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BACKGROUND



Providers who experience unanticipated adverse events or patient-related injuries may be identified as “second victims” and can experience **secondary traumatic stress (STS)**.¹



STS can include emotional distress, sleep difficulties, and may negatively affect work performance, such as absenteeism, reduced confidence, and potential secondary medical errors.²⁻³

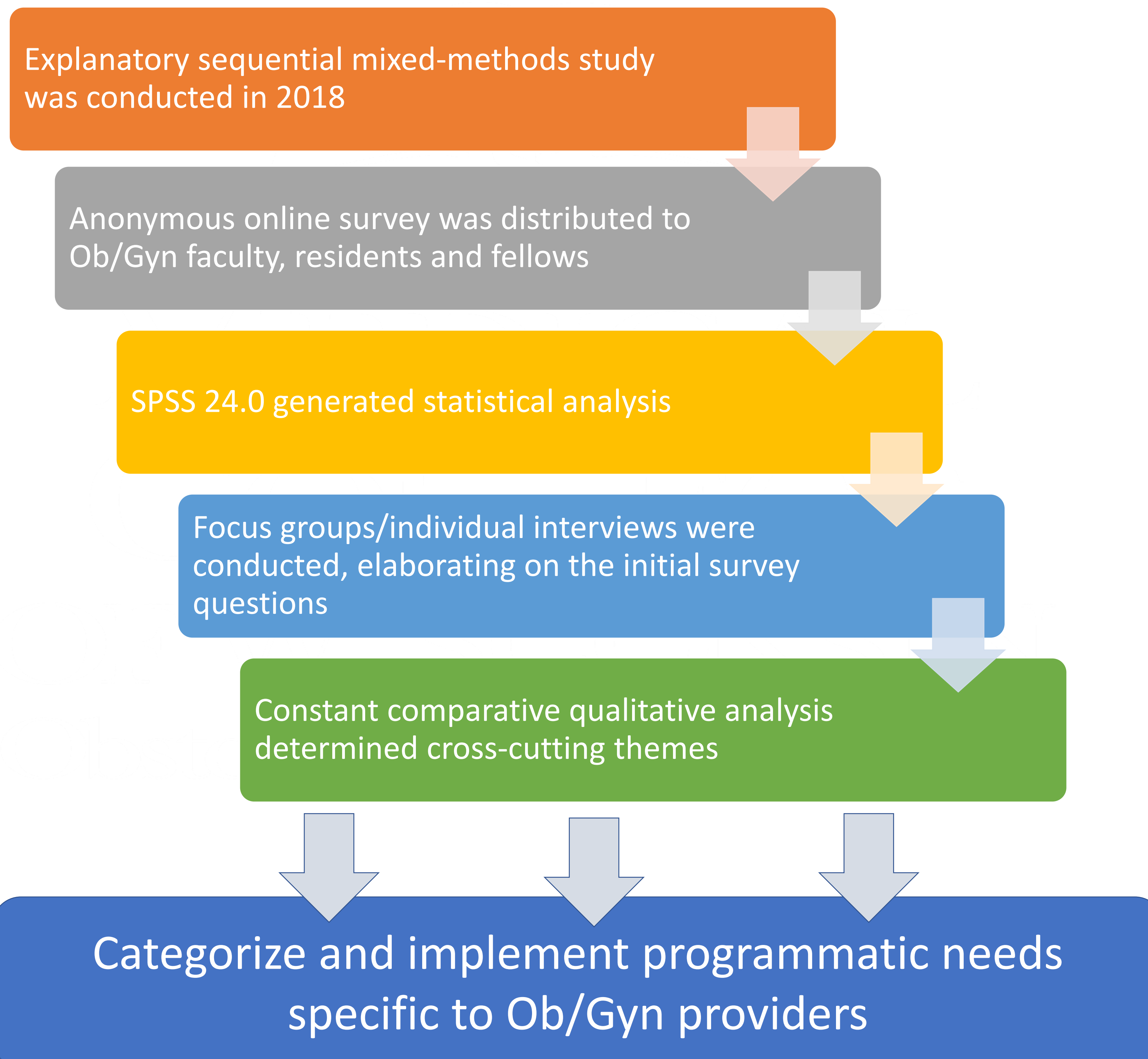


There is a paucity of research on STS in Obstetrics and Gynecology (Ob-Gyn). Much of the existing literature has addressed emergency medicine, oncology, or nursing specialties.⁴

