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Increasing Awareness, Understanding, and Support for Healthcare Second Victims through the Creation and Distribution of an Infographic for Leaders and Executives

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Abstract

Second victim syndrome describes the constellation of symptoms suffered by healthcare clinicians because of the stresses of caregiving, experiencing adverse patient outcomes, and the increasing pressures of the care environment. The occurrence of second victim syndrome (SVS) in nurses is well supported in literature, along with resultant effects on patient safety, organizational culture, and the organization's financial outcomes. The interconnectedness of nurses with patients is undeniable, and relational impacts can be both profound and enduring. Burnout and stress, manifested by mental, psychological, and physical effects, are possible and may affect the ability of the nurse to provide effective nursing care to patients. The state of nursing in the facility ultimately determines whether the obligation to provide quality, safe patient care to the community is met by the organization. High rates of turnover and vacant positions, often necessitating the use of unknown travel nurses, can also compromise patient care, potentially increasing patient complications and worsening outcomes. The many implications of these factors on healthcare organizations cannot be understated, not the least of which are financial. Executives and other leaders must recognize the wellness of the staff and the state of facility culture when considering goals, initiatives, and the organization's overall sustainability. This project addresses the barriers to nursing support through the development of an educational infographic targeted for organizational executives, highlighting second victim syndrome and its potential consequences on nurses, patients, and the facility at large. The infographic directs leaders to examine current facility culture closely, suggesting why and how to ensure a supportive care culture.

Keywords: *second victim, second victim syndrome, patient safety, peer support, clinician wellness, organizational culture*

Introduction

Being a healthcare professional is challenging due to the nature of caregiving; witnessing the suffering, pain, death, and trauma of others takes a toll. The cumbersome administrative and clerical tasks made necessary by the regulatory and payment requirements of care further compound the emotional and physical demands nurses face. More than seventy percent of this nation's nursing population and nearly fifty percent of physicians report symptoms of work-related stress or burnout (ICN, 2021; Medscape, 2022). In 2021, the American Journal of Nursing released study results showing that nurses have higher risk for suicidal ideation than other professionals by thirty eight percent when controlled by certain factors (Kelsey et al., 2021). Physician suicide statistics are equally alarming, although for different reasons (Matheson, 2023). Burnout and second victim syndrome were on the rise in healthcare even before the extraordinary changes and demands brought on by the pandemic; the waves of the last two years created this near-catastrophic situation that threatens the wellness not only of patients but of caregivers. Nurses are the very foundation of the healthcare system, but the foundation is crumbling. Vast numbers of nurses are leaving healthcare, succumbing to the pressure, resulting in organizational downstream effects in the form of higher incidence of absenteeism, medical errors, adverse events, and avoidable patient complications (Kelly et al., 2021; Wu & Dzau, 2019). A negative cycle may be created in these facilities when nurses feel unsupported and lack necessary resources. As nurses either leave or lack dependability, the care culture worsens for remaining staff and patients. Patient complication rates may rise, resulting in falling reimbursements in a value-based program and reinforcing the cycle (see Appendix B: Fig 1b) (NEJM, 2017).

Background

Effective leaders should evaluate their organization's care culture, paying attention to the environment of care delivery: are there sufficient numbers of nurses to perform safe patient care; are services and resources available to provide care and to receive support as needed; and do the metrics, surveys, and reimbursements reflect a positive culture? Overwhelming research data shows that more than 70% of clinicians experience mental, emotional, and physical distress related to stressful work environments and adverse patient outcomes, and less than 10% feel supported by leadership (Mira et al., 2017; Ozeke et al., 2019; Shah et al., 2021). In 2000, Second Victim Syndrome (SVS) was coined by Dr. Albert Wu (2000) to describe those clinicians affected by causing patient harm. More recently it is recognized that second victim effects can result from the cumulative stresses of being a nurse or healthcare provider (Ozeke et al., 2019; Quillivan et al., 2016). This more inclusive definition is important when considering facility culture, care delivery, and resources.

Considering nursing's numerous roles and extensive reach within healthcare, the recognition of correlations between nurses, patients, culture, and organizations by leadership seems belated. Research about healthcare SVS revealed direct correlations between clinician wellness and patient safety (Garcia et al., 2019; The Joint Commission, 2018). Numerous studies also demonstrated impacts on facility culture and organizational finances (Burlison et al., 2021; Mira et al., 2017; Ozeke et al., 2019). Unaddressed clinician distress creates ever-deepening effects and worsening sequelae for all parties yet remains poorly understood by administration and leadership (White et al., 2015). This knowledge gap among leaders and executives remains problematic in addressing SVS within organizations.

Significance to Clinical Practice

Second Victim Syndrome is becoming an all-encompassing term for work-related distress, including burnout, as the causes, symptoms, and results are the same. Nurses cite causal relationships between their work and symptoms, and research proves that relationships undeniably exist (Gaines, 2022; Phillips, 2021; Shah et al., 2021). According to Kelly et al. (2021), a study of nurses in three large hospitals who were surveyed twice, one year apart, revealed that greater than fifty percent of nurses suffer at least moderate burnout with symptoms, while another source cites more than seventy percent (ICN, 2021). Shah et al. (2021) analyzed survey data from a large sample of more than fifty thousand nurses and found that 31.5% left their jobs due to symptoms. Nurses revealed significant suffering in a 2022 State of Nursing Survey (see Appendix B, Fig 2b.) (Gaines, 2022). The results of this study illustrate the seriousness of the current state of nursing care. Unaddressed clinician distress, especially nurses working while burnt out, tired, overextended, or lacking resources, can potentially increase avoidable patient complications, medical errors, and adverse events.

