

## EDITORIAL

## Second and double victims – Achievements and challenges in ensuring psychological safety of caregivers

### Segundas y dobles víctimas: logros y retos para garantizar la seguridad psicológica de los cuidadores

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The second victim phenomenon is becoming increasingly important, not least because of the obvious psychological stress experienced by all health professionals during the COVID19 pandemic. The taboo of talking about mental distress of health professionals has been broken in many health systems, in some at least the term second victim as such has been introduced.<sup>1</sup> The European Researchers' Network Working on Second Victims, an EU CoST Action joined by 29 EU states and 38 member states in total, recently published the first evidence- and consensus-based definition of second victims,<sup>2</sup> which includes all health professionals, based on a systematic literature review.

However, one important group in the care process is not adequately addressed by the previous consideration of the second victim problem, although it is one of the most significant groups of caregivers both quantitatively and qualitatively: family caregivers.

These caregivers may actually be even more at risk than professional health care workers for the following reasons:

- family caregivers have generally not received formal medical training. Although teaching patient safety is not fully implemented in professional medical training yet, learning from mistakes made and experienced among colleagues is part of the experience made during professional medical training. Thus, family caregivers have a potentially higher risk of error due to lack of previous experience.
- The training provided to family caregivers is heterogeneous. Due to the lack of previous medical training, the risk of information loss during their introduction to provide care potentially increases, since family caregivers have not received any training in medical terminology and may not dare to speak up and openly address knowledge deficits.
- In the concept of error prevention, caring for relatives represents an exceptional psychological situation for professional caregivers and thus a potentially more error-prone situation. It is well known that error rates increase when treating personal acquaintances.<sup>3</sup> However, in the case of family caregivers, this exceptional situation is the rule.

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For the above reasons, it is legitimate to hypothesize that avoidable errors occur with at least the same frequency in home care as in the professional care environment.

The impact of an error in the context of home care may assume equally more serious implications than in the inpatient setting:

- When errors do occur, it is in the isolated context of home care. Corrective loops such as rounds are absent. The relatives themselves fall away as a neutral corrective, i.e. as the last safety barrier, since they, like professional caregivers, cannot monitor themselves. This means that the effects of errors may be more serious than in professional settings.
- When mistakes happen, the effects are increased in terms of a second victim problem, since the injured party and the person causing the injury know each other and this interaction will continue beyond the period of the injury. This can negatively affect the recovery process.
- Psychosocial care for family caregivers is not implemented for routine care or for extraordinary events.

Relatives who are impacted by an extraordinary situation in the context of caring for their loved one are presumed to be doubly traumatized, especially in the case of presumed errors in caring for their loved one, first in the role of the relative as first victim, and second in the role of the caregiver as second victim.

While the term second victim for application to health professionals is quite controversial and partly questioned,<sup>4</sup> a "double victim phenomenon" must actually be assumed in the case of affected family caregivers due to the aforementioned double burden of simultaneously being first and second victim.

WHO has defined the empowerment of patients and their families as an important component in ensuring safe and

high-quality health care both in the Global Plan of Action for Patient Safety 2021-2030 in Strategy 4,<sup>5</sup> and with the dedication for the World Patient Safety Day 2023 emphasized under the motto "Engaging patients for patient safety" to empower patients and families to be actively involved in their own health care and in the improvement of safety of health care.

Based on the described problem, we should pay more attention to the double victim phenomenon, quantify it, understand it better and, based on this, implement effective preventive and reactive strategies and structures modelled on the support systems for health professionals. Family caregivers need to be as well protected from preventable harm and its consequences in home care situations as health professionals are in professional care settings.

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