Work life balance – how to avoid burnout:

The second victim phenomenon

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“Virtually every practitioner knows the sickening realization of making a bad mistake. You feel singled out and exposed.....You agonize about what to do......Later, the event replays itself over and over in your mind”

Definition “second victim”

“Healthcare providers who are involved in an unanticipated adverse patient event, a medical error and/or a patient related injury and become victimized in the sense that the provider is traumatized by the event”

Wu et al. 2017
Second victim – personally striking work-related stress:

Emotionally demanding work – emotional stress

- Relational work has a price
- A gain
  Meaningfulness social relationships $\rightarrow$ high *sense of coherence*,
  *KASAM*

*Kaiser et al., 2018; Mealer et al., 2009; Maslach & Leiter, 2016; Antonovsky, 1987*

Ethical stress (not possible to do the work in a way you want)

High expectations from the patients
What do we know about work-related stress?

"Errors"
- Increased risk of depression & burnout
- Reduced empathy
- Blaming others
- Suicidal ideations
- New errors...

West et al.; 2006; Scott et al., 2009; Shanafelt, 2011; Waterman et al. 2007
PTSD (post-traumatic stress syndrome)

- Aetiology: traumatic event

- 1980 *(DSM-III)*, soldiers (*“beyond the realm of normal human experience”*)

- Widened definition trauma *(DSM-IV, 1998)*, “ordinary” people

*Spitzer et al., 1980; Breslau et al., 1998*
PTSD & *partial* PTSD:

*Criteria (DSM-IV):*

A<sub>1</sub>: An event that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others

A<sub>2</sub>: Intense fear, helplessness, or horror

B: Reexperiencing (≥1)

C: Avoiding (≥3)

D: Increased arousal (≥2)

E: Duration over 1 month

F: Affected function
Our study:

Aim:

• Magnitude severe events on the labour ward

• Assessment of post-traumatic stress symptoms

• Experience of support

• Professional consequences
Our study:

Survey:

Web-based The Swedish Association of Midwives & SFOG January 2014

Screening tool SQ-PTSD (DSM-IV)

Response rate: SBF 40% (n=1459), SFOG 47% (n=706)
### Results: Severe events on the labour ward

<table>
<thead>
<tr>
<th>Exposure one or several times</th>
<th>Obstetrician %</th>
<th>Midwife %</th>
</tr>
</thead>
<tbody>
<tr>
<td>The child had severe asphyxia/ was severely injured</td>
<td>70</td>
<td>48</td>
</tr>
<tr>
<td>The child died during labour</td>
<td>41</td>
<td>20</td>
</tr>
<tr>
<td>The child died due to delivery related causes</td>
<td>35</td>
<td>15</td>
</tr>
<tr>
<td>Life-threatening delivery related maternal complications</td>
<td>73</td>
<td>49</td>
</tr>
<tr>
<td>Maternal death</td>
<td>23</td>
<td>10</td>
</tr>
<tr>
<td>Other severe event related to the delivery¹</td>
<td>22</td>
<td>15</td>
</tr>
<tr>
<td>Summa exponering någon gång</td>
<td>84*</td>
<td>71</td>
</tr>
</tbody>
</table>

¹ For example: threat, physical violence, severe conflict
*p < .001
## Results: Reported emotions, PTSD & partial PTSD:

<table>
<thead>
<tr>
<th></th>
<th>Obstetricians (n:594) %</th>
<th>Midwives (n:1034) %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intense fear, helplessness, panic</td>
<td>43</td>
<td>43</td>
</tr>
<tr>
<td>Threat to one’s professional identity/professional role</td>
<td>25*</td>
<td>17</td>
</tr>
<tr>
<td>Emotions of guilt</td>
<td>47*</td>
<td>29</td>
</tr>
<tr>
<td>Partial PTSD</td>
<td>15</td>
<td>15</td>
</tr>
<tr>
<td>PTSD</td>
<td>7</td>
<td>5</td>
</tr>
</tbody>
</table>

- Midwives with part PTSD/ PTSD had higher rates of sick-leave
- Physicians had not
- In both groups traumatized professionals stopped working with emergency obstetrics

*p < .001*
Results: Risk of partial PTSD/PTSD

<table>
<thead>
<tr>
<th></th>
<th>Obstetricians</th>
<th>Midwives</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guilt</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Neg experience of support from friends</td>
<td>↑</td>
<td>↑</td>
</tr>
<tr>
<td>Neg reactions from parents</td>
<td>↑</td>
<td>–</td>
</tr>
<tr>
<td>Neg experience of reassembly (debriefing)</td>
<td>↑</td>
<td>–</td>
</tr>
<tr>
<td>Neg experience of support from colleagues</td>
<td>–</td>
<td>↑</td>
</tr>
<tr>
<td>Neg experience of support from manager</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Neg experience of support from partner</td>
<td>–</td>
<td>–</td>
</tr>
<tr>
<td>Reported to national authority</td>
<td>–</td>
<td>–</td>
</tr>
</tbody>
</table>
Most of the times we do not break...
Resilience...

Individual level:

• **Personality traits** (“The big 5”-model: Extraversion, Conscientiousness, Neuroticism, Openness, Agreeableness)

• **Sense of coherence** (KASAM: A. Antonovski)

• Awareness & acceptance of vulnerability: Guilt, shame, loneliness, “one that makes errors”
  
  *(Sibinga & Wu, 2010, Brown, 2014)*

• **Realistic expectations**: *It will (always) happen*...

• **Work against perfectionism- individual, in the group**
  
  *(Peters et al., 2012)*

• **Recovery: relaxation, sleep, meditation**
  
  *(Åsberg, 2016, Sibinga & Wu et al., 2010)*
Resilience...

Group level:

• Social resilience: “The group’s trust and bonds” (Howe et al., 2012)

• The leadership’s/ the group’s emotional culture:
  • Professionalism (task oriented, not reacting emotionally, “turn off”, not openly show doubt or fear)
  &
  • Humanism (caring, supporting, giving space for emotions and exchange, giving individual support if needed)

(Larsson et al., 2016)
Two types of healthcare professionals…

“One problem among the professions of healthcare is that you equate an error with incompetency or something even worse. There is a culture of well rehearsed perfectionism. After a long, laborious and costly training doctors and nurses have expectations, both from themselves and others, that what they do should be right. But there are only two types of healthcare professionals: those that have injured a patient and those who will.”

Prof. James Reason

from "Patient Safety"; S Ödegård; 2013
Support…

• Susan Scott
• 24/7/365

The Scott Three-Tiered Interventional Model of Second Victim Support
Replace and support

• Somebody else is taking over

• You are a valued human being and co-worker!

• Care
  – A cup of coffee on the couch

• Trust, calm and hope
  – Often a great worry about what people will think
  – We will help you through this
  – 84 resp 71% have been in similar situations…
  – I will check on you tonight…

Scott et al., 2009; Hedrenius et al. 2014
“These are the eternal duties of a Physician: First, to heal his mind and to give assistance to himself before giving it to anyone else…”

On a gravestone, Athenian physician, 2000 B.C.