Medical errors are a costly problem in healthcare today. Statistics show that medical errors are causative of more than 250,000 deaths yearly and cost approximately $20 billion (Garcia et al., 2019; Rodziewicz et al., 2022). In addition, one in every three to four patients suffers a negative consequence while receiving in-patient nursing care (Bates et al., 2023; Bean, 2023). Grant (2020) mentions that nurses experiencing stress and burnout are less likely to have the necessary focus to detect changes in patients, maintain safe environments, and provide appropriate care. Data from a large retrospective study of 2,809 admissions at eleven Massachusetts hospitals in 2018, revealed 978 adverse events, of which 22.7% were completely preventable. Additional interventions and delays in recovery impacted over 32% of patients in

this study (Bates et al., 2023). Nursing care is not responsible for the entirety of medical error or rates of adverse events, but practice improvement should focus on all areas of care culture to minimize safety risks.

One of the most common preventable adverse events impacting US hospital patients is infection. According to the CDC (2022), 1:31 patients contract a healthcare acquired infection (HAI), often more serious than nosocomial infections and harder to treat. The economic burden of these infections on the healthcare system is $28 billion/year, not including incalculable costs to society from lost productivity and early deaths (CDC, 2022). Prevention of HAI is one of the top safety issues facing hospitals, along with building safety cultures, resolving staffing shortages, addressing issues that affect patient capacity, and promoting health equity (Bean & Carbajal, 2022). Improving conditions necessary for safe patient care requires dedicated efforts toward caring for the nurses.

Bearing the burden of causing an adverse outcome, especially a death, because the patient load is too high is potentially devastating to nurses. Current statistics by several sources cite numbers as high as a staggering 90% of nurses are considering leaving the profession within the next year, not to mention those that have or are considering leaving their current positions (Chovanak, 2017; ICN, 2021; Gaines, 2022; Shah et al., 2021). Nurse-to-patient ratios are perhaps the largest dissatisfier for nurses, resulting from and contributing to absenteeism and turnover (Chen et al., 2019). Ratios are also one of the biggest risks for patients in the hospital (Phillips et al., 2021). Recommended safe ratios are 1:2 for critical care areas, 1:3 for step-down care, and 1:4 for medical/surgical areas, but only California legally mandated these ratios (Sharma & Rani, 2020). The University of Pennsylvania released study results showing an increase in thirty-day mortality of 16% per patient added to a nurse's caseload (Kayser, 2022).

The fiscal impact of absenteeism and turnover of registered nurses on the facility is equally dramatic. According to the *NSA National Healthcare Retention & RN staffing report* (ISN, 2021), the average cost to replace a bedside RN is over forty thousand dollars and every percentage of nursing turnover can cost the facility over $270,000. Moran et al. (2020b) concluded in another study that for every 1% increase in nursing turnover, the cost to the facility exceeds $300,000 in missed time, staff replacement, recruiting, onboarding, orientation, and training; these costs do not include the expense of costly travel nurses. Also, these personnel costs in no way address financial impacts on patient care, complications, or reimbursement. These other monetary losses to the organization are much harder to quantify. They would include losses of admissions in the event of bed or unit closures due to nurse staffing, prolonged lengths of stay due to patient complications or adverse events, losses due to decreases in reimbursements from changes to value-based care payments, and more (Moran et al., 2020b; NEJM, 2017). Reputation and future business can be affected, creating future losses. It is incumbent upon leaders to understand all these factors to preserve financial solvency and the organization's mission.

Significance to Executive Leadership

Organizations may be caught in a cycle wherein nurses feel burnt out and victimized, potentially with increasing attrition rates, high workload for remaining nurses, variable or poor care culture, and so on. Changes may be necessary to stem the tide, and to increase retention, satisfaction, and the safety of nursing practice within the facility. Executives need to understand the current state of the organization, as well as the factors at play to provide a safe milieu for patients and clinicians, while maintaining fiscal responsibility for the organization. This should include resources and support, both of which nurses report overwhelmingly lacking in

organizational cultures (Gaines, 2022; Grant et al., 2020; Grossman, 2021; Mira et al., 2017; Quillivan et al., 2016; White et al., 2015). Despite the susceptibility to and prevalence of SVS in nursing, accompanied by the well-documented real and potential impacts, there continues to be a significant knowledge deficit identified among healthcare executives and leaders (White et al., 2017). The study by White et al. (2015) identified a gap between perceived level of wellness when estimated by executives versus level stated by clinicians, accompanied by significant barriers to improve the perception, treatment, and support for second victims within organizations. Multiple other studies supported these findings (Mira et al., 2017; Burlison et al., 2021). Kayser (2022) finds that leaders still do not understand the true demands on clinicians. Lack of executive and leadership support and intervention thus remains one of the most significant issues preventing the implementation of initiatives to truly impact nursing.

The unique challenges of being a healthcare provider are not easy to grasp for non-healthcare providers. When nurses, physicians, and advanced practice clinicians experience burnout, adverse patient events, or difficult work situations, research shows that most would rather speak to a peer for support, believing that only another in the field could understand (Moran et al., 2020b; White et al., 2015). When surveyed about organizational culture, nurses in facilities with peer support programs in place report higher scores in the areas of feeling supported and presence of adequate resources for support compared to nurses in facilities without such programs (Moran, 2020b; Quillivan et al.; 2016; TJC, 2018). Organizational culture scores are also higher in facilities with support programs, but even in these facilities challenges can persist obtaining support services (Moran et al., 2020; White et al, 2015). In many facilities, the culture is one of blame and judgement, very much counter to a productive and supportive care culture, and a blame culture creates fear in nurses to reveal error or weakness (Grant et al.,

2020; Mira et al., 2017; Moran et al., 2020b; Quillivan et al., 2016). White et al. (2015) identified culture as a predominant issue in addressing SVS, citing poor perception of a damaging organizational culture by leaders and the failure to grasp the role of leadership in organizational culture and supporting caregivers. To this end, education for executive leaders is needed.

