PII-46: Public response to the suggestion that providers suffer after a medical mistake

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Abstract:
Introduction: What is the public's response to the suggestion that health-care providers suffer after a medical mistake? Managing medical mistakes is complex. Many dynamics require consideration. The provider patient interaction after a mistake may be important to both promoting patient satisfaction and improving provider coping. It has been theorized that providers are the second victims of medical errors which result from systems failures. Yet, there is sparse empirical evidence of how the public responds to this concept. The purpose of this study was to describe the response of a sample of the American public in an online blog to the suggestion that medical providers suffer after a mistake. This research is important for generating future questions in this novel area.

Method(s): For this study a qualitative descriptive approach, as described by Sandelowski in 2000, was used. This method was appropriate given the available data and the state of this science. Publicly accessible archival data were used. Specifically, 224 blogged responses from a newspaper blog served as data. Bloggers were provided a story about a physician distressed by medical mistakes followed by questions about their experiences with and sympathies to this concept. The characteristics of this sample and the research method limit the ability to generalize these findings beyond this sample.

Results: Although these results are preliminary; four themes have emerged from these data. Foremost is that medical error is often a difficult event for all involved. Secondly, some members of the public do demonstrate sympathy towards erring providers while others do not. Finally, a providers handling of mistakes may influence the public's sympathies.
**Discussion & Conclusions:** These conclusions are preliminary. Further research is recommended. The findings suggest that practice changes may be helpful at influencing the public’s sympathies towards providers suffering after a medical mistake.

**Abstract History:**
This abstract has not been presented or accepted for presentation in whole or in part at the SNRS or other scientific meeting.

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