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Second Victims in Nursing

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Walden University

College of Nursing

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Ofelia O'Donnell

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Walden University

2022

Abstract
Second Victims in Nursing
by

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MS, University of Texas at El Paso, 2014

BS, University of Texas at El Paso, 2006

Project Submitted in Partial Fulfillment
of the Requirements for the Degree of
Doctor of Nursing Practice

Walden University

November 2022

Abstract

Nurses involved with an unexpected adverse patient event can experience guilt, depression, stress, and anxiety and relive the incident, known as the second victim phenomenon. Nurses would benefit from education on the topic of the second victim. The project holds significance for nursing practice as implementing second-victim education increased knowledge and awareness while promoting a just culture that fosters a psychologically safe environment focused on process and system improvement. Use of the analysis design development implementation evaluation (ADDIE) model and the Walden Manual for Education guided the project planning and implementation. The sources of evidence were obtained through a combination of strategies that included face-to-face interactions with a copy of an informational PowerPoint for standardization education content and questionnaires. The pre and post-training questionnaire facilitated the collection of quantitative and qualitative data. The findings supported that education of second victims increased the participant's knowledge, assisted nurses with identifying themselves or someone else as a second victim, showed the benefits of incorporating the education into the orientation and existing education platforms, seeking assistance to cope with the event and restore their confidence and ability to return to the clinical settings. Positive social change is possible for the individual, their colleagues, the organization, and the community because the nurse can function more effectively and efficiently while providing patient care.

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Dedication

In dedication to all individuals who have chosen nursing as their profession and to their commitment to delivering quality and safe patient care while mentoring fellow nurses.

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I am very grateful to my husband, mother, and family for their unwavering support of my academic endeavors. I appreciate my practicum preceptor and mentors for their guidance and support.

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Section 1: Nature of the Project

Introduction

Nurses can experience feelings of guilt, anxiety, and depression that can escalate to suicide ideation after an unexpected adverse event. Due to the lack of knowledge, support, or awareness of services to help deal with these feelings, a nurse's symptoms can be aggravated and can influence their decision to leave the department or nursing. This Doctor of Nursing Practice (DNP) project will be an education workshop to educate staff about the concept of second victim and resources that are available to them in the event they experience a traumatic patient care situation.

The implications for social change from this research include heightening awareness on second victim phenomenon. Change will occur by emphasizing a focus on learning from the experience while supporting nurses and providers after an unexpected adverse event.

Problem Statement

The local nursing practice setting identified the need for second victim education as team members were not familiar with the concept. Unexpected adverse events requiring analysis to identify process improvement and risk reduction initiatives prompted individuals to relive the incident aggravating their symptoms and revealed the negative impacts. The experience can leave nurses feeling guilty and with an unreasonable sense of responsibility for the event. The project holds significance for nursing practice by implementing education on the second victim, guiding the practice of

just culture with a focus on process and system improvement and application of Reason's swiss cheese model which is used to assess system and process flaws that when combined contribute to unintentional drift that leads to error (Larouzee & Le Coze, 2020).

According to the Joint Commission (2018), nearly half of healthcare providers can experience the effects of the second victim phenomenon at least once during their careers. When second victims are unable to manage the emotional impact associated with the event, the healthcare professionals' physical and emotional health can suffer and potentially compromise patient safety.

Purpose Statement

The project activities will seek to address the gap in second victim education for nurses, increase awareness, recognize when they have become second victims, and implement evidence-based strategies to prevent serious consequences. The doctoral project has the potential to address the gap in nursing knowledge on second victims, heighten awareness, assess the impact of education on the issue, management of the event, and for nurses to recognize when they become a second victim and implement evidence-based strategies to prevent serious consequences.

Nature of the Project

The sources of evidence to be collected will include a preeducation questionnaire, providing education, and a posteducation questionnaire to analyze the information and evaluate the effectiveness of the intervention for an increase in knowledge, for self-identification, identification in colleagues, and seeking support.

The purpose of the project will assist to heighten awareness of second victims through the implementation of nursing education. This education will provide nurses with awareness of the emotional and psychological symptoms experienced, enabling them to know when to seek assistance or to assist colleagues following a traumatic event.

