



Identifying Mitigating and Aggravating Factors for the Second Victim Experience

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BACKGROUND

- **Second Victim Experience (SVE):** feelings of psychological, emotional, or physical distress in health care providers (HCPs) as a result of an adverse event (e.g., cardiac arrest, hemorrhage, med error).
- Most HCPs who identify as second victims feel a sense of personal responsibility for the event and subsequent patient outcomes.

Peer Support

- Most healthcare providers prefer to speak with a trusted peer after an adverse event.
- Barriers to seeking peer support include fear of stigmatization and unfamiliarity of the SVE.
- Multiple national organizations recommend pre-crisis education on the Second Victim Experience.

Moral Injury

- Certified Registered Nurse Anesthetists (CRNAs) and Anesthesiologists work in high-stakes, time-sensitive environments where actions (or lack thereof) can have immediate life-threatening consequences.
- Decision-making is influenced by numerous patient-specific and external factors.
- Moral injury, like second victimhood, arises from distressing events in which the provider takes actions that conflict with their own moral or ethical beliefs.

METHODS

- Observational, cross-sectional survey - Voluntary participation with anonymous responses
- Distributed Qualtrics survey via email between dates 01/08/2026-02/13/2026 with a reminder email sent 02/02/2026
- **Inclusion criteria:** CRNAs, anesthesiologists
- **Exclusion criteria:** SRNA students, medical students, physician residents
- Survey includes:
 - Demographic data
 - Moral Injury Distress Scale (MIDS)
 - Second Victim Experience and Support Tool - Revised (SVEST-R)
- 17 Anesthesia departments in New York and Massachusetts

HYPOTHESES

- Pre-crisis education on the SVE increases the likelihood for SVs to seek support
- Pre-crisis education on the SVE reduces the severity of its symptoms.
- The experience of moral injury increases the severity of the SVE.

Purpose: Identify aggravating and mitigating factors of the second victim experience.

RESULTS

Descriptive Statistics

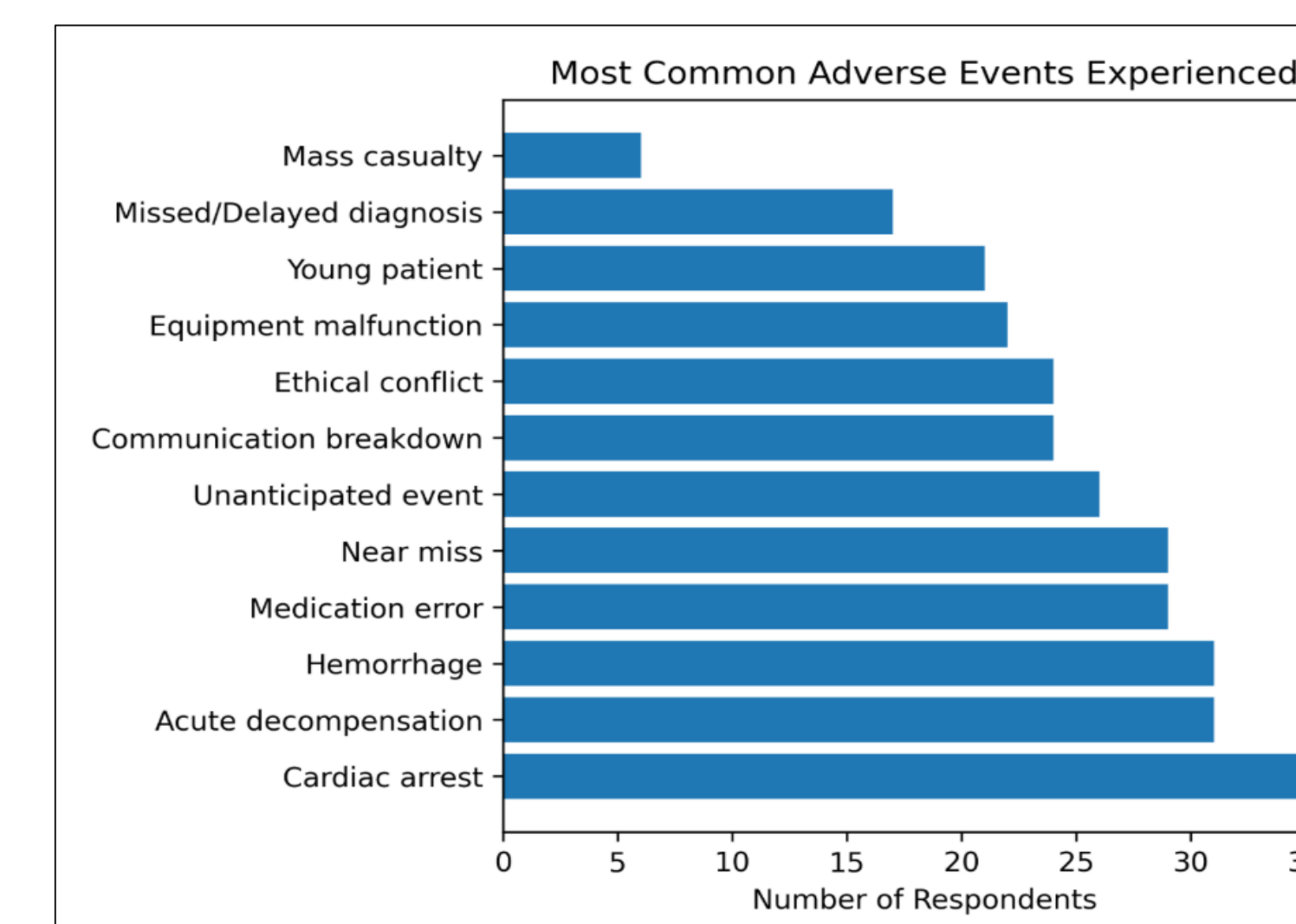
- 46 anesthesia providers were included in analysis.
- Prior formal education on SVE was reported by 54% of respondents.
- Nearly all participants (95.7%) reported experiencing at least one adverse patient event during their career.
- 13 participants experienced negative symptoms of SVE in at least one dimension.
- 18 participants reported experiencing moral injury.

