

The Impact of Negligence Claims Among Certified Registered Nurse Anesthetists

Elvisa Muratovic, SRNA, Meagan LaCour SRNA
Pamela Chambers, DNP, EJD, MSN, CRNA, CPPS, FAANA (Advisor)



Aims of the Project

- Describe the second victim phenomenon.
- Explore the impact of negligence claims on the personal and professional lives of CRNAs involved in negligence claims.
- Identify common themes experienced among participants during the process of a negligence claim

Background

Adverse events often trigger the second victim phenomenon, causing emotional distress among healthcare providers. Negligence claims compound this stress, leading to litigation stress syndrome akin to post-traumatic stress disorder. The repercussions of being named in a claim extend beyond the individual, affecting familial dynamics and professional relationships. There is a notable gap in research concerning the lived experiences of CRNAs named in negligence claims.

Research Question

What is the lived experience of CRNAs (P) who have been named in a negligence claim (I)? The outcome (O) aims to provide insight into the lived experience of the CRNA, potentially identifying common themes, and make recommendations based on results from the study.

Methods

- 11 participants recruited via social media
- Online demographic survey completed
- 30 to 60 minute interviews via Zoom between February 3, and April 6, 2024
- Transcripts and video recordings securely stored on the university server
- Thematic analysis utilized
- Data was coded through in vivo coding

Quotes

- *“It’s kind of all-consuming with your life. . . You’re not involved in it every single day, but you. . . always think about it”*
- *“I felt that we had done all that we could for this man”*
- *“Going over and over again in my mind what I could’ve done differently, and honestly, I don’t think anything”*
- *“Difficult because you are told not to talk to anyone, and [I] did not want to get [my] spouse involved and have to testify”*
- *“Sort of the other MDAs treated me differently during the claim, but once the claim closed, I was able to talk to them about it”*
- *“It absolutely reduces your willingness or desire to go the extra mile or advocate for patients”*
- *“They were irritated when they had to have someone cover my shift for trial”*
- *“My attorney was my best support . . . it would be nice if there was some way that the AANA could track CRNA lawsuits and have an advocate [for them]”*
- *“I finished court and [when it was done] I went to work at the hospital”*
- *“I’ve had members of my staff in my current leadership position get named and I think I’m in a much better position now to understand what they’re going through. So, I think I can be a little bit more helpful as they go through this process than if I had gone through this.”*
- *“It’s not career ending”*
- *“Hang in there, it’s tough. Keep your head up and continue looking forward. Do the best you can”*

References



Results

- 46% reported experiencing a patient death
- 18% encountered a major event
- 36% faced a minor event
- Range of emotions:** "stressful, angry, suicidal, confident, and fearful."
- 100% were told not to discuss the claim, causing isolation and loneliness.
- None were aware of the resources provided by AANA

Stated Change of Practice

Questions	Yes	No
1. Avoiding unstable patients?	18%	82%
2. Charting more thorough or comprehensive?	64%	36%

- No participants reported a change in quantity of medications administered
- 9% reported a change in their approach to preop tests
- 9% reported hesitation towards care of certain patients

Recommendations

- Improved Resource Accessibility
- Counseling for CRNAs
- Peer Support Groups
- Employee Assistance Programs (EAPs)
- Support Beyond Legal Counsel
- Malpractice Insurance Awareness

Contact Information

elvisa.muratovic@my.rfums.org I meagan.lacour@my.rfums.org
pamela.chambers@rosalindfranklin.edu