Significance

The stakeholders who participate in the education session will potentially have an improved sense of what they need to do following a traumatic event, what their resources are, and/or how to assist team members experiencing a traumatic event. The project will positively heighten awareness and the need to support nurses who become second victims associated with an adverse event and impact the culture change with a shift from blame to a supporting learning environment. This project can be applied to any healthcare discipline/setting throughout the organization.

Summary

The topic of second victims is relatively new, requiring education and training and additional research to heighten awareness and identify additional strategies to assist nurses to manage the stress. In chapter 2, I will discuss the supporting theory, conceptual framework, relevance to nursing practice, local context, and my role in the project.

Section 2: Background and Context

Introduction

The local nursing practice setting identified the need for education on this topic as team members were not familiar with the concept. Due to the lack of awareness of services to manage negative feelings associated with an adverse event, a nurse's symptoms can be aggravated, further contributing to their decision to leave the department or nursing. In nurses who experience an unexpected adverse event, would second victim education, when compared to nurses who do not have this education, does the education contribute to decreasing anxiety and stress with the event? The project aims to identify the impact of implementing education on second victims to assess a potential decrease in negative symptoms in nurses who experienced an adverse event.

In this section, I will describe the theory/conceptual model that informs the project, the relevance of the project to nursing practice, the local context and background, and the role of the DNP student.

Concepts, Models, and Theories

Nursing theory guides interventions with outcomes that improve quality of life and self-care, which can be applied in support of second victims for positive results (Younas & Quennel, 2019). The Manual for Education (Walden University, 2019) and analysis design development implementation evaluation (ADDIE) model (International Society for Educational Technology [ISFET], 2022) were utilized for the development and planning of this project. During the analysis phase the instructional objectives,

learning environment, and assessment of learners' skills were identified (ISFET, 2022). The learning environment was changed due to restrictions to minimize face-to-face interactions due to COVID. The training was entered into the practicum site's online learning platform. Pre and posttraining questionnaires were embedded in the training to obtain a baseline measurement and effectiveness of the training to increase the learners' knowledge on second victims.

During the design phase of the ADDIE model (ISFET, 2022), the preceptor and I discussed potential challenges with objectives, training platforms, and evaluation tools. The learning objectives were to increase the learner's knowledge of second victims, assist individuals to self-identify as a second victim, and to seek assistance for themselves or a colleague to prevent negative outcomes.

During the development phase of the ADDIE model (ISFET, 2022), the content of the training is organized and the pre and posttraining questionnaires are created. The pretraining questionnaire will serve to obtain a baseline measurement of team members' knowledge of second victims. The posttraining questionnaire serves to identify the effectiveness of the training and for modifications to strengthen the training.

The education will be provided to labor and delivery team members during the implementation phase of the ADDIE model (ISFET, 2022). The evaluation phase will serve to evaluate the effectiveness of the training. Review of the pre and posttraining questionnaires will assist to evaluate the training effectiveness.

The Joint Commission recognizes that organizational support for second victims is a priority as it can prevent, reduce, and/or relieve healthcare professionals' emotional impact after an adverse event (Connors et al., 2019). According to Connors et al. (2019), cross-sectional surveys identified that the nurse as a wound healer and the post-traumatic growth theory address the ability to assist and support the second victim to grow, manage the symptoms associated with experiencing an adverse safety event, become more resilient, and positively impact their delivery of care.

According to Ratrouf and Hamdan-Mansour (2017), an integrative review suggests that the theory of the Nurse as the Wounded Healer addressed the nurse's secondary exposure to an adverse event and will become a walking wounded to overcome their traumatic experience to provide optimum care.

More than one individual is affected when an adverse event occurs. The first victim is the patient and family affected, the second victim includes nurses, doctors, and any other healthcare professionals involved by the event, and the third victim is the organization and its reputation as Ozeke et al. (2019) explained. A best practice approach to ensure a learning opportunity after an adverse event is to focus on identifying the combination of multiple processes and potential system flaws that led to the event by using Reason's swiss cheese model, as Larouze and Le Coze (2020) explained.

Relevance to Nursing Practice

Fostering a psychologically safe work environment requires a change in a culture that supports nurses and promotes learning contributing to a safer and more supportive

work environment. Second victims in the labor and delivery environment can experience a higher level of trauma due to the involvement of the mother and child.