Adverse Event Characteristics

- The most reported adverse events were cardiac arrest (76.1%), acute decompensation (67.4%), medication error (63%), and near-miss events (63%).

Participant Characteristics	
Characteristic	n (%)
Role	
CRNA	34 (73.9)
Physician (MD/DO)	12 (26.1)
Age	
35-54 years	33 (71.7)
Other	13 (28.3)
Race	
White	35 (76.1)
Asian	6 (13.0)
Black	1 (2.2)
Other/Prefer not to say	4 (8.7)
Practice State	
NY	35 (76.1)
MA	10 (21.7)
AK	1 (2.2)
Years Experience	
≤ 15 years	16 (34.8)
> 15 years	30 (65.2)

- Over half of respondents named an adverse event resulting in patient death as their most impactful experience (52.5%).
- No harm occurred to the patient post adverse event (27.5%).



Second Victim Education and SVEST Outcomes

- No significant differences were found in SVEST domains between those with and without prior education.
- Prior SVE education did not significantly influence the likelihood of seeking support.

Moral Injury & Psychological Outcomes

- Pearson correlation analysis revealed significant associations between moral injury and second victim distress measures:
 - Moral injury scores positively correlated with psychological distress ($r = 0.34$, $p = 0.039$).
 - Moral injury positively correlated with poorer colleague support ($r = 0.37$, $p = 0.2$).
 - Psychological distress had a strong positive correlation with physical distress ($r = 0.56$, $p < .001$).
 - Those who “acted in ways that violated my morals” had positive correlation with psychological distress: ($p = .004$).
 - Those who “violated my morals by failing....” had a positive correlation with psychological distress: ($p < .001$), poor supervisor support ($p = 0.36$), and absenteeism ($p = .036$).

Drivers of Moral Injury

- Most common cause was production pressure.
- Second most common cause was influence from other providers.

THEORETICAL FRAMEWORK

Stanford Model of Occupational Wellbeing



CONCLUSION

- No significant association was identified between pre-crisis education and likelihood of seeking support.
- No significant differences were observed in SVEST domain scores between participants with prior SVE education vs participants without.
- Majority of anesthesia providers have experienced adverse events, emphasizing the high risk of SVE on these health care workers.
- Moral injury was significantly associated with increased psychological distress and poorer colleague support.
- There is a direct correlation between autonomy and moral injury.

STRENGTHS and LIMITATIONS

STRENGTHS	LIMITATIONS
<ul style="list-style-type: none"> • Participant anonymity • One-time survey • Use of validated assessment tools • Low cost 	<ul style="list-style-type: none"> • Convenience sample of CRNAs and anesthesiologists • Recall bias • Incomplete surveys discarded from analysis • Potential to evoke negative emotions in survey participants

FUTURE RESEARCH

Additional research is needed to further explore aggravating and mitigating factors of SVE. Comparison of SVEST scores with role changes, autonomy level, or moral injury may improve the current body of evidence. Improving SVE awareness and understanding is necessary to safeguard the mental, physical, and emotional wellbeing of HCPs, ensure adequate support offerings, and improve absenteeism and turnover rates.

REFERENCES

