An Investigation of the Second Victim Phenomenon and the Relationship to Occupational Burnout in Healthcare

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BACKGROUND

A ***second victim*** is a healthcare provider who is involved in an unanticipated adverse patient event, medical error, or patient-related injury who becomes victimized in the sense that the provider is traumatized by the event (Scott et al., 2010).

Adverse events are unexpected healthcare events or outcomes that create considerable harm or lasting damage to a patient (Mira et al., 2015).

Occupational burnout is a behavioral reaction to the cumulative effects of workplace stressors (Hatch et al., 2019).

Withdrawal behaviors are behaviors that separate employees from the organization (e.g., tardiness, absenteeism, turnover intentions).

HYPOTHESES

H1: Healthcare providers who have been involved in an adverse event will report a significantly higher level of occupational burnout than will healthcare providers who have not been involved in an adverse event.

H2: Organizational support will be negatively correlated both with burnout (H2a) and personal distress (H2b) among second victims.

H3: Scores on perceived organizational support and personal distress will interact to predict occupational burnout.

H4: Among second victims, organizational support will be negatively correlated with withdrawal behaviors (H4a) while personal distress will be positively correlated with withdrawal behaviors (H4b).

H5: Burnout will mediate the relationships between both personal distress and withdrawal behaviors (H5a) and between organizational support and withdrawal behaviors (H5b) for second victims.

Research question: What support resources do second victims believe would be most beneficial to them in coping with adverse patient events?

METHODS

Participants: Participants were recruited using network sampling. A recruitment script was posted on various healthcare social media sites.

- 127 healthcare providers total; 96 self-identified as second victims.
- Healthcare providers including RNs and LPNs (48.5%), healthcare managers (19.2%), and other (physicians, nurse practitioners, and physical, occupational or speech therapists) occupations (32.3%).

Measures: All measures were self-report, administered online and demonstrated acceptable internal consistency reliability (see Table 1).

All participants completed:

- Oldenburg Burnout Inventory (Demourti et al., 2003)

Second victims also completed:

- The Second Victim Experience & Support Tool (Burlison et al., 2017)
- Factor analysis yielded three scales derived from the SVEST
  - Personal Distress
  - Organizational Support
  - Withdrawal Behaviors
- Qualitative responses were also gathered regarding the types of support resources desired by second victims.

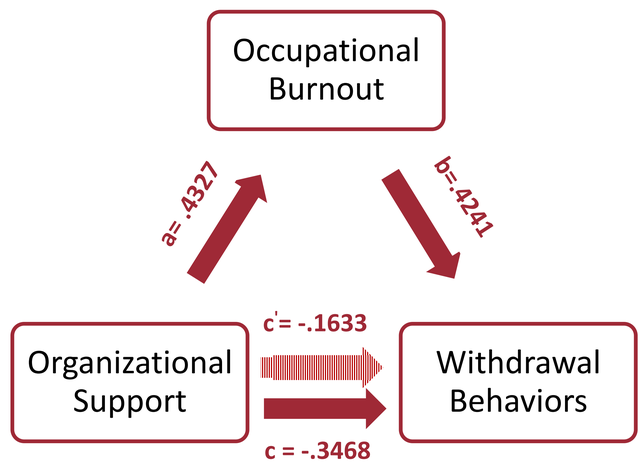

Figure 1. Significant mediation model; burnout partially mediated the relationship between organizational support and withdrawal behaviors.

REFERENCES

Available by request from carrie.brannon@ou.edu.

RESULTS

- **H1:** Second victims had significantly higher rates of burnout (M=3.88, SD=.97) than did other healthcare providers (M=3.46, SD=.84), $t(119)= -2.07$, $p<.05$. SUPPORTED
- **H2:** Organizational support was significantly negatively correlated with burnout $r(78)=-.46$ and personal distress $r(80)=-.459$. See also Table 1. H2a and H2b SUPPORTED
- **H3:** Personal distress and organizational support interacted to significantly predict burnout, $\beta = -.230$, $p<.05$. SUPPORTED
- **H4:** Personal distress was significantly correlated with burnout. $r(80)=.56$ and withdrawal, $r(80)=.56$. Also, organizational support was significantly correlated with burnout, $r(81)=-.46$ and withdrawal, $r(81)= -.35$. See also Table 1. H4a & H4b SUPPORTED
- **H5:** Burnout did not significantly mediate the relationship between personal distress and withdrawal behaviors, Bci= [-.0208, .3014]. The negative relationship between organizational support and withdrawal behaviors was partially mediated by burnout, PM=51%. H5a NOT SUPPORT; H5b SUPPORTED
- **RQ1:** Responses regarding support mechanisms needed fell into two categories: *support resources* and *process and system improvements*.

Table 1

Scale statistics and bivariate correlations between focal variables.

Variables		M	SD	1	2	3	4
1.	Burnout	3.79	.98	(.88)			
2.	Personal Distress	3.01	.94	.56***	(.91)		
3.	Organizational Support	3.34	1.03	-.46***	-.46***	(.88)	
4.	Withdrawal Behaviors	2.62	1.07	.46***	.56***	-.35**	(.75)

N=varies between 79 and 83 due to missing responses; *$p<.05$; **$p<.01$, ***$p<.001$. Cronbach alpha coefficients are listed on the diagonal.

DISCUSSION & FUTURE RESEARCH

- Healthcare organizations should prioritize support mechanisms for second victims to mitigate employee and organizational outcomes related to adverse patient events.
- Longitudinal research is needed to determine the causal mechanism and direction in the relationship between involvement in adverse events and these consequences. The relationship may be reciprocal.