Research identified strategies applied by other facilities that included education, training, and the implementation of peer support programs such as forYOU (Stone, 2020). The forYOU program provides support to healthcare professionals to manage the feelings associated with the event, move past it, and enable their return to work (Stone, 2020). The University of Missouri Health System successfully implemented the forYOU program with team members seeking assistance for other events, warranting the program be restricted to team members related to adverse patient events (Stone, 2020).

John Hopkins established the resilience in stressful events (RISE) program to support healthcare professionals, as Connors et al. (2019) explained. According to Connors et al., in cross-sectional surveys of 337 nurses and nurse leaders, 47% of nurses reported RISE improved their confidence in their work, felt better after utilizing RISE, and wished they had used the program sooner. As Connors et al. explained, 68% of nurse leaders found RISE helpful, were more resilient after accessing the program, and reduced their desire to leave their job.

The activities conducted during the doctoral project will assist in decreasing the gap in knowledge about second victims, recognizing the need for assistance, and potentially increasing knowledge on the correlation between resilience by seeking help to increase job satisfaction and decrease burnout. Supporting second victims promotes psychological and emotional healing that can be accomplished with support programs

such as RISE, which correlates with the theory of the wounded healer (Connors et al., 2020).

Local Background and Context

The lack of awareness and knowledge of second victims justifies the need to implement education to heighten awareness and implement clinical nursing practice guidelines to assist second victims in managing their experiences (Coughlan et al., 2017). Adverse events affect team members in the labor and delivery environment. The provision of education to heighten awareness, manage feelings and seek assistance is beneficial to healthcare providers well-being. A posttraining questionnaire will be provided to assess the retention of training material and make any necessary changes to the training.

The doctoral project was implemented in a labor and delivery practicum site located in West Texas, with 80% Hispanic population and 1000 infant deliveries per year. This project can be completed in the obstetrical setting due to the potential psychological and emotional impact of an adverse event.

The Joint Commission (2018) and Stone (2020) recommended that healthcare organizations offer support to second victims as soon as possible after an adverse event to assist in regaining their physical and psychosocial well-being.

Role of the DNP Student

The professional context of the DNP project is to introduce education on second victims to the practicum site to heighten awareness and support nurses in the labor and

delivery environment after they experience an adverse event. The DNP student's role consists of applying knowledge to implement evidence-based research into practice to heighten awareness to effect positive social change and highlight the importance of providing support to healthcare professionals in the labor and delivery setting after an adverse event. The motivation for the project is to heighten second victim awareness and assist with promoting a just culture with a focus on process improvement, risk reduction, and sharing lessons learned from an event which are practices recommended by the Joint Commission (2018).

Potential biases could include previous experiences, perceptions, and punitive correlations associated with human error. To promote a just culture with a process that reduces or eliminates first-resort disciplinary measures, I will recommend reinforcement of James Reason's decision tree for unsafe acts culpability. The use of the decision tree will ensure every individual receives a just and fair review of the incident in question with emphasis on process improvement as recommended by the Institute for Health Improvement (2021).

Nurses directly involved with an adverse event can experience anxiety, guilt, depression, and suicidal ideations, better known as the second victim phenomenon (Ozeke et al., 2019; White & Delacroix, 2018). Individuals who do not receive support find it challenging to manage the feelings they experience, which can further aggravate mental and emotional symptoms, and elect to leave the profession. According to Padula (2017), the cost per nurse who utilized the peer support services of the RISE cost \$656 a

year. The cost of replacing a nurse is \$100,000 and the cost of replacing a doctor is several hundred thousand dollars (Padula,2017). The program's minimal cost is an investment to protect the safety of the healthcare team, the patients, and the organization.

Second, victim education will increase awareness of the support needed to provide nurses involved in the event, assist them in managing their feelings, and enabling them to return to work (Busch et al., 2020). During this time, the support nurses receive is observed by other staff members, communicating the organizations' commitment to the individuals impacted by the event, promoting reporting and staff empowerment to speak up and identify unsafe conditions to secure healthcare professionals and patient safety.

