



Co-Lead

A photograph of a diverse group of people, including men and women of various ethnicities, smiling and clapping their hands. The image is slightly blurred, focusing on the central figures.

COLLECTIVE LEADERSHIP AND SAFETY CULTURES



EMOTIONAL SUPPORT IN TEAMS



UCD School of Nursing, Midwifery and Health Systems
UCD College of Health and Agricultural Sciences

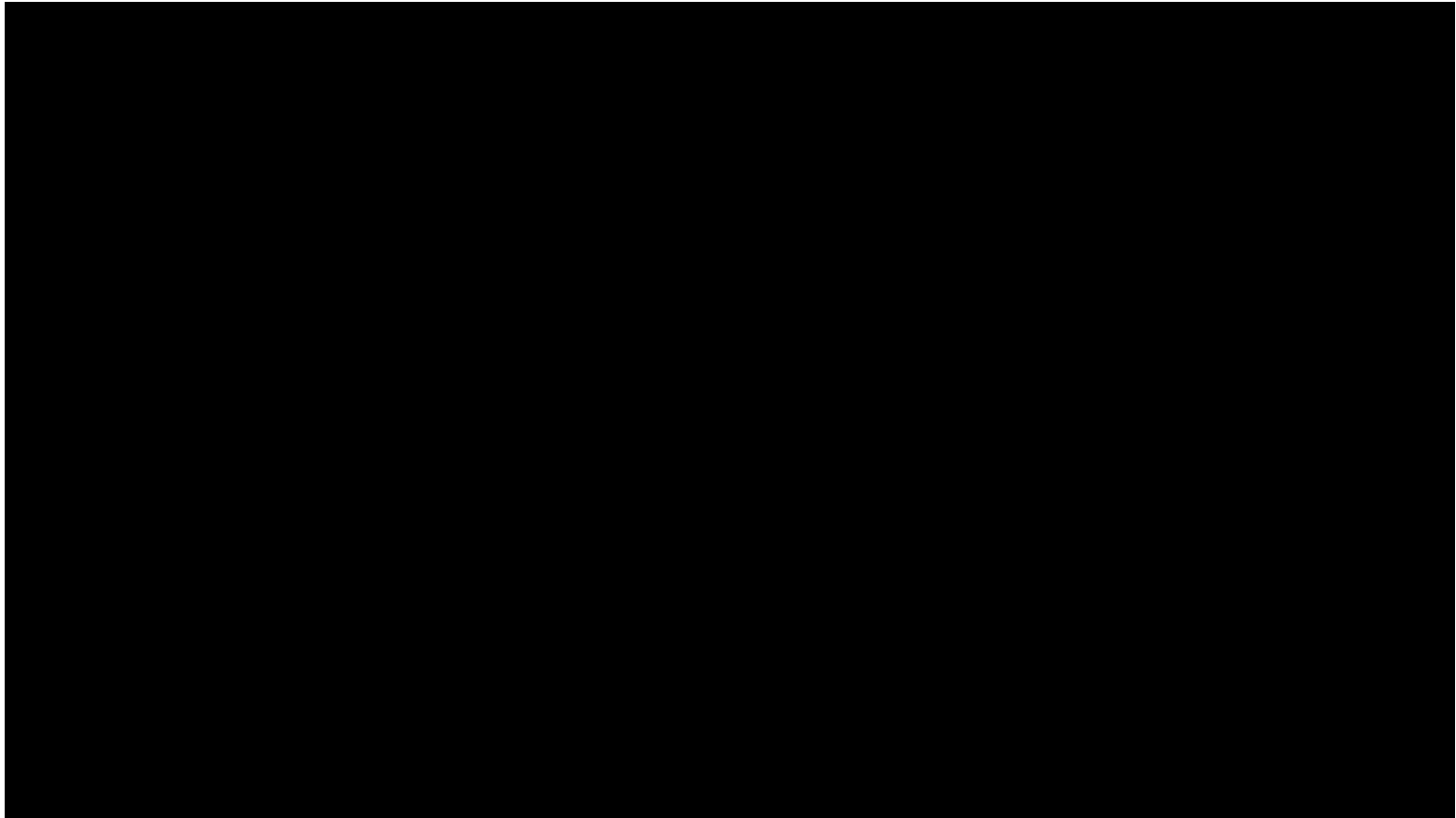


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Patient Safety Story

The impact of an incidence on a staff member



Source: HSE <https://www.hse.ie/eng/about/qavd/incident-management/patient-safety-voices.html>



Intro

- 2nd victims are defined as *“health care providers who are involved in an unanticipated adverse patient event, in a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event.”*¹
- Survey data has indicated that in one year, 14%–30% of health care providers in the US were involved in a patient safety event and suffered personal, emotional, and professional problems as a result¹
- Support or encouragement from colleagues and managers can help health care providers cope emotionally and professionally after an adverse event²

¹Scott, et al, 2009: The natural history of recovery for the healthcare provider "second victim" after adverse patient events.

