



SUPPORT
FOR STAFF

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[Adapted with permission from the Irish Health Service Executive and State Claims Agency³¹]

Open disclosure plays an important role in how well health care staff who are involved in the patient safety incident – sometimes referred to as the second victims – manage following the incident. Disclosure and apology can help staff to heal and recover from a patient safety incident and also preserve the relationship between health care staff and the affected patient and/or their support person³².

Some staff may fear that reporting a patient safety incident may result in litigation or disciplinary action, and consequently may not report incidents. Effective open disclosure requires an environment which seeks to balance the need to learn from patient safety incidents and the need to take disciplinary action – a “just culture”³³ – where clinicians, managers, patients and their support people feel supported. A “just culture” fosters an honest and transparent approach in which lessons learned from patient safety incidents are shared not only with the patient and/or their support person(s), but with health care staff, the health service and the wider health community.

Benefits for health care staff from participating in open disclosure

Health care staff who have been involved in open disclosure have reported that it

- > encourages a culture of honesty and openness
- > helps to create an environment where staff are more willing to learn from patient safety incidents
- > enhances the relationships between health management staff and clinicians
- > enhances the communication between health care staff about clinical outcomes
- > improves communication and relationships with patients and/or their support person(s)
- > improves staff recovery from patient safety incidents.

Concerns about participating in open disclosure

Health care staff have identified a number of concerns about conducting open disclosure following a patient safety incident, including:

- > fear of litigation especially about perceived liability and making an apology
- > a lack of knowledge about how, what and how much information to disclose about a patient safety incident
- > a need for more training to assist health care staff when disclosing patient safety incidents
- > concerns about the effect on professional reputation and career
- > lack of peer support and support from management.

The open disclosure advisor or a senior colleague experienced in open disclosure will be able to provide guidance about measures to mitigate these concerns. Please see Chapter 10 *Frequently asked legal and insurance questions*.

31. Health Service Executive and State Claims Agency of Ireland *National Guidelines Communicating with service users and their families following adverse events in healthcare*, Naas, 2013

32. Canadian Patient Safety Institute *Canadian disclosure guidelines: being open and honest with patients and families*, Edmonton, 2011

33. World Health Organization *The Conceptual Framework for the International Classification for Patient Safety, Version 1.1 Final Technical Report Technical Annex 2*, WHO, Geneva, 2009

Actions for health service managers to support staff involved in a patient safety incident

Following a patient safety incident, managers should ensure that the following actions are taken:

- > All staff involved have access to immediate practical and social support during and immediately after the incident. This may include acknowledging what has happened, organising transport home, contacting a family member, organising time out, listening to their concerns.
- > Information is provided to staff involved about the Employee Assistance Program (EAP), Staff Counselling Services or similar service available to them and they are supported to attend at their request.
- > Factual information is provided and people's reactions are normalised.
- > Proactive problem solving is promoted – encouraging staff to take an active role may help them to feel more in control of the situation
- > Checking in with staff regularly to identify people who may be at risk – at the time of the incident, immediately after, during any leave from work, on return to work and throughout the investigation and open disclosure process – and referring them to appropriate services if required.
- > Rapid access is provided to early intervention for people who report ongoing distress.
- > Appropriate organisational liaison and feedback occurs, linking support services, the staff involved and management.

Health care staff debriefing

Debriefing following a patient safety incident may be of benefit and staff should be encouraged to attend. They should be advised of the benefits, but attendance should not be mandatory.

Debriefing may be undertaken at different levels – informal, formal or a combination of both. The level will be dependent on the nature of the patient safety incident, the staff involved in the incident and the consequences of the incident for those involved.

The purpose of health care staff debriefing is to:

- > evaluate the emotional and physical impact on all individuals involved
- > provide support to reduce the isolation of staff
- > relieve stress at an early stage
- > reinforce team spirit
- > decrease isolation at a time when staff may want to withdraw from social contact
- > reduce dysfunctional reactions or health consequences over time
- > identify the need for and provide counselling or support for all individuals, in relation to any trauma which may have resulted or emerged from the incident.

The debriefing process must maintain the confidentiality and privacy of the individuals involved. Debrief records are not noted on any personal or personnel files. Any feedback to management is only what is agreed with the member(s) of staff involved in the debriefing.



The impact of patient safety incidents on health care staff

The impact of patient safety incidents on health care staff will vary depending on the nature of the incident and the individual's response to the incident. The symptoms and stages of responding to a patient safety incident are detailed below.