Problem Statement

In order to decrease SVS among registered nurses in clinical practice, the executive needs to be knowledgeable and aware of SVS, the impacts of SVS, and how to provide support and resources for nurses.

PICOT Question

Does the Nurse Executive gain knowledge about second victim syndrome through the use of a concise infographic with a proposed implementation plan for a three-week pilot study?

Literature Review

Data regarding the prevalence and impact of SVS in healthcare was obtained through research from peer-reviewed and governmental sources. Initial findings revealed the extensive impacts on clinicians throughout all dimensions, positions, and disciplines in healthcare, but nursing was the specific focus for this research. The primary databases for information were CINAHL and PubMed databases. It was important to identify research to define, explain, and determine the prevalence of SVS: it was completed through keyword searching using second victim, second victim syndrome, burnout, adverse patient event, and post-traumatic stress. Boolean operators allowed searching with combinations of these words/phrases to increase specificity of the search. To further focus such a broad subject, search terms supporting

programs, patient safety, and nursing turnover were added in different pairings to find studies demonstrating the effects of SVS in providers on patient safety and various healthcare costs. Finally, executive leadership support, risk management, value-based, and barriers were added to the data search. Approximately seventy articles were reviewed by abstract; studies addressing the scope and impact of SVS, those that evaluated organizational culture, and those that evaluated barriers and motivating incentives were selected for further analysis. Articles were eliminated due to focus on other healthcare providers, lack of impact toward selected focus, and articles older than 2015 unless compelling and influential. The Johns Hopkins School of Nursing EBP tools were used to appraise all selected articles (Dang et al., 2022), and research results were synthesized into three primary themes.

The Scope of Second Victim Syndrome

Nursing responsibilities include life and death, loss of health, wellness, task prioritization and critical thinking decisions every working day. Nurses' exposure to stress and susceptibility to distress is prevalent throughout the literature (Burlison et al., 2021; Mira et al., 2017; Ozeke et al., 2019). Extensive research over the last two decades agrees that SVS, first used to explain the effects nurses felt after making an error that led to a negative patient event, is explanatory of symptoms experienced by upwards of three-quarters of all nurses during their career (Burlison et al., 2021; Shah et al., 2019; TJC, 2018; Wu, 2000). Sources differ slightly on the numbers or percentages of nurses reporting, but the profoundness of SVS is undisputed.

The depth and breadth of research on SVS confirms the increasing significance of this issue in healthcare. Such compelling research supports the scope and impact that governmental healthcare agencies have added assessments, resources, goals, and recommendations for organizations (Grant et al., 2020; Johnson, 2019; TJC, 2018). Organizational culture is reported

to be a profound source of nursing stress, a contributor to the development of maladaptive coping, and therefore constitutes a primary direction to focus interventions for change (Garcia et al., 2019; Grant et al., 2020; Johnson, 2019; Kelly et al., 2021; Mira et al., 2017; Quillivan et al., 2016; White et al., 2015). Current challenges in healthcare cited throughout the literature include increasing patient acuities, increasing administrative and clerical demands on clinical staff, high rates of turnover and absenteeism, supply chain issues and lack of leadership support, all of which affect organizational culture and care delivery (Kelly et al., 2021; Mira et al., 2017; Ozeke et al., 2019; Quillivan et al., 2016; Shah et al., 2021). The data is clear; poorly supportive organizational cultures increase nursing mental health risk.

The Impact of Second Victim Syndrome

The second major theme shown in the literature is the profound impact of SVS. Unexpected poor outcomes, patient injury by error, and even near misses are experienced by at least half of nurses during their careers (Marran, 2019; Moran et al., 2020b; Quillivan et al., 2016). Mira et al. (2017) performed meta-analysis of the impact of SVS on nurses, patients, and organizations. Their review concluded that most medical errors result from system errors, rather than individual mistakes. Chovanak (2017), along with other nursing leaders and governmental bodies, advocates for hospitals to improve the focus on nurse wellness, in particular, expressing that nursing care profoundly impacts outcomes and patient experience, and thus reimbursement through the value-based payment method (Grossman, 2021; IOM, 2010; Kelly, 2021; NEJM, 2017; TJC, 2018). Similarly, Grant (2020) found that nurses experiencing stress, burnout, or other related symptoms are less likely to detect changes in patients, maintain safe environments, or provide appropriate care. Despite research findings supporting consistent, significant, and negative impacts on patient safety, organizational culture and facility economics, these

interrelationships remain largely unrecognized by executives (Gaines, 2022; Grant et al., 2020; Grossman, 2021; Kayser, 2022; White et al., 2015). Data synthesis reveals persistently poor perception and understanding of SVS among executives, an important factor to address and improve for organizations' overall culture and health (Chovanek, 2017; Gaines, 2022; IOM, 2010; Moran et al., 2020b). White et al. (2015) and Moran et al. (2020b) supplemented the analysis provided by Mira et al. (2017), focusing on cost analysis associated with peer support to mitigate the impact of SVS on organizations. There are significant negative impacts to human and economic capital if clinicians remain unsupported by the organization.

Barriers to Change

Culture was studied extensively for its role in SVS. Culture contributes to the development of SVS in how the organization not only provides resources for the care staff, but also what systems are in place to support clinicians following an error or adverse event (Grossman, 2021; Phillips, 2021; Mira et al., 2017; Quillivan et al., 2016; TJC, 2018; White et al., 2015). Researchers clearly identify the detriment of a blame culture, recognizing the resultant fear in clinicians to report error; often nurses, and physicians, fear negative judgment, loss of job or position, respect, litigation, and other punitive action following an event in this type of culture (Burlison et al., 2021; Garcia et al., 2019; Mira et al., 2017; Quillivan et al., 2016). White et al. (2015) published an important study about changing culture and peer support programs. While supporting data in other research, this study discussed specific barriers including poor perception of SVS among leaders, failure to understand best practices in addressing SV, training peer responders, and funding for programs within the facility. These barriers highlight a direction upon which to focus interventions for change.

