR-SVEST) in 2020, was developed in 2013 in the United States, with the objective of assessing the suffering of the second victims, perceptions of organizational and peer support, intent to change jobs, absenteeism, and desired forms of support. Its application allows for the identification of negative effects experienced by professionals and directs support strategies, being recommended for use by health leaders to assess the quality of support programs and strengthen safety culture.⁽²⁰⁾

The adequate preparation of leading nurses can provide relevant support to the second victims, mitigate feelings of guilt, and create a more welcoming organizational environment.⁽²¹⁾ It is important to consider support strategies within the scope of the nurse's work process, encompassing five dimensions: assisting or caring, administering or managing, teaching, researching, and participating politically.

Care is fundamental not only to meet the patients' needs but also to support the second victims. By promoting an environment that prioritizes comprehensive care, communication, and learning, nurses can assist the nursing team in terms of coping with challenging experiences. While a punitive organizational culture can lead to sub-notification of AEs by nursing professionals, it implies a loss of opportunities for improvement and an increase in the psychological, physical, and professional suffering of those involved.^(5,22-23)

As the people responsible for coordinating resources and the nursing team, nurses can promote an environment that minimizes the impact of AEs on the second victims, through the implementation of institutional initiatives that value safety culture and promote the well-being of the team.

That way, psychological support protocols can be implemented and peer support groups can be formed focused on stress management and resilience, in order to empower the team to face adverse

situations, as well as to encourage a culture of transparency, which values the discussion of errors and failures as a learning opportunity.^(15,19,24)

The educational nurse's role, both in the classroom and in clinical practice, is fundamental to addressing the theme of the second victim, going beyond teaching protocols, contributing to the development of a critical view on safety culture and the emotional impact of errors on the team.

However, in the teaching-learning process, there is still the principle that errors are unacceptable in the context of care, which hinders the implementation of a safety culture during nursing training, perpetuating notions of blame, punishment, and omission of errors, which worsens the phenomenon of the second victim.⁽²²⁾ Thus, the importance of demystifying blame should be reiterated, promoting a systemic approach focused on process review and training as learning opportunities.

In order to corroborate it, a study showed that the provision of a course focused on the theme, aimed at nursing managers, produced positive effects in the educational process, showing that training can enable them to manage AEs more effectively and provide adequate support to the second victims by increasing awareness and levels of empathetic communication.⁽²¹⁾

The development of studies on patient safety, especially addressing priority areas that still lack investigation, is fundamental for the advancement of patient safety.⁽²⁵⁾ For example, in Brazil, studies on the phenomenon of the second victim of AEs are still nascent compared to the international scenario.⁽¹⁵⁾

Thus, it is reflected that nursing research allows for the identification of gaps and the investigation of the impacts of AEs on the second victims and the best interventions to support them. Additionally, Research conducted by nurses can make significant contributions to the adoption of strategies that support safe and welcoming practices for professionals.

Nursing is impacted by the absence of an adequate system to support second victims of adverse events, often without the necessary institutional backing.⁽²⁶⁾ Thus, by acting politically, the nurse can collaborate in the implementation of institutional support policies, such as programs that welcome second victims, which strengthen the recognition of the importance of professional well-being and contribute to constructing a more humanized and safe organizational culture.

Furthermore, by participating politically, it can enhance the representativeness and protection of professionals, favor their leadership in health environments, and promote the development of safe and quality practices⁽²⁷⁾, which can directly impact the improvement of conditions faced by second victims and, consequently, in the care provided to the patient.

The collaboration among managers, political entities, academic institutions, councils, and nursing professionals is essential for the creation and implementation of effective practices and guidelines that promote a safer work environment, as well as the support and protection of health professionals involved in AEs.⁽²⁶⁾

The study presents a contribution, since it addresses an emerging topic, the discussions of which are still scarce in the Brazilian context. Thus, it could encourage the development of strategies applicable to professionals who find themselves in the situation of second victims of adverse events in different health settings.

CONCLUSION

The critical analysis of the literature and the reflection on the nurse's work process in the context of the professional as a second victim of AEs highlighted the complexity and importance of the nurses' role.

Therefore, by acting in the processes of assisting, managing, teaching, researching, and participating politically, it can influence safety culture in health institutions, based on a fair analysis of the incident and non-punitive practices to support the second victims, which should be strengthened to mitigate the impacts on professionals and promote an environment of learning and continuous improvement.

However, there are significant gaps in the national context regarding strategies to support the second victims, making it essential for institutions and managers to implement support and welcoming policies. Thus, nurses, in their leadership role, must ensure that the care provided to patients is safe, while also offering protection and support to their own teams.

Studies that focus on the theme become relevant for expanding knowledge and for establishing support strategies in Brazilian health organizations, given that it is a field that still needs advancements.

CONTRIBUTIONS

Contributed to the conception or design of the study/research: Silva VC, Milan NC, Silva SA, Sanches RS, Resck ZMR. Contributed to data collection: Silva VC, Milan NC, Silva SA, Sanches RS, Resck ZMR. Contributed to the analysis and/or interpretation of data: Silva VC, Milan NC, Silva SA, Sanches RS, Resck ZMR. Contributed to article writing or critical review: Silva VC, Milan NC, Silva SA, Sanches RS, Resck ZMR. Final approval of the version to be published: Silva VC, Milan NC, Silva SA, Sanches RS, Resck ZMR.

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