Summary

Evidence supports the need for second victim education to increase nurses' knowledge on the topic. The education will heighten awareness on the issue and enable nurses to recognize signs to seek assistance and support. The following section will provide an analysis of evidence and the project's relevance to nursing.

Section 3: Collection and Analysis of Evidence

Introduction

The local nursing practice setting identified the need for education on this topic, as team members are unfamiliar with the concept. Unexpected adverse events requiring analysis to identify process improvement and risk reduction initiatives prompted individuals to relive the incident aggravating their symptoms and revealing the negative impacts. The purpose of the project is to identify the effect of implementing education and training on second victims to assess a potential decrease in negative symptoms on nurses who experienced an adverse event.

In this section, I will provide the analysis of evidence and the theory and conceptual model that informs the project's relevance to nursing practice, local context and background, and role of the DNP student. Healthcare professionals apply their knowledge and skills in their everyday routine. Second, victims can experience feelings of guilt, depression, anxiety, remorse, and shame when their patient experiences an unexpected adverse event (Stone, 2020). The treatment from their coworkers can further aggravate the nurse's anxiety (Stone, 2020). Evidence supports the need for nursing education to provide second victim information, as discussed in the next section.

Practice-Focused Question

The practice-focused question was: In nurses who experience an unexpected adverse event, would second victim education and training, compared to nurses who do

not have this training, contribute to decreasing anxiety and stress with the event? The purpose of the project is to identify the impact of implementing education and training on second victims to assess a potential decrease in negative symptoms on nurses who experienced an adverse event. The local problem involves establishing education on second victims in the labor and delivery environment to increase team members' knowledge of second victims and assist healthcare professionals involved in an unexpected adverse event (Tumelty, 2018). The first victim is the patient harmed during the adverse event (Tumelty, 2018). Healthcare professionals such as doctors and nurses involved in an unexpected adverse event who then experience emotional and psychological negative symptoms due to the trauma of the event are known as second victims (Ozeke et al., 2019). The third victim involved in the adverse event is the organization which reputation is affected and needs to address the needs of patients, families, and healthcare professionals while implementing actions to prevent the event's recurrence (Liukka et al., (2020).

The purpose of the project is to identify the effect of implementing education and training on second victims to assess a potential decrease in negative symptoms on nurses who experienced an adverse event in the labor and delivery setting as the trauma of the event is intensified due to the impact to mother and child. Will the training serve to increase the knowledge on second victims and to assess the impact of the movement to contribute to decreasing anxiety and stress with the event?

Labor and delivery nurses apply their knowledge and skills in complex, high-risk situations every day. A medical error and adverse events affecting mother and baby can significantly negatively impact nurses. Increasing nurses' knowledge on second victims will heighten awareness of the issue the symptoms commonly experienced and assist them in recognizing when they need assistance.

Second victims can experience feelings of guilt, failure, questioning their knowledge, and skills require assistance to manage these feelings as recommended by the Joint Commission (Stone, 2020). According to the Agency for Healthcare Research and Quality (2019), nurses experience flashbacks, insomnia, burnout, outbursts, depression, and post-traumatic stress disorder symptoms. Increasing nurses' knowledge and understanding of the topic and the symptoms commonly experienced will enable them to recognize when they or a colleague needs assistance.

Sources of Evidence

Education on second victims provides essential information to recognize what it is and the potential impact on the individual. According to Stone (2020), teaching on the topic can enable the recognition of symptoms that require further assistance and utilize the event as a learning experience to improve processes.

The sources of evidence from peer-reviewed journals are included in the training. The Centers for Disease Control and Prevention (2019) user guide serves to evaluate the effectiveness of the activity with questions rating knowledge, learning, relevancy of training, movement, and intent to use or apply the training in their setting. The

prequestionnaire will provide a baseline knowledge measure before the training, and a postquestionnaire will evaluate the effectiveness of the education to increase the knowledge and heighten awareness of second victims. Additionally, the training will assist with the recognition of the symptoms associated with an adverse event experience, seeking assistance to manage the symptoms, and regain emotional and psychosocial wellbeing.

