

You Can't Pour From an Empty Cup: Second Victim Phenomenon

Recognizing the impact of patient-safety events on the healthcare team

MNDAKSPAN 2026 Fall Conference
October 3, 2026

Kim Emerson BSN, RN, CAPA
Kristy Gottschalk MSN, RN, CNOR

01

SESSION OBJECTIVES

What learners will be able to do

After participating in this educational session, learners will be able to:

- 01 Define** Second Victim Phenomenon.
- 02 Determine** signs and symptoms of Second Victim Phenomenon.
- 03 Recognize** how symptom severity and duration affect function and support needs.
- 04 Identify** two resources for Second Victim support.

Learning objectives

02

WARNING

WARNING



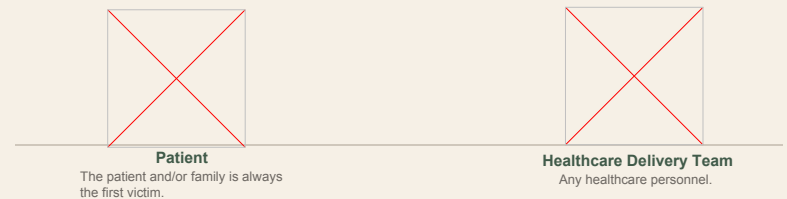
This Photo by Unknown Author is licensed under CC BY-SA-NC

03

01 / WHAT IT IS

The event may end, but the impact can continue

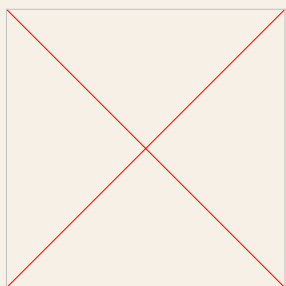
Personnel in health care settings who experience psychological or physical symptoms after direct or indirect involvement in an unintentional adverse event are sometimes referred to as second victims.



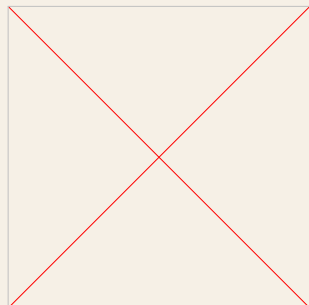
Sources: AHRQ PSNet (reviewed 2025); Vanhaecht et al., 2022; Wu, 2000; Scott et al, 2009; Vanhaecht et al, 2022

04

Myth Vs Reality



VS



05

Myth Vs Reality

True to False: Healthcare personnel are likely to experience SVP at least once in their career.

06

Myth Vs Reality

True or False: Only the clinician directly involved is a second victim

07

Myth Vs Reality

True to False: Healthcare personnel are likely to experience SVP at least once in their career.

08

Second Victim Phenomenon is.....

Not a character flaw

It is a human response to a high-stakes clinical experience.

Not limited to one role

Nurses, physicians, paramedics, technicians, and other team members may be affected.

Terminology is evolving

“Clinician involved in a patient-safety incident” or “care for the caregiver” may feel more respectful. Other terms include: Clinician distress after adverse events or Healthcare worker second trauma

Prevalence



30%

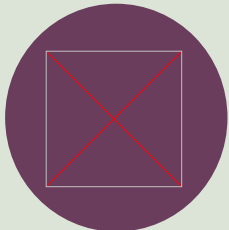
Year



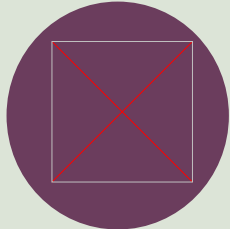
100%

Career

Highest Incidence



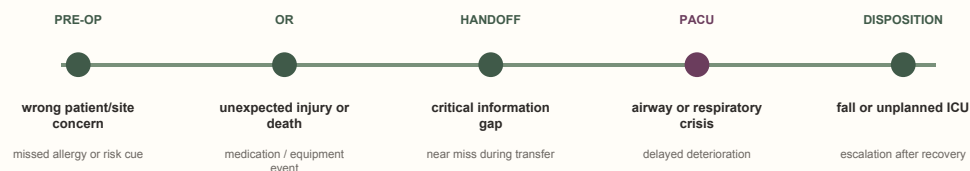
ER Nurses



Population

Perioperative care is high-stakes

A sudden turn can occur at any point in the care pathway.



