

CONFERENCE ABSTRACT

Unveiling the Hidden Strain: Exploring Second Victim Phenomenon among Critical Care Nurses

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Background: Critical care nurses work in a highly stressful and challenging environment that demands swift decisions in life-threatening situations. Moreover, they are susceptible to experiencing emotional distress and psychological strain, particularly following adverse events or medical errors. This phenomenon, known as the second victim phenomenon, has garnered increasing attention in recent years due to its significant impact on healthcare provider's well-being and the quality of patient care. It is estimated that approximately half of all healthcare providers experience its impact at least once during their professional career. If not addressed, second victims can face long-term career sequelae such as changing roles or leaving the chosen profession prematurely.

Aim: The aim of the study is to identify the prevalence of second victim phenomenon among Critical Care Nurses with a focus on understanding its underlying manifestations, and implications on nursing practice

Methods: A cross-sectional Descriptive survey design was adopted. Non probability Purposive sampling technique was used to recruit 108 critical care Nurses. Standardised Second Victim Experience and Support Tool (SVEST) a self-reported semi structured questionnaire was used and data was collected using Google form from Critical Care Nurses across various multispecialty hospitals.

Ethical considerations: The study obtained research ethics approval, and all participants were informed of the voluntary and anonymous nature of their participation.

Results/Findings: The study findings indicate that a majority (65%) of nurses had ICU experience of 5 years and above, with the remaining 35% having 1-5 years of experience. Notably, 68% of nurses reported experiencing second victim syndrome, with prevalent symptoms including guilt (78%), anxiety (53%), self-directed anger (25%), and reduced self-confidence (78%) following unanticipated errors or near-miss events. Also 35% Nurses reported physical distress, 20% reported Absenteeism post event, 9% of them showed Turnover intention. Second victims also reported support systems as an imperative part of the recovery process after an adverse event



occurs, especially through peer support, emotional support, and informational support.

Conclusion: In conclusion, the study underscores the significant impact of second victim syndrome on critical care nurses, with a notable proportion reporting its occurrence and the need for targeted interventions and second victim support programs to promote the well-being of nurses in high-stress environments. Through “YOU Matter” Program during induction period novice nurses must be made aware of the support system available to promote wellbeing of Nurses.