Symptoms health care staff may experience after a patient safety incident

A significant number of health care staff may experience degrees of stress as a result of exposure to a patient safety incident where a patient was harmed, or from participating in the open disclosure discussions and being exposed to the distress of the patient and/or their support person(s), or a colleague. Individual responses range from common uncomplicated stress-related reactions to the more complex post-traumatic stress disorder³⁴. Being aware of their own vulnerability may help health care staff to enhance their insight and compassion towards each other and to their patients.

A patient and/or their support person(s) may also experience similar symptoms following a patient safety incident.

Feelings and behaviours experienced by those involved in the patient safety incident, particularly if it was harmful to the patient, may include:

- > feelings of incompetence and isolation
- > denial and avoidance of responsibility, discounting of the importance of the event and the impact on themselves and others
- > emotional distancing
- > guilt, particularly if open disclosure has not occurred
- > overwhelming guilt in relation to the incident itself and the impact on the patient and/or their support person(s)
- > poor insight
- > panic resulting in a 'fight or flight' reaction
- > feelings of abandonment

- > a desire to disclose to the patient and/or their support person(s) with uncertainty about how to proceed
- > improved recovery following open disclosure.

Health services must continue to support health care staff to minimise any residual emotional and professional harm.

Health care staff who think that they, or a friend or colleague, may be experiencing stress-related symptoms after a patient safety incident, are strongly encouraged to seek advice and support from the staff support services, including the Employee Assistance Program (EAP) or similar service offered by each Local Health District/Specialty Network on a confidential basis.

Health care staff members who have been harmed through being involved in a patient safety incident, and/or the open disclosure discussions with the patient and/or their support person(s), may require the ongoing support provided through local management in consultation with Work Health and Safety and the risk management team.



34. Canadian Patient Safety Institute *Canadian disclosure guidelines: being open and honest with patients and families*, Edmonton, 2011

Stages associated with health care staff reaction following a patient safety incident

Scott et al³⁵ have identified six stages associated with health care staff reactions following a patient safety incident or other traumatic event.

| Stage Name | Characteristics of this Stage |
|----------------------------------|--|
| 1. Chaos | <ul style="list-style-type: none"> • Error realised and recognised • Tell someone, get help • Care for the patient • Questioning how and why did it happen • Distracted |
| 2. Intrusive reflections | <ul style="list-style-type: none"> • Re-evaluation of the event • Haunted re-enactments of the event • Self-isolation • Feelings of internal inadequacy |
| 3. Restoring personal integrity | <ul style="list-style-type: none"> • Need to manage gossip • Questioning trust • Fear |
| 4. Enduring the inquisition | <ul style="list-style-type: none"> • Realisation of seriousness • Reiterating the scenario • Wonder about repercussions • Who can I talk to? • Physical and psychosocial symptoms |
| 5. Obtaining emotional first aid | <ul style="list-style-type: none"> • Seeking personal and professional support • Where can I turn to for help? |
| 6. Moving on: | |
| 6.1 Dropping Out | <ul style="list-style-type: none"> • Changing professional role • Leaving profession • Going to a new practice location |
| 6.2 Surviving | <ul style="list-style-type: none"> • Coping • Continuing to be plagued by the event but performing at the expected level |
| 6.3 Thriving | <ul style="list-style-type: none"> • Gains insight and perspective into the error • Learns from the incident – identifies opportunities for further training • Not focussed solely on the error |

35. Scott SD, Hirschinger LE, Cox KR, McCoig M, Brandt J, Hall LW. The natural history of recovery for the healthcare provider "second victim" after adverse patient events. Qual Saf Health Care. 2009;18(5):325-330

Symptoms of Post-Traumatic Stress Disorder (PTSD):

A patient safety incident can be traumatic for the patient and health care staff.

Post-traumatic stress disorder (PTSD) develops differently from person to person. While the symptoms of PTSD most commonly develop in the hours or days following the traumatic event, it can sometimes take weeks, months, or even years before they appear.

While individuals experience PTSD differently, there are three main types of symptoms:

- > re-experiencing the traumatic event
- > avoiding reminders of the trauma
- > increased anxiety and emotional arousal.

Following a traumatic event some people might experience some symptoms of PTSD. These are normal reactions to abnormal events. For most people, however, these symptoms are short-lived. They may last for several days or even weeks, but they gradually lift. With PTSD, the symptoms don't decrease, and people may start to feel worse over time.

For more information on how to access help:
www.helpguide.org/mental/post_traumatic_stress_disorder_symptoms_treatment.htm