A trigger is not proof of fault.

Distress can follow a preventable event, an unavoidable complication, or a near miss.

Emotional and cognitive signs often appear first

E

EMOTIONAL

- **Guilt, regret, or remorse**
Replaying what should have happened differently
- **Shame or embarrassment**
Feeling exposed, inadequate, or "not good enough"
- **Anxiety, fear, or dread**
Fear of another error, discipline, litigation, or job loss
- **Sadness, grief, or anger**
Strong emotions that feel out of proportion or hard to settle

C

COGNITIVE

- **Intrusive memories or reliving**
The scene returns during work, rest, or sleep
- **Rumination and self-blame**
Persistent "what if" and "if only" thinking
- **Difficulty concentrating**
Distractibility, slowed decisions, or mental fog
- **Loss of confidence**
Doubting clinical judgment or professional identity

One sign does not define the experience; look for clusters, change from baseline, and impact on function.

The body and behavior may carry the stress

PHYSICAL

- **Sleep disruption**
Difficulty falling asleep, waking, or distressing dreams
- **Fatigue or depletion**
Feeling physically drained after the event
- **Stress sensations**
Tension, shakiness, racing heart, or stomach upset



BEHAVIORAL + SOCIAL

- **Withdrawal or isolation**
Pulling away from coworkers, family, or the team
- **Avoidance**
Avoiding similar cases, rooms, tasks, or conversations
- **Irritability or tearfulness**
A noticeable shift in mood, patience, or connection

What colleagues may notice: "They are not acting like themselves."

Practice changes can be a symptom, too

CONFIDENCE

Second-guessing routine decisions

Repeated reassurance seeking

Fear of making another error

PRACTICE

Hypervigilance or overchecking

Avoiding a procedure or patient type

Difficulty focusing or making decisions

CAREER

Reduced job satisfaction

Calling out or wanting to transfer departments

Questioning whether to stay in nursing

A change in practice may reflect distress—not lack of commitment.

NOTICE THE CHANGE

Severity & Duration of Symptoms



Severity and duration guide the level of support

Monitor the symptom pattern, not only the severity of the clinical event.

BRIEF + MANAGEABLE

Hours to days

Distress is present, but the clinician can rest, connect, and continue usual responsibilities.

Peer check-in • recovery time • monitor

PERSISTENT OR DISRUPTIVE

Days to weeks

Sleep, concentration, confidence, avoidance, or relationships begin to interfere with work or daily life.

Peer support • leader/EAP • professional care

SEVERE, WORSENING, OR URGENT

Any duration

Function or safety is impaired, symptoms intensify, or there is risk of harm to self or others.

Immediate assessment • crisis pathway • 988

Symptoms may emerge later or fluctuate. Escalate when they persist, worsen, limit function, or create a safety concern.

Sources: Webinar provided by presenter; Scott et al., 2009; Busch et al., 2020; Joint Commission Quick Safety 39

Coping



Four coping lenses clarify what you need

These approaches can overlap; they are not mutually exclusive personality types.

INTERNAL	Self-directed regulation	Reflection, self-compassion, grounding, restorative sleep, movement, spiritual practices.
ADAPTIVE ↔ MALADAPTIVE	Judge the effect over time	Adaptive strategies restore function and connection. Avoidance, isolation, substance use, or compulsive overchecking may offer short relief while extending distress.
PROBLEM-FOCUSED	Act on what can be changed	Seek facts, debrief, ask questions, make a plan, request training, and participate in system improvement.
EMOTION-FOCUSED	Regulate the emotional burden	Talk with a trusted peer, process grief, use counseling, mindfulness, acceptance, or meaning-making.

