



LETTERS

Prevention of Prospective and Current Certified Registered Nurse Anesthetist Second Victims

To the editor: I am writing in support of the *AANA Journal* article entitled “Design of an Evidence-Based ‘Second Victim’ Curriculum for Nurse Anesthetists” published in April 2016. The second victim phenomenon is a topic that is often misunderstood and unknown among professionals in the healthcare field.¹ However, the importance of the second victim effects experienced by healthcare providers becomes clear in that when this topic is correctly addressed and spotlighted, patient safety can be enhanced with evidence-based improvement initiatives.²

One of the major missions of healthcare organizations is to advocate for patient safety. One patient safety movement aims to raise awareness by implementing an evidence-based, strategic, educational program to help health providers who experience adverse events. The article by Daniels and McCorkle¹ highlights two of the major problems encountered when addressing the second victim phenomenon: (1) the literature provides varying definitions and (2) not enough research is published or available. In particular, there are no supporting data

for any correlation between nurse anesthetists and second victimhood. On a daily basis, nurse anesthetists are faced with hectic work schedules, stressful emotional and physical environments, and acute split-second decisions, indicating that they are more prone to the lasting effects of second victimhood.³ This suggests that the departments of Certified Registered Nurse Anesthetists (CRNAs) and anesthetists are not privy to dealing with the second victim problem. The authors have suggested a brilliant solution to overcome this problem with the development of an evidence-based curriculum for CRNAs aimed at identifying and validating content through a systematic review of the scientific literature by a panel of experts. Nurse anesthesia has an educational content requirement to address information gaps in order to build recognition in both research and clinical practice. CRNAs and student registered nurse anesthetists (SRNAs) often experience abuse via their staff or faculty; thus, the implementation of the second victim evidence-based curriculum will serve to address, acknowledge, educate, and inform them about the phenomenon.¹

Overall, this study makes a great contribution as not only does it highlight the problem of second victimhood in healthcare systems

and nurse anesthesia departments, but it illustrates the need for more research, supporting data, and other solutions. The possible outcomes of a healthcare provider experiencing second victim trauma are that they will survive, thrive, or drop out. Additionally, the data show that social and institutional support play an essential role in dealing with this phenomenon of the victim’s lived experience. Social support can improve the short and long-term effects experienced by the victim. Institutional support, although found lacking in programs and policies to address this problem after its occurrence, is necessary to provide supportive environments.¹ Here’s to the start of dialogue, research, and educational programs on the second victim experience for not only CRNAs but also other healthcare professionals to both increase awareness and develop supportive systems.

REFERENCES

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Kenneth Lowe, BSN, CCRN
Tamarac, Florida