**BACKGROUND**

Providers who experience unanticipated adverse events or patient-related injuries may be identified as "second victims" and can experience secondary traumatic stress (STS).  

STS can include emotional distress, sleep difficulties, and may negatively affect work performance, such as absenteeism, reduced confidence, and potential secondary medical errors.  

There is a paucity of research on STS in Obstetrics and Gynecology (Ob-Gyn). Much of the existing literature has addressed emergency medicine, oncology, or nursing specialties.

**PROJECT AIMS**

- Identify the presence of secondary traumatic events in Ob-Gyn physicians,
- Elucidate the impact of STS in this population, and
- Ascertain programmatic needs to address secondary traumatic stress

**METHODS**

Explanatory sequential mixed-methods study was conducted in 2018.

Anonymous online survey was distributed to Ob/Gyn faculty, residents and fellows.

SPSS 24.0 generated statistical analysis.

Focus groups/individual interviews were conducted, elaborating on the initial survey questions.

Constant comparative qualitative analysis determined cross-cutting themes.

Categorize and implement programmatic needs specific to Ob/Gyn providers.

**RESULTS**

Quantitative

- Twenty-seven individuals completed the reliable (alpha=0.71) anonymous survey.
- 95% reported involvement in an adverse event.
- 75% identified symptoms of traumatic stress.

Qualitative

- Ten Ob/Gyn faculty self-selected to participate in individual interviews or in focus groups. **No residents elected to participate.**
- Themes include: (1) Symptomatic experiences of trauma, (2) Behavioral Impact, and (3) Protective Factors.

**Symptomatic Experiences of Trauma**

- **Sleep disturbance**
  - "Went to bed, something about the event kept me awake...I couldn't fall asleep for hours."  
  - "Sleepless upon arrival home or the next day."  
  - "Worried...There are things I go back to hours later, days, weeks later...and I'll go back and forth on it."  

- **Guilt/shame**
  - "Incredible shame and lack of confidence...and just feeling I was not going to cut it."  
  - "Wanted crying, going back and forth and they would tell me not to cry."  

- **Anxiety/numbness**
  - "I was always really anxious and my body would just lock up."  
  - "Incensed...I was so angry I wanted to punch the wall."  
  - "Panic...lost the ability to go to sleep after the event."  

- **Self-doubt**
  - "Personal doubt...will I ever be good enough...rather than am I smart enough."  
  - "Feeling that I'm going to screw up almost every time I step into a patient care setting."  
  - "Least willing to help people that asked me for help...I didn't want to not be a good assistant for them."  

**Behavioral Impact**

- **Hypervigilance**
  - "Always felt like I'm looking over my shoulder...Afraid someone is going to come behind me and take my stuff."  
  - "I keep an eye out for any patient care problems...I'm always looking over my shoulder..."  

**Protective Factors**

- **Separating personal & professional domains**
  - "I've learned to separate around these issues...I don't bring it home with me."  
  - "I don't bring it home with me...I try to focus on the next patient."  

- **Introspection/self-awareness/fair-based beliefs**
  - "Once I leave and I go home with my family, I really shut it off...I talk about nothing at home."  
  - "A lot of my coping just comes from my faith...I feel confident and at least reassured in the greater picture of things."  

- **Professional support; Peer relationships**
  - "There's a comfort in talking to people that go through the same thing I go through."  
  - "I have a really good word of support from the people in the department."  

**Conclusions**

- The experience of secondary traumatic stress does not discriminate. It can affect medical professionals at any stage of their career and any specialty. It is critical that we care for all individuals affected, to promote and optimize well-being.
- Leadership support and demonstration of emotional awareness should be evident in divisions and departments.
- STS wellness programs have the capacity to promote collegiality and improve emotional health of providers at any level.
- However, various resources are imperative to address provider needs. A ‘one-size-fits-all’ is not appropriate with this unique experience. Safety and transparency with opportunities for group processing are identified as essentials for positive institutional culture, as well as peer support programs.

**References:**