The Project

Purpose

Research analysis culminated with the determination to address the widespread issue of SVS from the top. One of the primary barriers impacting nursing support seems to be lack of executive level support and organizations with poor safety cultures (Mira et al., 2017, White et al, 2015). Executives need to fully understand the interconnectedness of the forces within the organization to use executive level power to improve the facility's care culture. The more knowledgeable organizational leaders are about care culture and correlations between nursing, patients, safety, reimbursements, and organizational stability, the more likely executives may be to address SVS within the facility. The purpose of the project focused on this hypothesis. First, a concise educational infographic for healthcare executives and leaders was created as a tool to enhance knowledge. Following the creation of the infographic, a suggested plan of action for the distribution and evaluation of the document has been developed.

Objectives

1. To increase the understanding of SVS and executive perception of nursing trauma in the minds of executive leaders.
2. To show the potential impacts of unaddressed SVS related to culture, safety, and cost.
3. To illustrate ways to reduce negative financial implications for organizations.
4. To ultimately improve the health and safety of patients and nurses.
5. The overarching objective is increasing advocacy for nurses suffering from symptoms of SVS.

Theoretical Framework

Change planning can be optimized by using a change model. Widely identified as the pioneer of change, Kurt Lewin (1951) proposed a theory with three distinct pass-through stages toward permanence: unfreezing, change, and refreezing. During the change process, there are driving forces, restraining forces, and equilibrium, also considered directional interactions between the current and desired states (Mitchell, 2013; Petriprin, 2020). The first step toward change is examining the current state, or unfreezing in Lewin's model, which leads to the implementation of change (Petriprin, 2020). The refreezing stage is characterized by new patterns, expectations, outcomes, and rewards as the change becomes solidified within the system. Lewin's change model is fitting because the project will require executives to navigate the three stages of the change process within themselves, then lead organizational culture changes to address organizational SVS. Inspection of current culture is critical for success; it is important to identify the current state of knowledge, system function, and to evaluate to presence of resisting and driving forces that can hinder or help the change process within the organization. Self-evaluation via the pre-survey, as suggested in the proposed implementation project, will allow the executive to possess data-driven support for change. The leader will gauge current state of knowledge, assessing learning from the infographic after obtained and studied. The executive must also assess readiness of self to change perceptions, attitudes, and actions based on knowledge gained, then decide on intent to change. The unfreezing phase begins during this initial process. This process is the same for the organization; the executive possessing the opportunity to lead the organizational change process, a concept highlighted on the infographic.

Project Design & Target Group

Design of Tool

The project proposal included creating an infographic to enhance the knowledge, awareness, and understanding of the presence and impact of SVS for organizational executives. The infographic highlights the importance of care culture in the organization, leadership perception of the care environment, nursing susceptibility to work-related distress, the impacts of SVS, and encourages executive support for organizational change. There is expansive, validated research supporting the need for this information to be the educational focus for healthcare executives. By supplying this type of concise data, leaders can make better decisions about nursing care issues, resources, and support.

The infographic design facilitates easy identification and readability of important concepts, ensures the inclusion of pertinent aspects surrounding SVS, and uses figures to highlight takeaway data. For example, nursing workload, an ongoing dissatisfier, contributor to workplace stress and patient safety risk (Gaines, 2022) is highlighted on a table with key concepts for easy understanding of importance (see Appendix A: Infographic). Although executive leaders are the focus of the infographic, it could apply to numerous other roles and disciplines in the future. For example, later plans may include adapting the tool and disbursement to other groups seeking to address the identification of SVS, methods to improve work culture, and avoidance of future challenges.

Chief executive and operational officers, chief financial officers, and chief nursing officers hold advanced business and professional degrees and are the executives that collectively comprise the C-suite in organizations. These are highly educated, accomplished professionals with good intentions, busy schedules, and influential roles. The infographic, along with the process of survey completion, is intended to help connect care to culture and create a clear picture of nurses' struggles and needs in the minds of executives.

Projected Plan for Distribution and Evaluation of Tool

A small pilot project conducted over a proposed three-week period is the suggested plan of implementation for the infographic tool. The pilot project requires initiating communication with the administrative offices of regional facilities to identify a contact person and seeking cooperation for a pilot of the tool. This first step would be phone contact, requesting a brief meeting with someone in a capacity to discuss the infographic and the proposed pilot project. Next, a meeting, either zoom or face to face, should occur with the contact(s) to elaborate about the project, the infographic tool, its purpose, and the plan for the pilot. This discussion should include the process to identify volunteer executives, how surveys and the infographic will be disseminated, the goals of the project, and the timeline. The contact(s) can then help by identifying a small group of executives, ideally 5-10 total, that may agree to participate for a pilot group, understanding that involvement includes reviewing the infographic, completing pre/post surveys to evaluate changes in knowledge and level of concern about SVS within the organization. Institutional IRB approval should be completed prior to beginning the project.

An important concept to convey is the short turnaround of the pilot project. A three week timeline is important because executive time is valuable; the short time investment could increase the willingness to participate from executives. Once identified as volunteer participants by facility contacts, executives' information would be shared via email to the researcher, and further information shared as needed. Beyond the contact's initial involvement of obtaining project participants, all further communication would be between researcher(s) and the executives as a preference. Pre-surveys would begin via email, along with a brief introduction about project development, intent, and purpose, along with all dates for return of complete surveys. Following pre-survey, the infographic tool and post-survey would be distributed by

email with return date reminder. Statistical analysis will be performed on pre/post surveys, however, any and all feedback to enhance the tool, project, and ultimately contributions to healthcare will be welcomed from executives.

