

The Second Victim Phenomenon and Impact on Nurses in European Healthcare System

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Background

As the largest segment of the healthcare workforce, nurses in all specialties play a critical role in every healthcare system across Europe. However, their involvement in patient safety and the broader healthcare ecosystem often goes underappreciated in the sense of: if they have a problem, it's to them to solve it'.

The term of the "Second Victim" phenomenon, first introduced by Professor Albert Wu¹ in 2000, highlights the psychological and emotional toll that adverse events can have not only on patients (the first victims) but also on the doctors involved in these events. In 2022 the consortium of European Research Network on Second Victims², ERNST created a new definition *"Any healthcare worker directly or indirectly involved in an anticipated adverse event, unintentional healthcare error, patient injure and who becomes victimised in the sense that they are negatively impacted"*.

The "Second Victim" phenomenon refers to the emotional and psychological impact experienced by healthcare professionals following an adverse event. For nurses, who are often on the first contact in patient care, this impact can be particularly profound. Nurses are not only responsible for administering care but are also the primary point of contact for patients, making them strongly involved in all aspects of patient outcomes. When adverse events occur, nurses often bear the emotional burden, which can lead to stress, burnout, and ultimately, a decline in job satisfaction and patient care quality.

The Role of ESNO and the Need for Action

The European Specialist Nurses Organisation (ESNO) is a strong advocate for the well-being, fair remuneration, and recognition of nurses across Europe. ESNO believes that empowering nurses through awareness and support concerning the "second victim" phenomenon is essential. Providing nurses with the resources and support they require for normality in working conditions and improve patient outcomes.

To address this issue, it is crucial to move away from a culture of blame and toward a culture of learning and support, Just Culture. Mistakes in healthcare should be viewed as opportunities for growth, where nurses feel psychologically safe and supported. As the "heart and skin" of healthcare systems—an analogy that underscores both the emotional core and the protective layer nurses provide—nurses are indispensable to the delivery of high-quality, safe patient care.

¹ Wu AW. Medical error: the second victim. The doctor who makes the mistake needs help too. BMJ 2000; 320:726–7

² <https://cost-ernst.eu/>

Proposed Actions and Recommendation

Promoting Awareness and Education: It is essential to raise awareness about the "second victim" phenomenon among nurses and other healthcare professionals. This includes providing education on the psychological impacts of adverse events and the support mechanisms available. Empowering nurses with this knowledge can foster a more resilient and informed workforce.

1. Collaboration with Reconciliation Peer Support Organizations: Partnerships with organizations like the "Second Victim Verein"³ (Second Victim Association) in Austria should be expanded at the European level. By creating a network of Reconciliation Peer support, nurses can access the emotional and psychological assistance they need following adverse events, to reconcile with patients, their team but above all to recover their self-esteem. Establishing a European working group, such as "Nurses for Patient Safety," would provide a platform for nurses to take an active role in promoting patient safety and supporting each other.
2. Fostering a Just Culture in Healthcare: Transitioning from a blame culture to a just culture within healthcare settings is crucial. This shift involves recognizing that errors are often the result of systemic issues rather than individual failings. By creating an environment where nurses feel safe to report and learn from mistakes, healthcare systems can improve both patient safety and workforce morale.
3. Strengthening Alliances and Building Trust: To effectively address the challenges faced by nurses, it is vital to foster reconciliation in practice, overcoming differences and restoring trust among healthcare professionals. Strengthening alliances between nurses and other healthcare stakeholders will create a more unified and effective approach to patient care and safety.
4. Human-Centered Healthcare Systems: Finally, we must advocate for a healthcare system that values nurses as individuals, not just as numbers on a roster. This involves recognizing the names, faces, and personal contributions of each nurse and ensuring that healthcare systems are designed with a focus on human well-being. By offering a supportive and human-focused environment, we can attract and retain younger nurses with sustainable mentor support, ensuring the future resilience of our healthcare systems.

Conclusion

The "second victim" phenomenon is a critical issue that must be addressed within the broader context of the health workforce crisis in Europe. By raising awareness, fostering a just culture, and providing the necessary support to nurses in all specialities, we can enhance both the well-being of healthcare professionals and the quality of patient care. Nurses play a crucial role in the healthcare systems, and we call on to European policymakers, healthcare leaders, and stakeholders to recognize their essential role and take decisive action to support the 'Second Victim Phenomenon'.

³ <https://www.secondvictim.at/>

About ESNO. The European Specialist Nurses Organisation (ESNO) is dedicated to advancing the professional status and recognition of specialist nurses across Europe. Through advocacy, education, and collaboration, ESNO works to enhance the quality of healthcare and ensure that nurses are empowered to lead and innovate in their fields.

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