

Impact of a Second Victim Peer Support Program on PICU Nurses: A QI Initiative



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Introduction

- *Second victim syndrome (SVS)* is a state where nurses experience psychological, emotional, or physical distress following an unexpected or traumatic patient-related event.¹
- If left untreated, SVS can exceed a nurse's capacity to cope effectively.¹
- Therefore, nursing leaders must promote support systems that enhance resilience and mitigate the effects of SVS.



Significance

- Research indicates that nurses affected by SVS often experience significant professional distress, including feelings of guilt, shame, and self-criticism.^{2, 3}
- Developing resilience is essential for reducing the symptoms associated with SVS.^{3, 4}
- A comprehensive system approach is essential to effectively address and manage SVS.^{4, 5, 6}

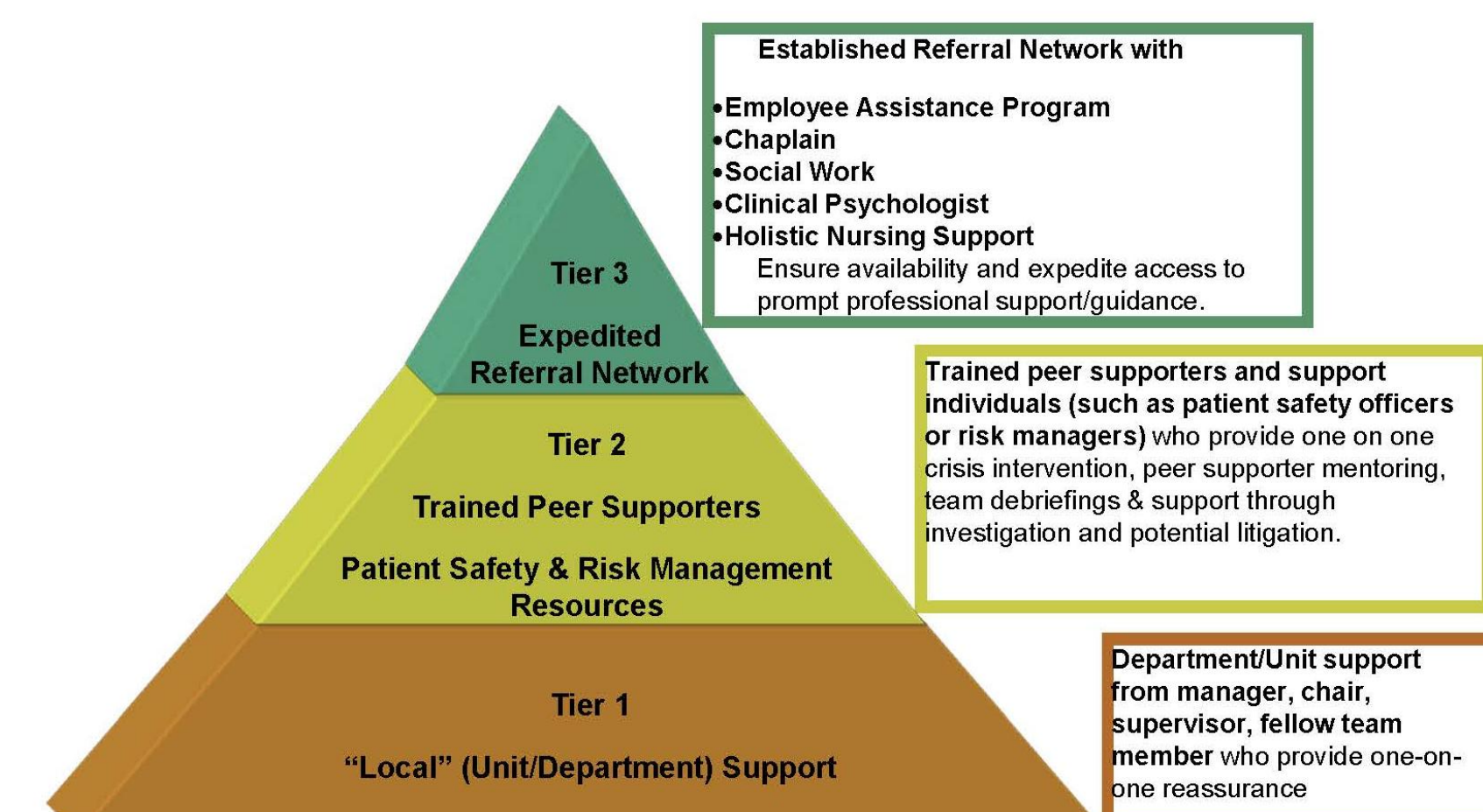
Purpose/Aim

- To reduce nurses' distress levels by 10% in 3 months after deploying a second victim peer support program.

Methods

- A 20-bed pediatric intensive care unit (PICU) was chosen for the pilot project since it serves a vulnerable patient population (which is a known risk factor for SVS).⁷
- An interprofessional team comprising of nurses, social workers, physicians and employee assistance personnel developed an IRB approved mixed-method study.
- The Scott Three-Tiered Model was chosen as the framework for a second victim peer support program.^{6, 8}

Figure 1. Scott's Three-Tier Support Model



Permission to use the Scott Three-Tier Model was obtained from the author Susan Scott.

