



SECOND VICTIMS: DEVELOPMENT OF A SUPPORT NETWORK

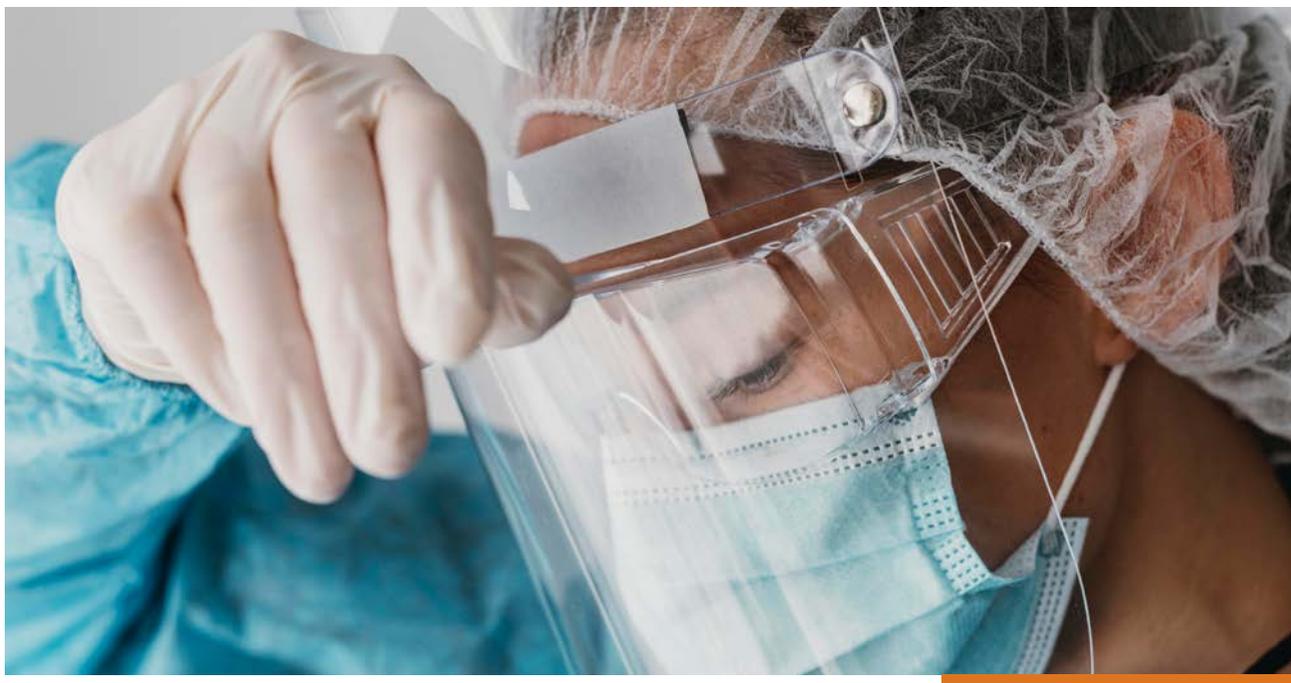


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As healthcare systems slowly recover from the COVID-19 pandemic, a heightened awareness of the health care workforce's mental well-being has become readily apparent. The provision of emotional support has profound implications for the healthcare providers we serve. A formalized peer support program, serving as the fundamental underpinning of any institutional interventional plan, has been demonstrated to support the mental well-being of the workforce¹. Comprehensive resources, many unique and specific to the institution, should be considered a necessary element for a healthcare organization's approach moving forward to addressing the care of workforce members^{2,3}.

Interventional support should begin the moment the clinical event evoking a second victim response is identified. A holistic approach using surveillance strategies within a three-tiered model of support has become the basic framework for the design of comprehensive

interventional support at healthcare organizations around the globe¹. This model ensures that readily accessible resources, such as professional mental health practitioners, are available to meet the needs of a healthcare team member suffering in the aftermath of emotionally challenging clinical events (Figure 1).

An organization's support infrastructure should be designed to address second victim responses of varying severity, ranging from basic supportive interactions to prolonged professional help in more severe clinician responses. Two basic types of support (one-on-one peer support and group briefings when a challenging clinical case impacts an entire team) should be incorporated into the program's design. Details regarding the support infrastructure should be broadly publicized throughout the healthcare institution via a well-defined marketing strategy so that individual clinicians are aware of available support,



service expectations, and how to access help in the time of need.

A trained peer responder's timely emotional support positively influences an individual clinician's ultimate recovery. Peer and colleagues, especially those who have previously suffered as a second victim, can offer unique support and powerful healing words to their suffering colleagues. Complementing peer support efforts, department/unit leaders offer pivotal assistance for the clinician with support ranging from arranging flex time off to assisting with healthcare record documentation. Both roles are critical components of a highly functioning supportive infrastructure within the context of the tiered approach to interventional support.

Today's clinicians and other healthcare workers face a clinically complex and demanding environment. Provision of clinician support in the aftermath of emotionally challenging clinical events is essential for the necessary support and care of the workforce. As a healthcare community, we are only now beginning to fully appreciate that the provision of reliable and predictable emotional support can be career-saving for our valued workforce.

References

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