

Background

Health care providers who experience a traumatic clinical event or medical error may suffer from psychological, emotional, and other impacts (Merandi et al., 2017). Research has shown that there is limited support for health care providers involved in these unanticipated events, and they may suffer from guilt, depression, anxiety, sleep disturbances, burnout, or even suicidal ideation (Merandi et al., 2017). Half of health care providers will experience such an event at least once in their career (White & Delacroix, 2020). Traditionally, Salinas Valley Health Medical Center has relied on debriefing, unit-level support, and the Employee Assistance Program (EAP) to provide support to employees suffering from a traumatic event; however, human resources data suggested that employees rarely sought services through EAP or had no knowledge of the EAP services available. Because of this, some clinicians may have suffered in silence with their trauma. The COVID-19 pandemic with its uncertainty, heightened threats to personal safety, and increased patient and family suffering, caused a trauma response in many clinicians and raised awareness of post-traumatic stress disorder (PTSD) in health care workers (Andhavarapu et al., 2022; Shapiro & McDonald, 2020). It was clear that a support program was needed for those who may be suffering from traumatic exposures in the workplace. The purpose of this educational initiative was to strengthen support for stakeholders at the medical center who have experienced a traumatic clinical event.

Methods

In 2019, Carla Spencer, MSN, RN, NEA-BC, began to research peer support programs and found the Care for the Caregiver program from the Beta Healthcare Group's BETA HEART® (healing, empathy, accountability, resolution, and trust) program that fit well for the purpose. After a presentation to the executive team, Spencer gained approval and the resources needed to move forward with the program. She then brought together a steering committee to develop responsibilities of peer support and created marketing materials to communicate details of the programs to medical center stakeholders. Spencer contacted department leaders to nominate individuals who could serve as unit program peer support champions. Desirable characteristics of these champions were those with trustworthiness, effective communication skills, and personal experience with work-related trauma. Fifty-five staff members came forward to be trained as the initial peer support champions. These champions committed to several hours of required reading and an 8-hour live class provided by BETA HEART to acquire the necessary skills for responding to peers experiencing distress, providing essential support, and the referral process when higher levels of support are needed. The Care for the Caregiver program was launched in 2021. Representatives from the steering committee visited each unit, presented flyers about the program, gave away promotional items, and answered questions about the program. Information was provided to staff on how to activate peer support by connecting with the Care for the Caregiver intake coordinator through TigerConnect®. However, since inception, an interesting finding has been that most referrals have been activated through department managers concerned for their staff's well-being after an event versus by affected staff reaching out to the unit peer supporter.

