Commentary

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Compassionate Nursing Care and Genomic Nursing Health Care Policy

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Description

This descriptive study was completed in an 877 bed, tertiary quaternary academic hospital located in the Midwest. A survey was emailed to a convenience sample of approximately 1100 full and part-time nurses working in inpatient units, interventional radiology, catheterization laboratory, emergency, and surgery departments. Staff was surveyed over a 3 month period.

The survey was in English and divided into 4 sections: demographics, organizational assessment, experiences of the second victim using the Second Victim Experience Support Tool (SVEST), and post event support resources. The demographic and organizational assessment tools were designed by the investigators for this study. Demographic data include participants' self-reported age, gender, and general or specialty unit, years as a nurse, years as a nurse at the current hospital, highest level of education, professional certification, and clinical or nonclinical role designation. The organizational assessment provided an opportunity for participants to report on awareness and use of organizational resources available for second victims. Participants who self-identified as second victims completed the SVEST and answered several additional questions about their preferences and use of post event support resources.

Procedures

Permission to use the tool was granted from the SVEST authors and the study was approved by the health system's institutional review board. To promote awareness and participation in the study, a survey link was sent to all nurses' hospital email address, along with an informational letter defining the second victim concept and the purposes of the study. Participants were informed that their responses would be confidential, anonymous, and free from identifiers. Due to anonymity, email and survey responses were not able to be tracked for completion.

This study supports the centrality of human caring identified in Watson's theory, as this transpersonal caring relationship is a result from the trust built between the nurse and the patient. This trust allows the nurse to provide companionate care and allows the nurse to achieve self-actualization. However, nurses may not be able to provide compassionate care and healing if they themselves are hurting. Nurses who are second victims suffer both physically and psychologically. Addressing nurses' understanding of the second victim concept and assessing their awareness of available resources enhances care of nurses, helps to minimize their suffering, and aids in their ability to care for patients.

Identifying and Recognizing

Identifying and recognizing second victims can be challenging. The literature indicates that given the unpredictable and sometimes chaotic nature of the acute care setting, nurses will at some point in their career be affected by a traumatic patient event. These events can leave nurses feeling as if they have no one to confide in and no resources available to cope with the outcome of an event. Health care systems need to provide easily accessible, confidential, system-based supportive resources for second victims. As stated in the literature, second victims can experience posttraumatic stress responses due to perceived inadequate support by peers and management, and fear of disclosure. These responses may last up to 2 years following an event. The current study supports the finding that second victims experience greater psychological distress than physical distress.

This study was conducted prior to the coronavirus disease-2019 (COVID-19) pandemic. Throughout the pandemic, the organization provided additional support to staff through facilitator-led, peer processing groups, increased support through the employee assistance program, and ongoing communication to health care professionals of available support resources. Resources were communicated at daily huddles and email messages from the organization and from the nursing leadership team. More recently a peer-to-peer support program was implemented for nursing. The program utilizes the concepts of respect, support, and transparency in assisting the nurse on their second victim recovery trajectory. Review of the current literature provides little information on the effect of the pandemic on the second victim concept. The participant responses in this study highlighted the need for increased awareness of available support resources for second victims. There is benefit to resurvey the staff to determine how their understanding of the second victim concept could have changed, as well as their awareness of available resources and the value found in the use of these resources since the pandemic.

Results of this study found that a greater percentage of female second victim nurses were unaware of any hospital resources. Comparisons between second victims and those who did not identify as such demonstrated that a higher percentage of second victims preferred unit-specific debriefing following an adverse event. These results differ from other studies, where victims were less likely to talk to a friend and more likely to contact an organizational structure. Male second victims were more aware of pastoral care, while female second victims more likely to contact unit-specific resources for self or colleague. In addition, second victims indicated that they prefer a confidential way to connect with someone to discuss their experience. Of interest is that second victims were less likely to be aware of the hospital-based employee assistance program as an internal resource and were likely to be unaware of any additional hospital resources following an adverse event. All second victims said they desired time away from the unit for a brief period.

The staff was asked to respond to the survey questions, as it related to their tenure with the current organization. Participation was voluntary and completion of the survey via an electronic link implied consent and agreement to be part of the study. The survey required approximately 20 minutes to complete. To encourage participation in the study, announcements were made at nurse-leader meetings and posted on unit-based electronic huddle boards. Periodic reminders were sent throughout the survey timeframe.