A pretraining questionnaire will be obtained. The education will be provided, followed by a post-training questionnaire. This method will allow for the qualitative analysis of the information collected to evaluate the effectiveness of the training and identify opportunities to modify the education. The education provides essential information on the second victim phenomenon and enables nurses to remember when they need assistance or when to assist their colleagues. When the symptoms associated with the event are not managed, the nurse can feel overwhelmed and choose to leave the profession (Stone, 2020).

A voluntary questionnaire will be provided before and after the training to assess the effectiveness of the education. Anyone participating in the activity can anonymously complete the voluntary questionnaire, although completion will not be required to participate in the training. Any data will be held securely by the project lead. The pretraining questionnaire in Appendix A and B contained multiple-choice responses.

Data for this education were collected by obtaining questionnaires from the participants. The data gathered are intended to help determine how well-received the

education program is and whether there are any proposed improvements. The hard copy questionnaires are anonymous, and the pre and postquestionnaires are not directly linked for any single participant. Aggregate data were gathered on themes that emerged pre and posteducation.

Analysis and Synthesis

Qualitative text analysis was conducted to review responses on the pre and posttraining questionnaires. Using a numerical scale of 1- 5, open-ended questions, and yes and no answers on the questionnaire to assist in evaluating the training effectiveness. The utilization of written questionnaires and survey monkey will organize, track, and analyze the evidence for this project.

I managed and analyzed the data to identify the need to modify the training and other means of support to assist second victims after an adverse event. The Survey Monkey tools and resources will analyze data to address any outliers. The utilization of Survey Monkey will assist with analyzing quantitative data to benchmark, trend, and probability sampling (Survey Monkey, 2021). This data analysis will assist in identifying the effectiveness of the training and achieving the goal of increasing second victim knowledge to decrease the negative symptoms of the phenomena.

Summary

A pre/posttraining questionnaire will be used to gather quantitative and qualitative data on participants' perceptions of the effectiveness of the training program and to modify the training to meet the needs of the participants.

Section 4: Findings and Recommendations

Introduction

Training on second victims assists in addressing the local nursing problem to provide education on second victims and decrease the knowledge gap on the topic. The education increases awareness and assists nurses in identifying themselves or someone else as second victims and in seeking assistance to manage their feelings associated with an unexpected adverse event. The sources of evidence were obtained with face-to-face interactions, a standardized informational PowerPoint, a pre and postquestionnaire, and anecdotal evidence. The qualitative and quantitative and qualitative strategies served to address the practice-focused question: In nurses who experience an unexpected adverse event, would second victim education and training, compared to nurses who do not have this training, contribute to decreasing anxiety and stress with the event?

Findings and Implications

The sources of evidence include the collection of information to establish a baseline measurement of staff knowledge. Qualitative and quantitative data was collected pretraining and post-training to evaluate the education with a questionnaire that utilized a numerical scale of 1-5, open-ended questions, and yes and no answers to assist in evaluating the training's effectiveness. An information sheet containing all the resources available at the facility was available at the time of the questionnaire.

Table 1 includes responses to the first question of the pretraining questionnaire: to evaluate the knowledge of second victims. The majority, 45% of the participants did not

have any knowledge, 35% had some knowledge or were at least familiar with the term, 20% had moderate knowledge, and none identified themselves as experts on the topic.

Table 1

Participant Responses To Knowledge Regarding Second Victims

Answer choices	Response percentage	Number of participants
None	45%	9
Some	35%	7
Moderate	20%	4
Expert	0%	0

Table 2 reflects individuals' answers to the second question to the pretraining questionnaire. Collectively, 75% of participants had experienced an unexpected adverse event at least once during their career while only 25% reported they had never experienced an adverse event.

Table 2

Participant Responses to Involvement In An Unexpected Adverse Event

Answer choices	Response percentage	Number of participants
Never	25%	5
Once	35%	7
Twice	10%	2
Three or more times	30%	6

Table 3 reflects the participant's responses to the third question of the pretraining questionnaire. Most participants, 65%, did not receive any support after experiencing an adverse event, while 20% reported they received support services. The minority, 15%, reported they were working at another facility at the time of the event, and two reported this question as not applicable.