Surveys and Analysis

The survey tool will collect pre/post information about existing knowledge, knowledge deficits, attitudes, and perceptions among healthcare executives on SVS, burnout, and the effects of nursing distress on patient safety and organizational culture. The pre-survey will collect descriptive data to assess any effect that gender, length of service in healthcare, experience, or specialty has on knowledge or perceptions. The survey intends to identify knowledge deficits about SVS, reveal pre-existing bias, assess level of perception about organizational culture and safety and determine where attitudes lie regarding support for nurses experiencing distress. Research suggests most executives will underestimate both the problem of SVS and the potential effects to the organization (Mira et al., 2017; White et al., 2015). The post-infographic survey will repeat the pre-survey questions and will evaluate changes in knowledge, perceptions, and attitudes among leaders. The survey questions will be Likert-type, with answers to correspond with strongly agree, agree, neutral, disagree, strongly disagree (Boone et al, 2012). Simple statistical analysis will be performed on the results (Glantz, 2021).

Timeline

The research for this project spanned approximately two years, including the capture, evaluation, and synthesis of extensive data. This portion of the project was the most time and effort intensive. The concept of an educational infographic as a project deliverable evolved and very clearly meets the needs of current healthcare trends in nursing. The infographic was designed and completed March 2023.

The lead-up period for the proposed pilot study, meaning the time of making contacts within organizations and identifying volunteer executives, could reasonably take up to two months. Once in the implementation phase, the proposed timeline is a short three weeks. Email correspondence to the volunteer executives would include specific dates on the timeline for the study. The first week is the time allowance for the completion and email return of the pre-survey. The remaining two weeks are for review of the infographic, completion and return of post-survey to reviewer. The surveys are estimated to have a completion time of twenty minutes. Review of the infographic has a variable time, but proposed time is twenty minutes.

Analysis of survey results and the dissemination of those results by the researchers is a process of variable duration. The analysis of surveys involves reviewing results of the pre-surveys and post-surveys as individual sampling groups and then comparing the results to each other in statistical analysis, either by the researcher(s) or by statistician. Following this analysis, conclusions and decisions regarding next steps must be made and disseminated. These steps are very time-intensive, a realistic turnaround time for this period may be up to eighteen months, possibly longer if awaiting publication (see Appendix C).

Limitations

No limitations were present in the creation of the infographic tool; there is extensive research available to support the development of an educational tool. However, limitations could exist in the dissemination and evaluation of the infographic. The intended methodology utilizes proximity, convenience sampling and volunteer participation for the pilot study. Results may be skewed by regional data, small sample size, organizational uniformity, bias, and demographic limitations. Participation could be limited due to the voluntary basis and incentives may not motivate this particular group. Additional limitations exist in the nature of surveys, including the

ability to obtain return of completed surveys, the value of information obtained, self-evaluation data, value of survey tool, survey tool, and analysis.

Facilitators

The project's primary facilitators were the project team lead and program advisor. Primary facilitators for the success of the infographic tool are the driving forces for change within organizations and facility change agents. These could be the executives interested in the project and willing to participate in the pilot, as well as the initial contact person willing to discuss possible organizational participation. Researchers interested in the infographic as a tool and initiating a pilot are also facilitators of advocacy as the ultimate objective of this research.

Budget

A budget for a pilot study of the infographic may be calculated using the averages of an executive salary within the participating region, the researcher(s) salary, an honorarium for the facility contacts, and the cost of a statistician or statistics program based on the needs of the researcher. The researcher should determine regional average executive compensation at an hourly value and use it to calculate the executive compensation amount; to obtain this figure, take projected executive involvement time of one hour (survey completion total time of 40 minutes and infographic review time of twenty minutes), times the total number of executives involved in the study. A suggested honorarium for the contact individuals is $500 for assistance within organizations identifying and facilitating the volunteers for the pilot study. Microsoft Excel is a useful program for statistics, if the researcher is proficient, with a cost of approximately $100, or the average cost/hr for a statistician is $40/hr. Finally, the researcher should consider his/her salary as a budgetary consideration. Time spent organizing the project, writing the surveys, composing email correspondence, all communications for the project,

analysis, evaluation, and write-up of results should be included in the budget at the hourly wage of the researcher(s). The cumulative value of these things will be the total budget necessary by region for a pilot project as proposed. Surveys and infographics will be communicated via electronic media, eliminating paper costs.

Summary

The primary goal of the project was met by the creation of an infographic, developed and designed for the intended audience of executive leaders within healthcare organizations. Acceptance of the infographic by the doctoral panel will demonstrate excellence by advancing a high-level, targeted initiative to address the critical nursing problem of SVS. Doctoral faculty evaluation of the infographic, although not the target for the tool, validates the evaluation of research, the identification of primary themes regarding SVS, and the objectives of the tool. The purpose of the tool is to improve the knowledge, understanding, and awareness of SVS, thus the tool needs to be disseminated to healthcare executives.

By moving on to the pilot, the scale of the project can grow much larger, bringing more awareness and support to such an important issue in the nursing and healthcare communities. While the goal of the project was creating the tool, ultimately, making it available to executives and organizations must occur to incite the needed changes to care culture. Evaluating the success of this project, and this infographic, may extend for many years to come, growing and evolving as it succeeds in its objectives. Lofty goals, indeed, but true success will be found by notable changes in nursing culture, care, wellness, and longevity.

