

BACKGROUND

- Respiratory therapists (RTs) work alongside allied health staff, nurses, and physicians during stressful and traumatic events that can be associated with emotional and physiologic implications known as second victim experiences (SVEs).
- Respiratory therapists are often overshadowed by the more well-known roles of nurses or physicians, but they have been pivotal in fighting the COVID-19 pandemic, which has highlighted the critical nature of their job.
- Second Victim Experiences have been studied among multidisciplinary healthcare team members including surgeons, obstetrical and gynecological HCPs, pharmacists, and anesthesia professionals.
- Some studies include RTs as part of the multidisciplinary team; however, there is a lack of understanding of SVEs among RTs.

STUDY AIMS

- To evaluate SVEs of RTs, including both positive and negative effects, supportive resources utilized and most desired, and incidence of SVEs among RTs.

METHODS

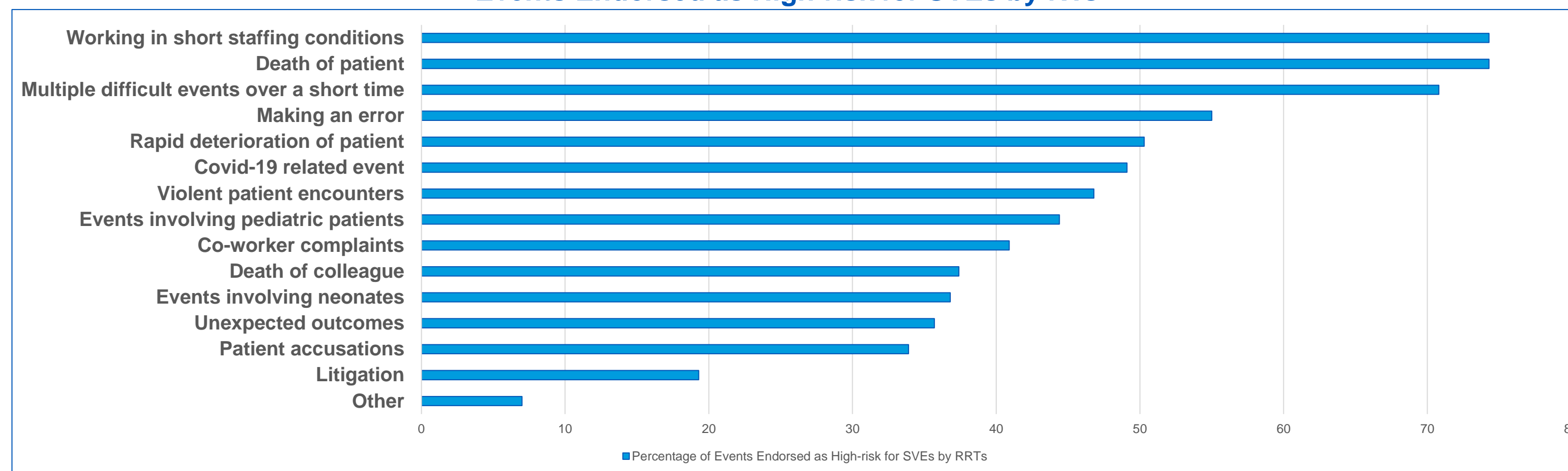
- Cross-sectional survey using a validated Second Victim Experience and Support Tool – Revised (SVEST-R) and supplemental questions
- Voluntary and anonymous survey sent to 555 members of the Division of Respiratory Care across the Mayo Clinic enterprise, including registered RTs, RT students and support staff
- Survey was available for 8 weeks
- Data were summarized using standard descriptive statistics using means with SD for SVEST-R scores and counts with percentages for categorical variables
- Project deemed IRB exempt