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

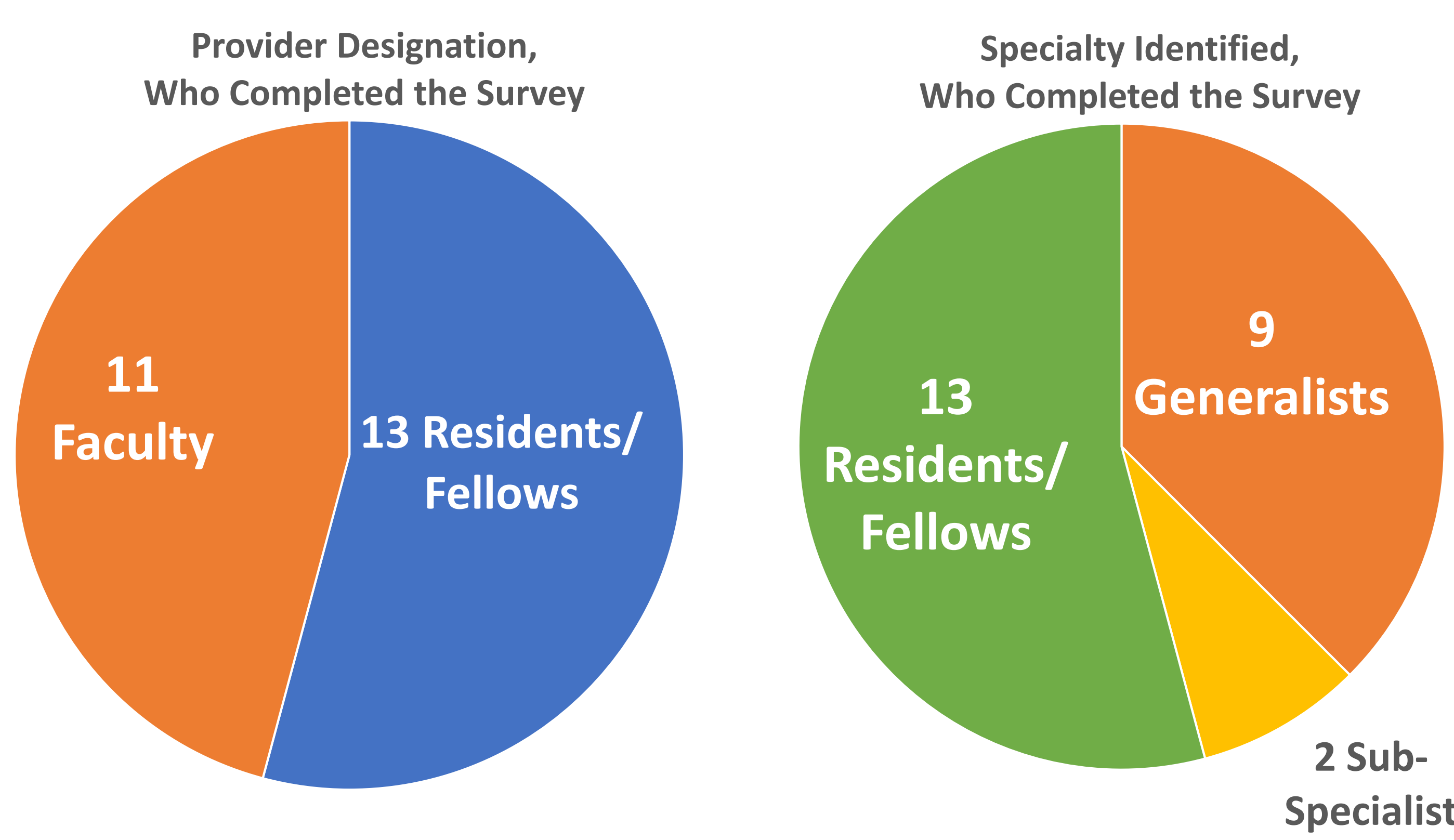
METHODS



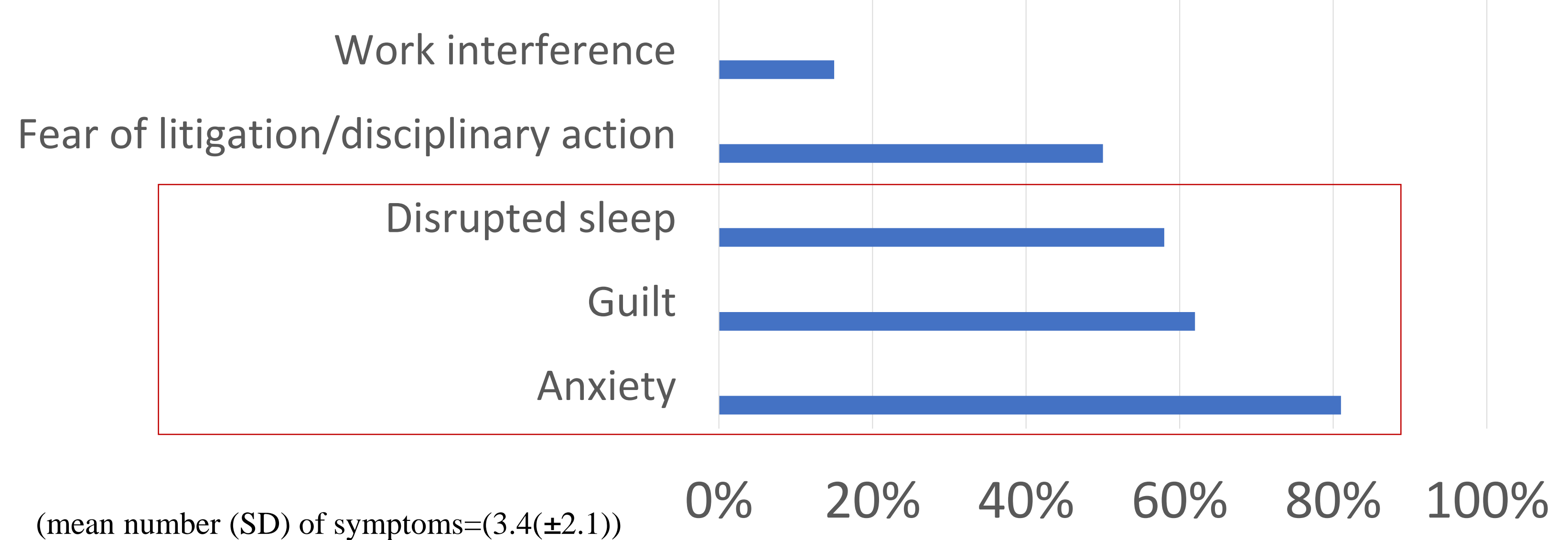
RESULTS

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.**



Most Frequently Reported Symptoms (all groups)



- Faculty reported more ($d=0.4$, $p<0.326$) symptoms ($4.1(\pm 1.6)$) than residents ($3.3(\pm 2.1)$).
- Results mixed whether respondents were familiar with the term ‘secondary traumatic stress’ (23% very familiar).

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



“Wasn’t sleeping...going back and forth about all the things we did. I just wasn’t as present. I wasn’t sleeping for sure.”

Guilt/shame



“Incredible shame and lack of confidence...and just feeling I was not going to cut it.”

Anxiety/rumination



“Worry.... There are things I go back to hours later, days later, weeks later... and I’ll go back and forth on it.”


Self-doubt