Future Considerations

The infographic about SVS and its impacts on patients, nurses and organizations can be disseminated in a number of ways; the tool may be published, shared via an electronic or print

source, shared among executives, or other methods of person to person transfer. The infographic tool may be adapted by adding verbal cues or with other changes to improve utility and/or the pilot program may be undertaken for future research by another DNP student. The information may be used as content for a lecture or video blog, and potential exists for the application of the infographic to other areas of healthcare. This project focused on improving support for nursing specialties, but future research may indicate piloting the tool, or an adaptation, to other disciplines.

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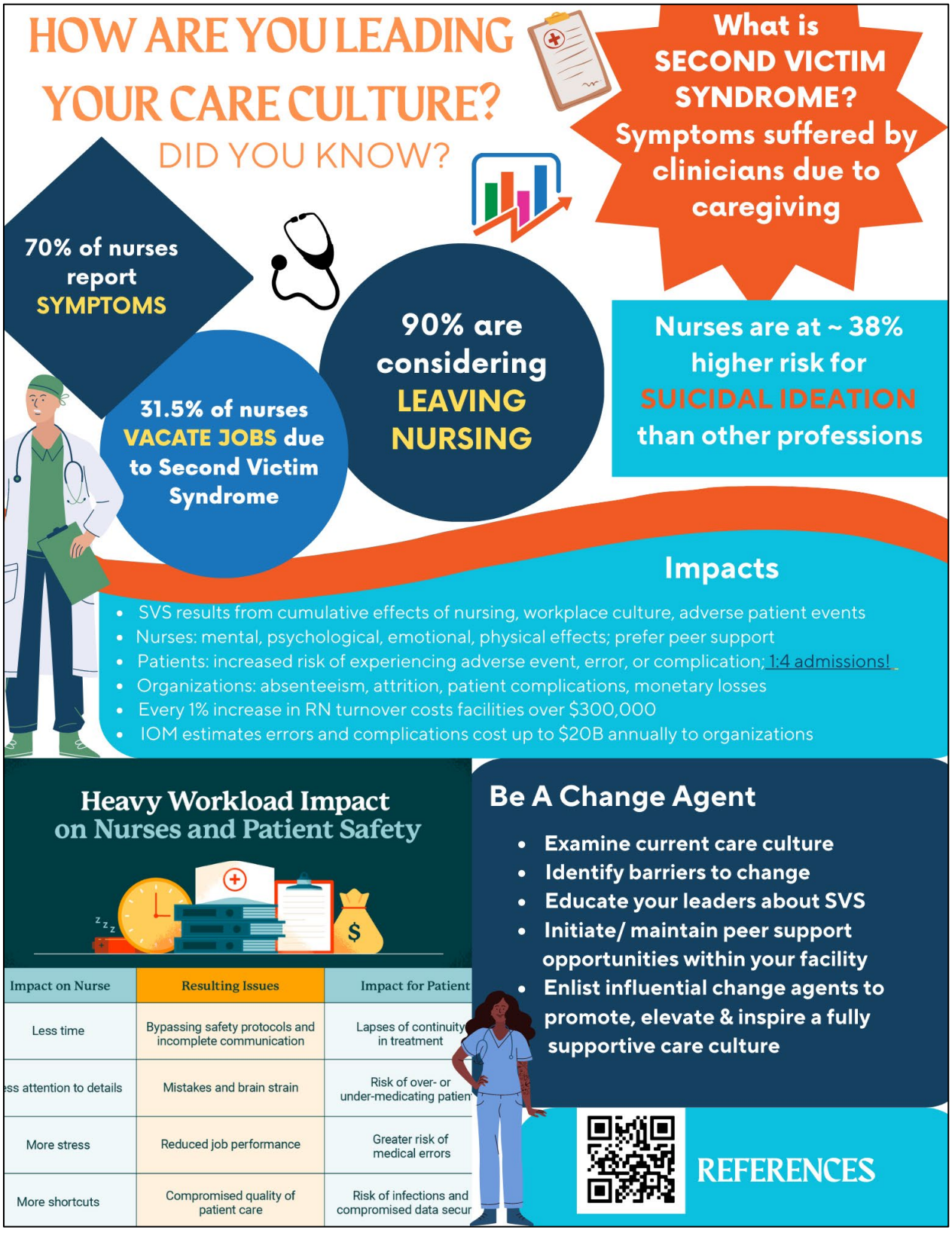
Appendix A: INFOGRAPHIC

Educational document for distribution to executive leaders



Appendix B: Figures

Figure 1b: How did we get here?