RESULTS

- 30.8% (171/555) completed the survey
- 91.2% (156/171) reported involvement in a stressful or traumatic work-related event, with 59.0% (92/156) feeling like an SV after the event
- Emotional or physiologic implications included anxiety 39.1% (61/156), reliving of the event 36.5% (57/156), sleeplessness 32.1% (50/156), and guilt 28.2% (44/156)
- 31.4% (49/156) felt their ability to safely care for patients or perform their professional role was compromised; 42.9% (21/49) reported feeling this way for longer than a week
- 48.6% (76/156) seriously considered leaving their position of work and 16% (25/156) reported leaving a position due to an SVE
- 49.4% (77/156) indicated SVEs due to events related to COVID-19
- 57.7% (90/156) desired peer support and 57.0% (89/156) desired the availability of a peaceful location to recover after SVEs
- 88.9% (152/171) had previous knowledge of the term 'second victim'; 57.2% (87/152) indicated adequate resources available for RTs involved in stressful events. However, 36.8% (56/152) felt there is a stigma related to seeking help, and 55.9% (85/152) felt there is a lack of acknowledgment of the emotional and physiological impact of SVEs within the Department.

Events Endorsed as High-risk for SVEs by RTs



Demographics

Demographic Characteristic	N = 141
Gender	% of 140
Male	49 (35.0%)
Female	84 (60.0%)
Neither/Nonbinary	1 (0.7%)
Prefer not to answer	6 (4.3%)
Age	% of 139
Less than 25 years old	11 (7.9%)
25-40	58 (41.7%)
41-56	47 (33.8%)
57-75	23 (16.5%)
Current role within the division of respiratory care	
Respiratory Therapist	117 (83.0%)
Respiratory Therapy student	8 (5.7%)
Respiratory Therapy Assistant	5 (3.5%)
Other	11 (7.8%)
Years in the profession	
Less than 2 years	16 (11.3%)
2 to 5 years	16 (11.3%)
6 to 10 years	29 (20.6%)
11 to 20 years	39 (27.7%)
More than 20 years	41 (29.1%)

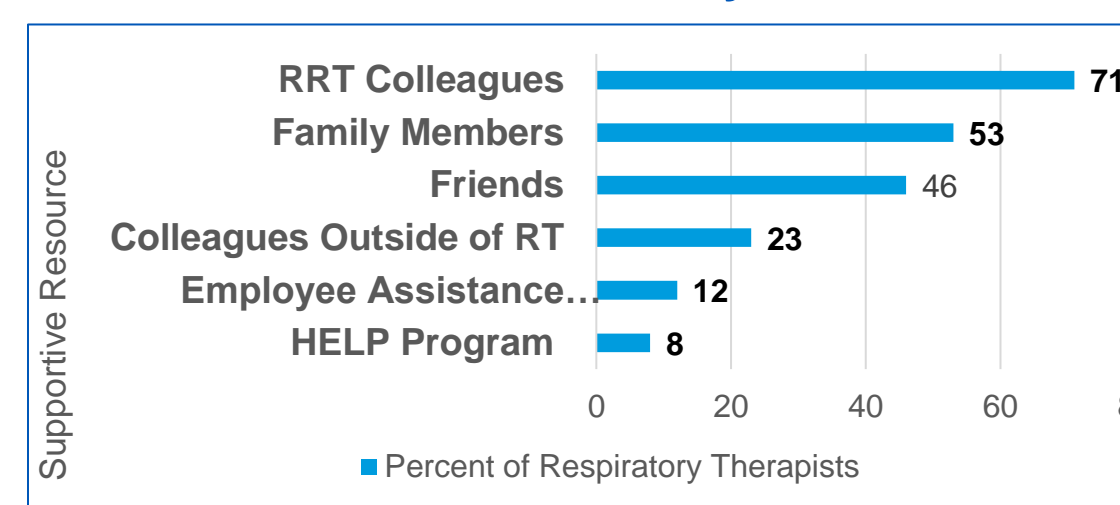
SVEST Dimensions, Outcomes & Desired Support Options