- The goal was to establish a peer support team capable of providing immediate, around-the-clock emotional support for nurses and other healthcare providers (HCPS) exhibiting symptoms of SVS.

Data Collection

- The distress thermometer was used to assess second victim's distress levels on a scale from 0 (no distress) to 10 (extreme distress) before and after an encounter with a peer support team member.

Data Collection

Figure 2. Distress Thermometer

Results

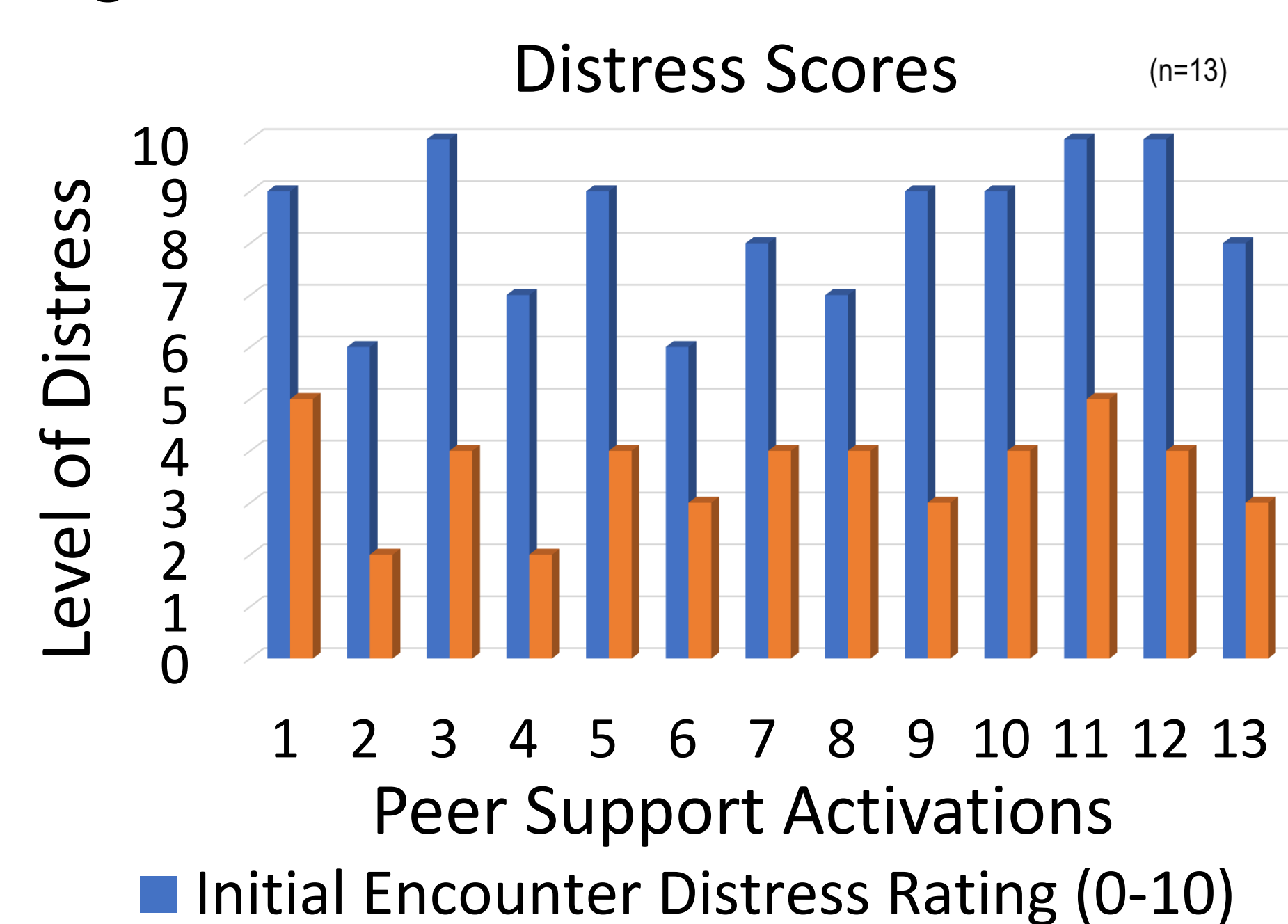
- 13 participants activated peer support services over a 3-month period.

Table 1. Demographics

Sex	
Male	1 (7.7%)
Female	12 (92.3%)
Profession	
RN	11 (84.6%)
MD	1 (7.7%)
Other	1 (7.7%)

- Data exposed a significant reduction in emotional distress of over 50% after engaging with the peer support team ($t(12) = -16.401, p < .05$).

Figure 3. Distress Scores



Conclusions

- The results of the project emphasize the key role of a structured, peer support program in reducing emotional distress among nurses and HCPS affected by SVS.

Limitations

- Limitations of the study include:
 - small sample size
 - reliance on a convenient sample
- Despite initial success, the project faced challenges, including:
 - limited activation of the peer support team,
 - lack of awareness of how to access services, and
 - hesitation to speak up for fear of stigmatization of being seen as weak or incompetent.

Implications

- The outcomes of this study highlight the potential of second victim peer support programs to promote resilience and mitigate the symptoms of SVS.
- Nurse leaders play a crucial role in creating an organizational culture that encourages psychological safety, allowing nurses and other HCPs to feel comfortable acknowledging SVS and accessing available peer support services.

References Author Info