“Personal doubt...will I ever be good enough...rather than am I smart enough.”

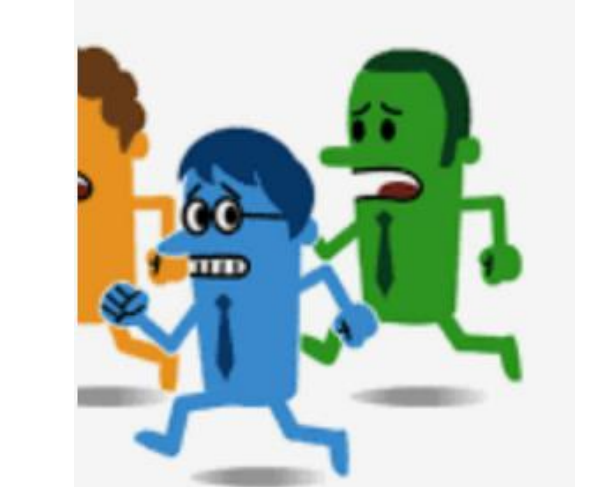
Behavioral Impact

Hypervigilance



“I always still wanted to kind of get back to it. And to an extent sometimes even the people around me would say almost too immersive.”


Task avoidance



“Less willing to help people that asked me for help...I didn’t want to not be a good assistant for them.”

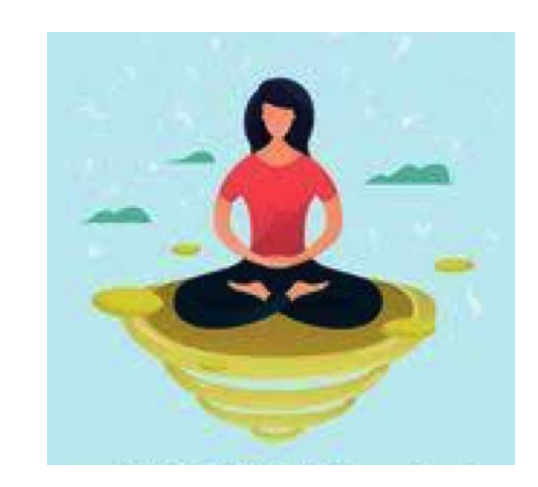
Protective Factors

Separating personal & professional domains




“Once I leave and I go home with my family, I really shut it off.... I talk about nothing at home.”

Introspection/self-awareness/faith-based beliefs



“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.”

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:
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 4. Beck CT, Gable RK. A mixed methods study of secondary traumatic stress in labor and delivery nurses. *J Obstet Gynecol Neonatal Nurs* 2012;41:747-760.