The aim is an adaptive combination: personal regulation + connection + action on controllable problems.

Sources: Webinar provided by presenter; Busch et al., 2020; AHRQ CANDOR Care for the Caregiver

Pair problem-focused and emotion-focused coping

Effective recovery rarely depends on one strategy alone.

WHEN SOMETHING CAN CHANGE

Problem-focused coping

- Clarify what happened and what is still unknown.
- Request a structured debrief or case review.
- Plan a supported return to the task or setting.
- Help improve the system without accepting inappropriate blame.

WHEN THE EMOTION NEEDS CARE

Emotion-focused coping

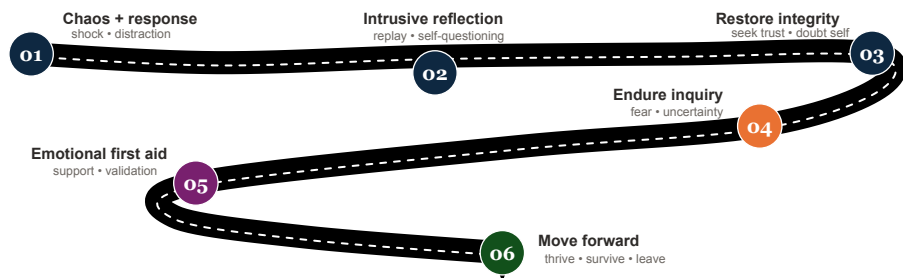
- Name the response without judgment.
- Connect with a trained peer, counselor, or trusted colleague.
- Use grounding, mindfulness, grief processing, or spiritual care.
- Allow recovery time instead of forcing premature closure.

Watch for maladaptive drift: increasing avoidance, isolation, substance use, self-punishment, or unsafe overwork signals a need for more support.

Sources: Webinar provided by presenter; AHRQ CANDOR Care for the Caregiver; MITSS

Recovery is not linear or predictable

One continuous recovery road connects 01–06; stages 01–03 may run concurrently.



Second victim phenomenon describes context. It's NOT a diagnosis.

Burnout reflects chronic workplace stress. Acute stress disorder and PTSD have specific diagnostic criteria and timing; persistent or function-limiting symptoms warrant professional evaluation.

Sources: Scott et al., 2009; Joint Commission Quick Safety 36; WHO ICD-11; VA National Center for PTSD

21

Recognition starts with a humane check-in

NOTICE

a change

Look for a cluster of signs, a shift from baseline, or difficulty functioning.

NAME

the possibility

"That was a difficult event. How are you doing after it?"

CONNECT

to support

Use the organization's peer-support, employee assistance, leader, or mental-health pathway.

Escalate promptly

when distress is worsening, prevents safe work or daily function, or creates an urgent risk to personal or patient safety.

The goal is not to diagnose a coworker. It is to notice, respond without blame, and connect them to the right help.

Sources: AHRQ CANDOR Care for the Caregiver; AHRQ PSNet; AORN Second Victim Toolkit

22

PEER Do's and Don't

Do

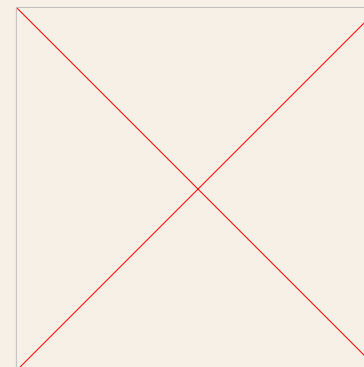
- Make eye contact
- Proper body language
- Make them feel like you have time
- Listen and allow silence
- Be empathetic
- Use open ended questions
- Let them know you care

Don't

- Use Yes or No questions
- Give advice
- Impose one's beliefs
- Judge
- Interrogate or question
- Insist a conversation if SV is uncomfortable
- Say nothing
- Try to fix the situation
- Assume