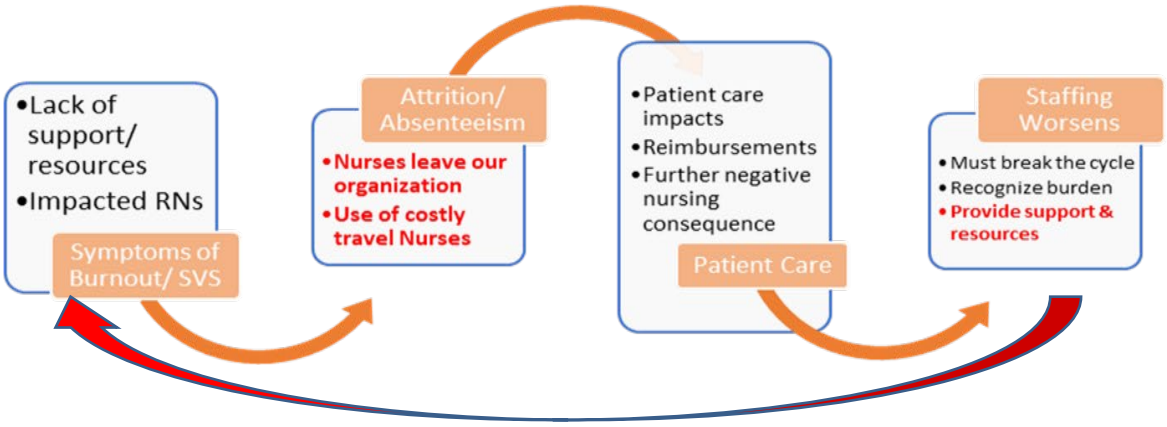
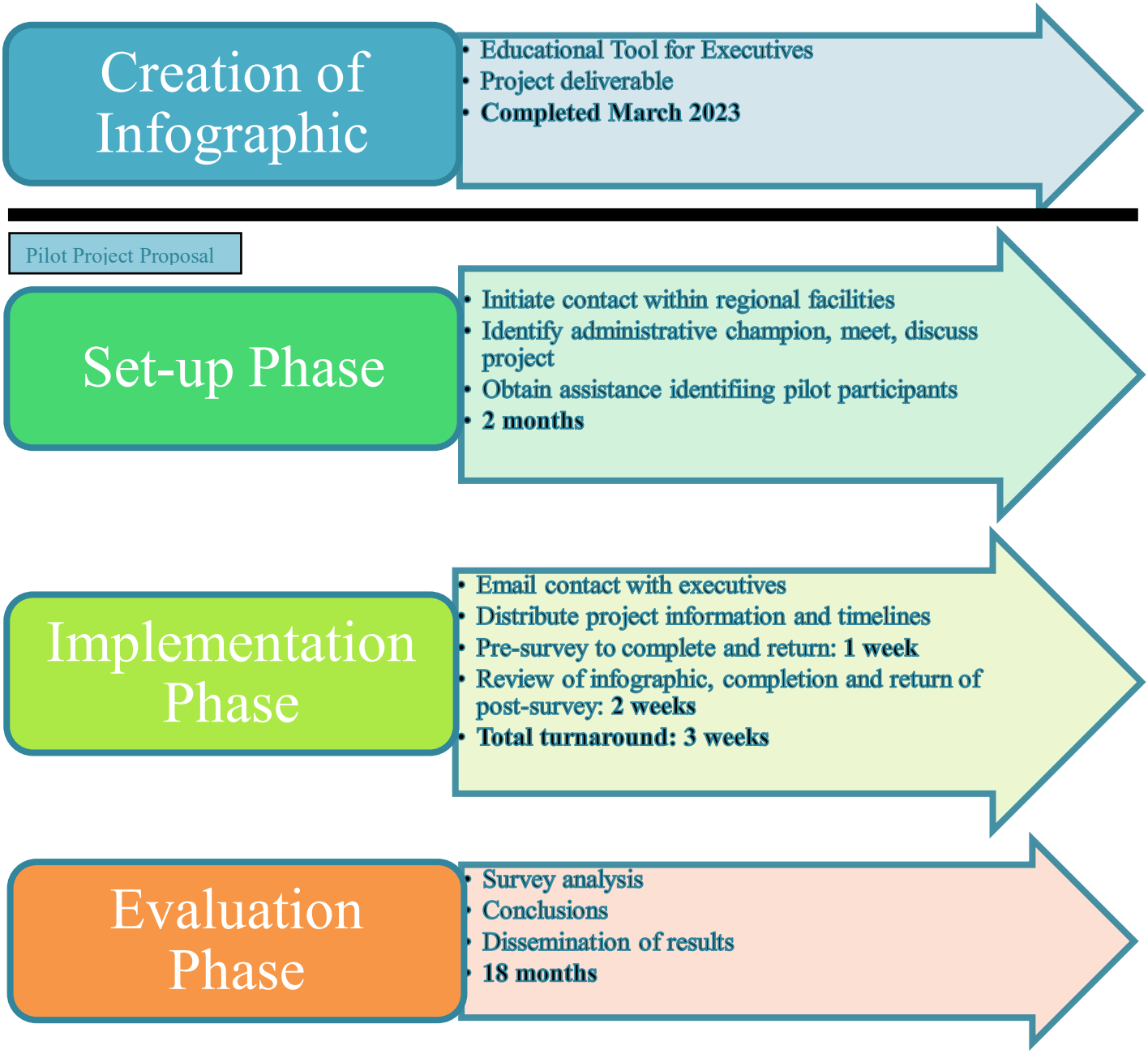


Figure 2b: Nursing survey results

- 87% feel burnt out
- 84% are frustrated with administrators
- 84% feel underpaid
- 83% feel their mental health has suffered
- 77% feel unsupported at work
- 61% feel unappreciated
- 60% feel uncomfortable working outside their comfort zone in the past year
- 58% feel frustrated with patients
- 58% felt unsafe at work

Appendix C: Timeline



Increasing Awareness, Understanding, and Support for Healthcare Second Victims through the Creation and Distribution of an Infographic for Leaders and Executives

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Introduction & Significance

For Nurses:
- Up to 84% of nurses report symptoms of work-related distress
- Less than 10% of nurses feel adequately supported
- 31.5% of nurses in one 2021 study vacated jobs; 90% considered vacating
- 84% of nurses feel their mental health has suffered
- 61% feel unappreciated

For Patients:
- Medical error causes 250K deaths and costs ~ $20B annually
- One in four patients suffers a negative consequence
- Extensive research confirms relationship between healthcare SVS and patient outcomes

For Organizations:
- Responsibilities to patients, staff, and communities
- Culture drives all aspects of performance, greatly impacts organizational solvency

The Problem… Second Victim Syndrome

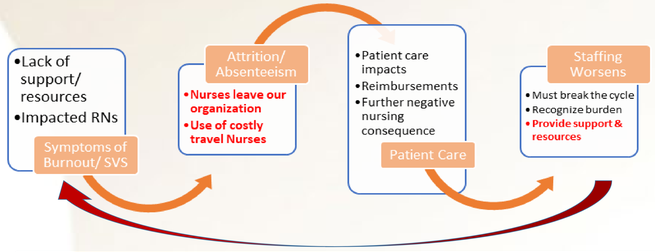
A constellation of symptoms: Physical, emotional, psychological…

Research synthesis shows three PRIMARY themes:
SCOPE
IMPACT
BARRIERS TO CHANGE

LACK OF EXECUTIVE LEVEL SUPPORT FOR NURSES

Problem Statement

In order to decrease SVS among registered nurses in clinical practice, the executive needs to be knowledgeable and aware of SVS, the impacts of SVS, and how to provide support and resources for nurses.