Table 3

Participant Responses to Support Services Received During Event

Answer choices	Response percentage	Number of participants
No	65%	13
Yes	20%	4
Other	15%	3
Comments:		
1-	at another facility	
2-	n/a	

Second victim education provides essential information to recognize what it is and its potential impact on the individual and to assist nurses in identifying themselves or someone else as second victims. The education concluded with a post-training questionnaire to evaluate the effectiveness of the education. Table 4 reflects the responses to the first post-training questionnaire. Most of the participants, 63.16%, did not know the topic prior to the training.

Table 4

Did You Have Any Knowledge Of The Topic Prior to This Training?

Answer choices	Response percentage	Number of participants
No	63.16%	12
Yes	36.84%	7
Other-skipped the answer		1

Table 5 reflects how the participants rated the effectiveness of the training. Most participants, 57.89% rated the education as excellent, 36.84% rated the education as good, and one participant did not rate the education.

Table 5

How Effective Was the Training in Providing Information For Your Better Understanding Of Second Victims?

Answer choices	Response percentage	Number of participants
Poor	0%	0
Minimal	0%	0
Neutral	5.26%	1
Good	36.84%	7
Excellent	57.89%	11
Other-skipped the answer		1

Table 6 reflects responses to participants' ability to identify themselves or someone else as a second victim due to this training. The vast majority, 90%, were able to identify themselves or someone else as a second victim after the training.

Are you able to identify yourself or someone else as a second victim because of this training?

Table 6

Are You Able to Identify Yourself Or Someone Else As A Second Victim Because Of This Training?

Answer choices	Response percentage	Number of participants
No	10%	2
Yes	90%	18

Table 7 displays the comments from free responses provided by the participants on what could improve the training experience. Findings support the importance of education to increase awareness of second victims. Most participants reported the training did not need improvements, while several provided feedback that supported the need to incorporate second victim information into the organizations' educational offerings.

Table 7

What Changes Can Be Made to This Training to Improve The Experience?

Answer choices	Number of mentions
None or N/A	13
Excellent training	1
More exposure	1
Provide this information during orientation	2
Provide information of resources available	2
Provide education at managers	1
More examples of second victim events	1

90% of participants expressed there would be no barriers with the department for the application of knowledge on second victims, as reflected in Table 8.

Table 8

Are There Any Barriers To The Application of This Knowledge In Your Department?

Answer choices	Number of participants
No, N/A or none known	18
No one follows second victims	1
Maybe implementation	1

The data collected identifies that the information provided on second victims increased the participant's knowledge on the topic and enabled them to identify themselves or someone else as a second victim to seek support.

Unanticipated Outcomes

Interacting with the participants provided an opportunity to gain knowledge of their daily work experiences. The team members expressed appreciation for this training and that it is warranted and overdue. A team member provided feedback that the information applied, and perhaps that explained the feelings experienced. I also received feedback from providers who experienced similar findings and how they carry the experience with them for years. Individuals also communicated that information on the topic be included as part of the organization's education program and included in the orientation process. The feedback received supports that education about second victims is not only a nursing issue. It affects providers too.

Finding Implications for Social Change

The findings demonstrate that second victim information is needed to increase individuals' knowledge of the topic and to identify themselves or someone else as a second victim. Increasing awareness would assist in decreasing the gap in knowledge, enables individuals to seek assistance for themselves or a colleague, and assist in securing patient safety (Scott, 2022). The findings indicate that providing second victims information and resources available to healthcare professionals serve to support the needs of staff with the catastrophic events they experienced in terms of coping with the feelings of the event that can potentially impact their ability to work, focus, and minimize further complications.

Recommendations

The findings indicate the need to incorporate information on second victims as part of the educational offerings in the department and the organization. The organization could best support healthcare providers by developing practice guidelines and policies to support a program that includes debriefing as soon as possible after adverse events. Additionally, the staff would benefit from implementing a support mechanism to obtain assistance to cope with the experience.

Strengths and Limitations of the Project

Strengths of the project include face-to-face interaction with the members of the department enabling the collection of qualitative and quantitative data that supports the need to incorporate second victim information with the educational offerings of the organization. The data supports the need for this education that impacts not only nursing but every healthcare professional discipline. The data supports the need to develop a mechanism for a formal support program with policies that guide the process, as discussed by Scott (2022). The project identified that nurses and providers talk to one another about topics affecting them instead of filling out surveys. The limitation of the project is that it involved a small sample of participants. Job transition, leaves, and exits from the facility contributed to a smaller sample size. Further studies expanding to all healthcare disciplines utilizing the collection of qualitative and quantitative data would be beneficial to obtain information as to the impact of adverse events to all healthcare professionals. Additionally, once a support program is implemented, further studies

would be beneficial to evaluate the impact of support services on individuals versus those who do not obtain support.