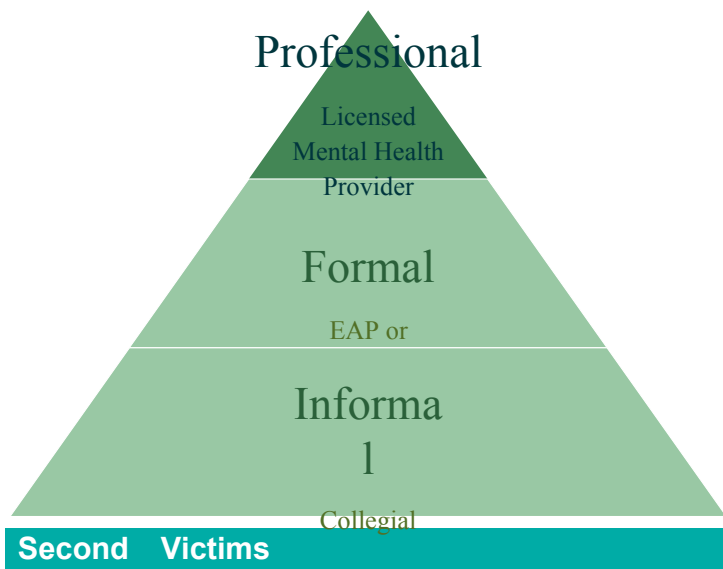
23

Resources



24

References:
Van Gerven et al,
2016 Edrees et al,
2016 Marr et al. 2021



Pair these with your organization's peer-support, EAP, occupational health, and mental-health pathways.

01	AHRQ CANDOR — Care for the Caregiver	Implementation guidance for a structured organizational response after patient-safety events.	ahrq.gov/candor
02	Healthy Nurse, Healthy Nation	Free tools from ANA to improve the health of nurses across the US.	https://www.healthynursehealthyNation.org
03	AORN Second Victim Support	Perioperative-focused education and practical support resources.	aorn.org
04	The Joint Commission — Quick Safety 39	Concise actions leaders and teams can use to support affected clinicians.	jointcommission.org
05	988 Suicide & Crisis Lifeline	Call or text 988 for immediate U.S. crisis support when there is urgent risk or severe distress.	988lifeline.org 

07/RESOURCES

Examples of established clinician peer-support programs

01	HELP Program	Mayo Clinic	Healing Emotional Lives of Peers; an employee referral pathway.
02	RISE	Johns Hopkins	Resilience in Stressful Events / Caring for the Caregiver.
03	forYOU Team	University of Missouri Health Care	Peer support following difficult clinical events.
04	Care for the Caregiver	St. Cloud Hospital	A local program model for clinician support.
05	Emerge Stronger	Cleveland Clinic	A peer-support resource for caregivers after stressful events.

Starting a program? The ANA peer-support curriculum offers an implementation resource.

SECOND VICTIMS

Definition

Second victims (SVs) are healthcare personnel who experience negative symptoms after involvement in an unintended medical error.

"Most health care personnel have not heard of SVs."

Prevalence

In One Year

30%

30% of health care personnel may be affected in 1 year. 100% may be affected at some point during their career.

Over their Career

100%

100% of health care personnel may be affected at some point during their career.

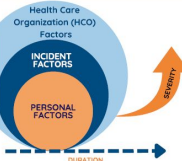
Intrapersonal Personal

Intrapersonal personal are at high risk of becoming a SV. Intrapersonal personal are those who experience different levels of patient harm and are the 2nd most common type of medical error. Intrapersonal personal are those who are the 2nd most common type of medical error. Intrapersonal personal are those who are the 2nd most common type of medical error.

Awareness that adverse events can trigger SV symptoms is the first step in SV identification, support, & recovery.



SEVERITY & DURATION OF SYMPTOMS



Health Care Organization (HCO) Factors

Incident Factors

Personal Factors

DURATION

SEVERITY

COPING & SUPPORT

Coping is how an individual handles a problem or reduces unwanted stress. Coping can be **adaptive or maladaptive**. Support is provided by external sources.