SVEST factors	No. of survey items	No. of respondents	No. (%) of respondents w/ mean score of 4 or greater	Overall Mean (SD)
Dimension				
Psychological distress	4	149	22 (14.8%)	2.6 (1.1)
Physical distress	5	148	21 (14.2%)	2.5 (1.1)
Poor Collegial support	4	148	1 (0.7%)	1.9 (0.7)
Poor Supervisor support	4	146	16 (11.0%)	2.2 (1.1)
Poor Organizational support	3	147	26 (17.7%)	2.8 (1.1)
Decreased Professional Self-efficacy	4	147	9 (6.1%)	2.2 (1.0)
Enhanced Resilience	4	147	14 (9.5%)	2.5 (1.0)
Outcome				
Turnover intentions	4	147	23 (15.6%)	2.5 (1.2)
Absenteeism	3	147	6 (4.1%)	1.8 (1.0)
Support Option			Desired, n (%)	Mean (SD)
The ability to immediately take time away from my unit for a little while.			84/156 (53.8%)	3.4 (1.3)
A specified peaceful location that is available to recover and recompose after one of these types of events.			89/156 (57.0%)	3.6 (1.1)
A respected peer to discuss the details of what happened.			90/156 (57.7%)	3.7 (1.1)
An employee assistance program that can provide free counseling to employees outside of work.			78/156 (50.0%)	3.4 (1.3)
A discussion with my manager or supervisor about the event.			67/156 (43.0%)	3.2 (1.2)
The opportunity to schedule a time with a counselor at my hospital to discuss the event.			56/156 (35.9%)	3.0 (1.3)
A confidential way to get in touch with someone 24 hours a day to discuss how my experience may be affecting me.			67/156 (43.0%)	3.2 (1.3)

Signs & Symptoms of RTs as SVs

Emotional or Physiologic Implication Experienced	N = 156
Anxiety	61 (39.1%)
Reliving the event	57 (36.5%)
Sleeplessness	50 (32.1%)
Guilt	44 (28.2%)
Depression	38 (24.4%)
Fear of judgement by colleagues	34 (21.8%)
Professional self-doubt or loss of confidence	34 (21.8%)
Anger	32 (20.5%)
Enhanced professional growth	18 (11.5%)
Defensiveness when asked to speak	17 (10.9%)
Excessive sleepiness	13 (8.3%)
Enhanced resilience	12 (7.7%)

Resources Utilized by RTs as SVs



DISCUSSION

- This study is the first to examine SVEs of RTs as a homogenous group using the validated SVEST-R.
- These findings demonstrate the importance of being proactive and checking in with colleagues after involvement in these events to ensure that involved RTs can continue to provide safe, competent care. Acknowledgement of events and the potential impact on those involved is a crucial step for divisional leadership and peers to establish and maintain a culture of safety.
- High-risk events likely trigger SVEs in this study correlate with previous studies, demonstrating that similar events can trigger SVEs across healthcare disciplines.
- Short-staffing conditions is a new high-risk event likely to evoke a SVE and may be due to effects of the COVID-19 pandemic. Violent patient encounters are also becoming more prevalent and likely to trigger SVEs.
- Interestingly, nearly half of respondents indicated awareness of the institution's second victim peer support program, but less than 2% used this resource to work through associated SV-related effects. The associated stigma related to asking for help may contribute to the reluctance of colleagues to utilize formalized peer support programs.
- Many RTs considered leaving or did leave their professional role because of an SVE. High turnover can have significant repercussions within departments and institutions, resulting in higher financial costs, increased time spent training new employees, and a lack of departmental cohesiveness.
- Among surveyed RTs, the most desired form of post-event support is talking with a respected peer, which strongly correlates with many other studies.
- The sense of stigma and the belief that this phenomenon is not routinely acknowledged can negatively influence work culture and may serve as barriers to accessing and utilizing supportive resources.
- Study limitations include limited generalizability, recall bias, and non-responder bias.
- Future research should continue to explore the effects of SVEs in the respiratory therapy population. Specifically, the influence of years of experience and age on SVEs could be examined, along with investigating SVEs in specific subsets of RTs, such as pediatrics. Future studies can also expand upon the positive effects of SVEs, such as resilience.



CONCLUSIONS

- Respiratory therapists are involved in stressful or traumatic clinical events, resulting in psychological/physical distress and turnover intentions.
- The COVID-19 pandemic has had a significant impact on RTs' SVEs, highlighting the importance of addressing the SV phenomenon among this population.
- Education on the SV phenomenon among RTs is essential to normalize emotions, reduce stigma, and identify potentially triggering events.
- Institutions should ensure that peer support is readily available after stressful or traumatic clinical events to help SVs thrive after such events.

REFERENCES