Section 5: Dissemination Plan

The plan to disseminate the findings of this project is to present them to the chief and the director of the department. The findings will then be presented to the Chief Nursing Officer and the Executive Nursing Committee to allow nurses in leadership roles to obtain information of the practice problem, evidence collected, and the benefits of incorporating second victim education in the training platform. The nursing leaders will serve to further disseminate the findings. The findings will also be shared with all healthcare disciplines in the practicum site as anecdotal evidence collected during the project and supports the benefits of sharing the information with all healthcare professionals. I will also seek to present the evidence at different forums and identify potential publications.

Self-Analysis

This project assisted with the validation of the impact of adverse events to our healthcare professionals' physical and emotional well-being. The project emphasizes the importance of interacting with frontline staff members to obtain information of critical topics that impact them directly and to identify strategies for support. I identified the importance of evaluating the effectiveness of the proposed plan for data collection to meet the objective of the project and meet the needs of the population addressed. This project reinforced my belief that every individual has something to contribute to the profession and that every individual processes an event differently based on their personal and professional experiences.

The project allowed me to connect theory and learning to the clinical practice setting to support my endeavors as a scholar and practitioner. The collection of evidence allowed me to develop and nurture relations for the effective dissemination of the second victim education to best support the needs of nurses. Efforts to develop, implement, adjust, and coordinate training allowed me to utilize project management skills for successful implementation. This project allowed me to contribute and assist with present challenges in the practicum setting, in nursing, and the potential to assist professionals in all healthcare disciplines. The experiences I gained in the development and implementation of this project allowed me to achieve my short-term goal of collecting evidence supporting second victim education to increase nurses' knowledge. This project will allow me to achieve my long-term goals of implementing a second victim support program in my healthcare setting and sharing my findings in publications with the potential to maximize the number of individuals who can access this information.

I experienced personal challenges that prolonged my ability to implement the education in the initial timeline identified. However, I feel these personal experiences better prepared me to interact with the participants with more insight and thoughtfulness. Limitations with face-to-face interactions were experienced due to COVID-19. The training was initially entered into the online training platform, but I experienced challenges with identifying who in the department had completed the training. This issue reminded me of the importance of modifying the plan to meet the goals of the project and

the needs of the practicum site. Overall, this project assisted with academic and professional development and growth.

Summary

The impact of adverse events affects every individual differently. However, the event, when unresolved, can contribute to symptoms similar to post-traumatic stress disorder. Discussion with staff members can directly provide feedback and details of the impact of events and how these events disrupt their day-to-day operations. I observed the response of the team members' genuine reactions and emotions related to their experiences. These interactions reinforced the importance of further pursuits to increase awareness of second victims and the value of support systems to positively influence team members and assist them in managing their feelings, regaining confidence in their clinical practice, and protecting patient safety.

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Appendix A

Pretraining questionnaire

1. What knowledge do you have of second victims?

-
- a) None
 - b) Some
 - c) Moderate
 - d) Expert

2. Have you ever been involved in an unexpected adverse event?

-
- a) Never
 - b) Once
 - c) Twice
 - d) Three or more times

3. Did you receive any support services during this event?

-
- a) No
 - b) Yes

4. Do you know what resources are available to you or someone you know?

-
- a) No
 - b) Yes

Appendix B

Post-training questionnaire

1. Did you have any knowledge of the topic prior to this training?

A). No

B). Yes

2. How effective was the training to provide information for your better understanding of second victims?

1- Poor	2- Minimal	3- Neutral	4- Good	5- Excellent
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3. Are you able to identify yourself or someone as a second victim because of the training?

A) No

B) Yes

4. Would you be able to seek assistance for you or a colleague because of this training?

A) No

B) Yes

5. What changes can be made to this training to improve your experience?

6. Are there any barriers to the application of this knowledge in your department?