Adaptive Coping Strategies

Problem-Focused

Seeks Answers

Participates in the Incident Investigation while cultivating an improvement mindset

Experiences of SVs are unique, therefore, support is based on the individual's needs. Time spent from many different people in varying spheres of influence.

Emotion-Focused

Seeks Support

Seeks Family, Collegial, Organizational, & Professional Support (when necessary)

Professional Organizational Collegial Family & Friends

PROVIDING SUPPORT

Do

- Provide emotional support
- Be nonjudgmental & welcoming
- Listen & allow silence - this allows them to speak
- Honour your co-workers & be aware of body language
- Identify potential resources
- Can you share with me how you are feeling?
- How are you going to deal with this?
- Can I earn this thing happening to you?
- You are still a good medical doctor
- Can you offer for something that will ease this with me?
- Are you okay given our organization or our profession?
- What can I do to support you?

Don't

- Assume that the team is the same as you
- Judge the care that was provided
- Dismiss thoughts from other peers who have supported you in the past
- Take this to the conversational silence

Don't say

- Nothing
- Didn't you realize what would happen?
- What were you thinking?
- I wouldn't have done that.
- You tried to get over it.



Kristy's Case Study

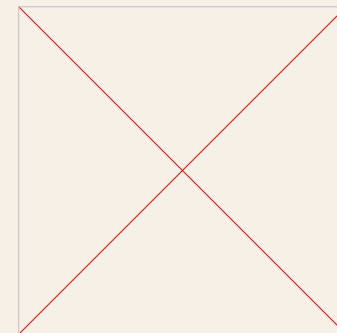


What signs and symptoms did you identify?

 The [Slido app](#) must be installed on every computer you're presenting from 

What resources could I have utilized?

Kim's Case Study



 The [Slido app](#) must be installed on every computer you're presenting from 

What differences in organizational support did you notice between each case study?

REFERENCES

Evidence base

Agency for Healthcare Research and Quality. (n.d.). CANDOR toolkit: Care for the caregiver. <https://www.ahrq.gov/patient-safety/settings/hospital/candor/modules/guide5.html>

Association of periOperative Registered Nurses. (n.d.). Second victim support resources. <https://www.aorn.org>

Busch, I. M., Moretti, F., Purgato, M., Barbui, C., & Wu, A. W. (2020). Second victims in health care: Current perspectives. *Advances in Medical Education and Practice*, 11, 593–603.

Kappes M, Romero-Garcia M, Delgado- Hito, P. (2021). Coping strategies in health care providers as second victims: A systematic review. *International Nursing Review*, 68:471–481. <https://doi.org/10.1111/inr.12694>

Sells JR, Cole I, Dharmasukrit C, et al. (2023). System planning for modern-day Just Culture to mitigate worker distress and second victim response. *British Medical Journal*. doi:10.1136/leader-2023-000811

Scott, S. D., Hirschinger, L. E., Cox, K. R., McCoig, M., Brandt, J., & Hall, L. W. (2009). The natural history of recovery for the healthcare provider "second victim" after adverse patient events. *Quality & Safety in Health Care*, 18(5), 325–330.

Shin, H., Kim, J.-S. & Chung, Y. (2025) Second-victim distress, organizational support, and interprofessional collaboration and posttraumatic growth in nurses. *International Nursing Review*, 72, e13081. <https://doi.org/10.1111/inr.13081>

The Joint Commission. (2018). Quick Safety Issue 39: Supporting second victims. <https://www.jointcommission.org>

988 Suicide & Crisis Lifeline. (n.d.). Get help. <https://988lifeline.org>

Second victim phenomenon webinar [Video]. (n.d.). YouTube. <https://www.youtube.com/watch?v=jG0I1bWrc>

APA-style reference list; webinar content paraphrased and integrated with established clinical guidance.

34

The [Slido app](#) must be installed on every computer you're presenting from

QUESTIONS

Questions?