Results

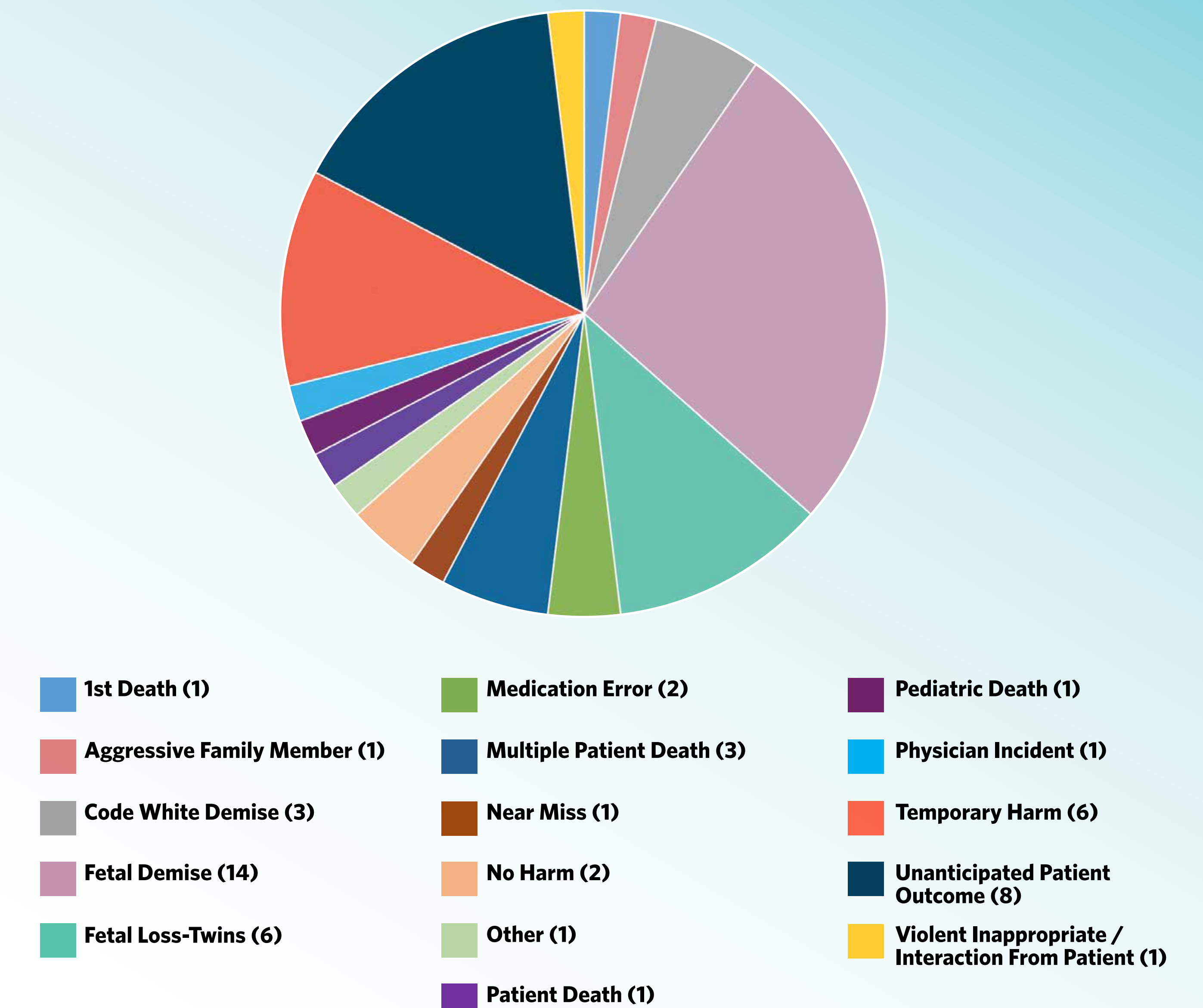
Since initiating the Care for the Caregiver program, there have been 44 activations for peer support. Staff received support for various types of events. Most activations have been for staff caring for perinatal patients following a fetal demise. The second most activated event was for unanticipated patient outcomes across all departments (see Figure 1). In 2024, 29 additional volunteer peer supporters were trained. There are now a total of 84 active Care for the Caregiver peer supporters available to support peers.

Positive feedback after receiving peer support has been reported, such as:



Figure 1

Types of Adverse Events and Cases Supported by a Peer Supporter



Conclusions

When a traumatic medical event occurs or a medical error, the health care provider can be left to process the emotional distress alone without any support. An active peer support program is imperative to help support our health care providers through the negative impacts of a traumatic event. The Care for the Caregiver Program at Salinas Valley Health Medical Center has provided a safe place for victims to process their trauma and share their feelings guided by trained and compassionate peer supporters.

References

- Andhavarapu, S., Yardi, I., Bzhilyanskaya, V., Lurie, T., Bhinder, M., Patel, P., ... & Tran, Q. K. (2022). Post-traumatic stress in healthcare workers during the COVID-19 pandemic: A systematic review and meta-analysis. *Psychiatry Research*, 317, 114890.
- BETA Healthcare Group. (2024). *BETA HEART®*. <https://betahg.com/risk-management-and-safety/beta-heart/>
- Coughlan, B., Powell, D., & Higgins, M. F. (2017). The second victim: A review. *European Journal of Obstetrics & Gynecology and Reproductive Biology*, 213, 11-16.
- Merandi, J., Liao, N., Lew, D., Morvay, S., Stewart, B., Catt, C., & Scott, S. D. (2017). Deployment of a second victim peer support program: A replication study. *Pediatric Quality & Safety*, 2(4), e031.
- Shapiro, J., & McDonald, T. (2020). Supporting clinicians during Covid-19 and beyond-Learning from past failures and envisioning new strategies. *New England Journal of Medicine*, 383(27).
- White, R. M., & Delacroix, R. (2020). Second victim phenomenon: Is "just culture" a reality? An integrative review. *Applied Nursing Research*, 56, 151319.