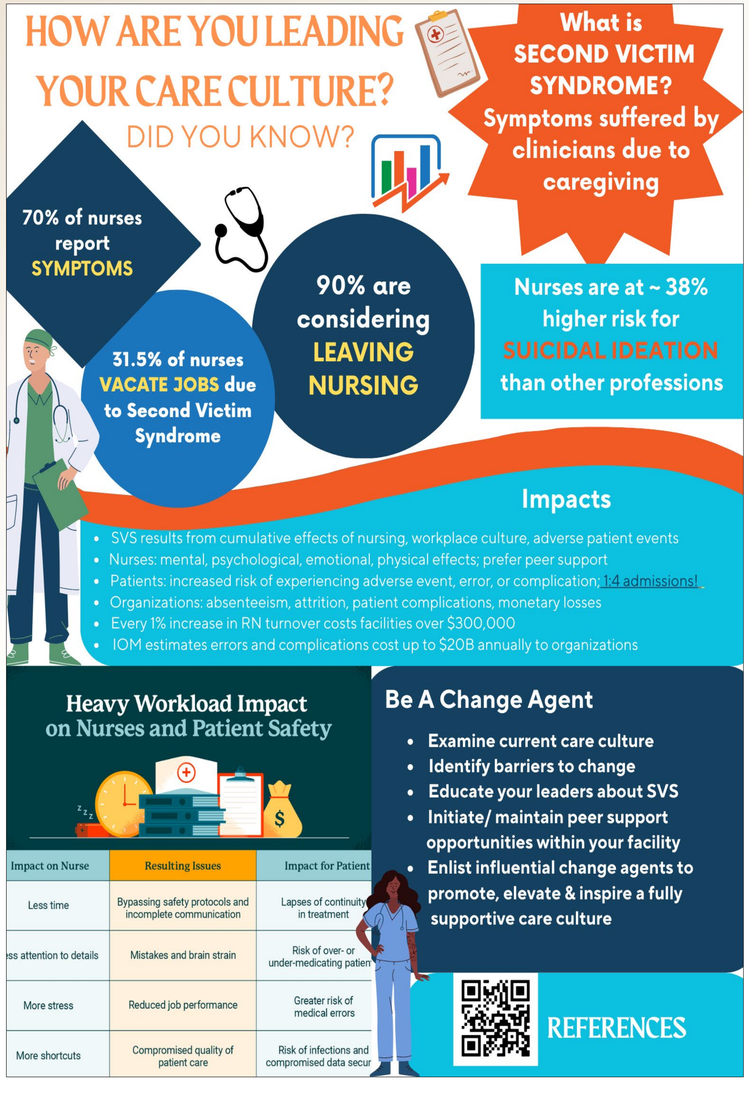


PICOT Question

Does the Nurse Executive gain knowledge about second victim syndrome through the use of a concise infographic with a proposed implementation plan for a three-week pilot project?

Objectives

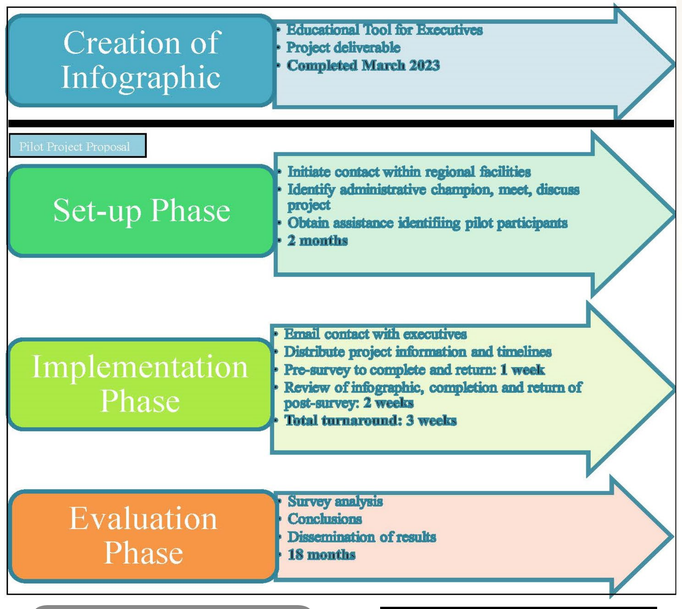
- Increase executive knowledge
- Show potential impacts of SVS on nurses, patients, and facility
- Explain safety, culture, and financial implications
- Improve health and safety of nurses and patients
- Increase advocacy



Project

Purpose: To increase executive knowledge
Target group: Healthcare Executives
Project design: Creation of educational infographic and suggestion for pilot project implementation
Limitations: Potential implementation limitations
Summary: Infographic completed, suggested pilot project timeline approximately 21 months
Future considerations: Conduct pilot project; publication of infographic and pilot project; infographic adaptation for increased utility, lectures or video blog; advancement of project by another student; application to other disciplines

Project Timeline



Abstract

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