²Sirriyeh, et al. 2010: Coping with medical error: a systematic review of papers to assess the effects of involvement in medical errors on healthcare professionals' psychological well-being.



Symptoms

Healthcare professionals might show a range of emotional responses to an adverse event/critical incident. These include:

- Feelings of incompetence and isolation
- Denial of responsibility – discounting of the importance of the event
- Emotional distancing
- Overwhelming guilt
- Symptoms of Post Traumatic Stress Disorder (PTSD).

Symptoms are often related to the severity of the incident. However, staff can also suffer from traumatic emotional responses caused by minor incidents and near-misses.



Post Traumatic Stress Disorder (PTSD)

- It is not uncommon for staff to suffer from PTSD in response to adverse events
- Symptoms usually develop within a month following the traumatic event
 - But can be delayed by months or even years.
- Symptoms include:
 - Re-experiencing the event (e.g. flashbacks)
 - Avoidance and emotional numbing
 - Hyperarousal (irritability, insomnia)
 - Other symptoms
 - Depression and anxiety
 - Alcohol and drug misuse
 - Other physical symptoms such as headaches, dizziness, and chest pains

If symptoms persist more than about 4 weeks, you should contact your GP/Occupational Health Department

If you suspect PTSD in a colleague, remind them of the supports available to them and offer practical help in establishing contact.



How affected individuals can help themselves

- Self-help at work:
 - Talk to a friend/colleague/line manager about your experience and your feelings
 - Participate in staff de-briefing sessions following the event
 - Ensure that you are involved in and kept informed in relation to the open disclosure process and review/investigation of the incident
- Self-help at home:
 - Take time to relax and time to exercise
 - Get enough sleep
 - Maintain a good diet
 - Follow a structured schedule
 - Spend time with family and friends - don't isolate yourself
- Recognise that healthcare is complex and mistakes/errors happen.
- Expect the incident to bother you. **Remember that your response is a temporary and normal reaction to an abnormal event.**



A reminder...

People are different and react differently to events. A situation trivial to one person might affect another deeply.

A team's ability to provide emotional support can be useful in a range of situations:

- Adverse events
 - Patient outcomes ranging from mild to severe or death.
- Potentially harmful events – “near misses”
- Traumatic or critical patient experiences
- Personal complaints
- Violent or aggressive patients
- Irate patients or relatives



How colleagues/managers can help

ASSIST-ME model to assist managers, colleagues and peers in communicating with 2nd victims

- **A**
 - **ACKNOWLEDGE** with empathy the event and the impact on the member of staff
 - **ASSESS** the impact of the event on the member of staff and on their ability to continue normal duties.
- **S**
 - **SORRY** – express regret for their experience
- **S**
 - **STORY** – use active listening to let them recount what happened.
 - **SHARE** personal experiences
- **I**
 - **INQUIRE** – encourage questions
 - **INFORMATION** – provide answers/information



- **S**

- **SUPPORT** and **SOLUTIONS**

- Formal emotional support
 - Informal emotional support
 - Practical support

Handouts with ASSIST-ME example questions/phrases will be provided later in the session

- **T**

- **TRAVEL** – provide continued support and reassurance going forward

- **M**

- **MAINTAIN** contact
 - **MONITOR** progress
 - **MOVING** forward

- **E**

- **END** – reaching a stage of closure from the event.
 - **EVALUATE**



Group exercise (20 min.)

Form groups of three. Each group should have a story card handout and an ASSIST ME handout. Groups pick and read one story card, and each person takes on a role:

The second victim

- One person takes the perspective of the affected **staff member** from described in the story card (if there are multiple affected staff members in the story, the individual decides which staff member).
- The “second victim” attempts to put themselves in the shoes of the affected staff member in the story.

The colleague

- The second person takes on the role of a colleague of the affected staff member.
- The “colleague” attempts to support them, using the ASSIST-ME model and general empathy

The observer

- The third person takes on the role of observer.
- The observer observes without interfering, potentially taking notes, noticing what works and does not work.

Carry out a supportive conversation between the second victim and the colleague, using the ASSIST ME handout and general empathy. After three minutes of conversation, reflect on the experience together. During the reflection, the observer asks questions to allow for reflection on certain aspects of the experience.

Repeat with a new story card and new roles. Reflect on how different situations call for different forms of emotional support.



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