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Interventions to support nurses as second victims of patient safety incidents: A qualitative study of nurse managers' perceptions

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Abstract

Aims: To describe nurse managers' perceptions of interventions to support nurses as second victims of patient safety incidents and to describe the management of interventions and ways to improve them.

Design: A qualitative study using interviews.

Methods: A purposive sample of nurse managers ($n = 16$) recruited from three hospital districts in Finland was interviewed in 2021. The data were analysed using elements of inductive and deductive content analysis.

Results: The study identified three main categories: (1) Management of second victim support, which contained three sub-categories related to the nurse manager's role, support received by the nurse manager and challenges of support management; (2) interventions to support second victims included existing interventions and operating models; and (3) improving second victim support, based on the sub-categories developing practices and developing an open and non-blaming patient safety culture.

Conclusion: Nurse managers play a crucial role in supporting nurses as second victims of patient safety incidents and coordinating additional support. Operating models for managing interventions could facilitate nurse managers' work and ensure adequate support for second victims. The support could be improved by increasing the awareness of the second victim phenomenon.

Implications for the Profession and Patient Care: Mitigating the harmful effects of patient safety incidents can improve nurses' well-being, reduce burden and attrition risks and positively impact patient safety.

Impact: Increasing awareness of the second victim phenomenon and coherent operation models would provide equal support for the nurses and facilitate nurse managers' work.

Reporting Method: COREQ checklist was used.

What does this paper contribute to the wider global clinical community?

- Nurse managers' role is significant in supporting the second victims and coordinating additional support.

- Awareness of the second victim phenomenon and coherent operating models can secure adequate support for the nurses and facilitate nurse managers' work.

KEYWORDS
interventions, nurse, nurse manager, patient safety incidents, second victim, support

1 | INTRODUCTION

Healthcare professionals are expected to maintain a high standard of patient safety, which leaves little room for human errors. However, errors may still occur since healthcare is inherently linked to human performance. It is estimated that nearly 70% of healthcare professionals are involved in patient safety incidents at some point in their careers (Vanhaecht et al., 2019). A patient safety incident refers to an event that has resulted in or could have resulted in unnecessary or unanticipated harm to a patient (WHO, 2010). When healthcare professionals are involved in such incidents, they may become second victims. The term 'second victim' refers to healthcare professionals who are psychologically affected by patient safety incidents under their care (Scott et al., 2009; Wu, 2000; Wu et al., 2020). Doctor Albert Wu first coined the term for doctors in 2000, which has been expanded to include other healthcare professionals by Scott et al. (2009). Although the term 'second victim' has been criticized for minimizing the suffering of the patients and their relatives (Clarkson et al., 2019), the concept has highlighted the pressing need for support for healthcare professionals (Wu et al., 2020).

The harmful effects of patient safety incidents are currently estimated to be more significant than previously understood (Vogus et al., 2020). The symptoms of second victims can be psychological and physical (Wu, 2000). Second victims may experience guilt, self-doubt, shame and depression (Scott et al., 2009; Wu, 2000). The distress can negatively impact their professional self-esteem and job satisfaction, leading to absenteeism (Burlison et al., 2021), burnout and even leaving their profession early without adequate support (Van Gerven, Vender, et al., 2016). Healthcare organizations are responsible for supporting professionals in their recovery (Van Gerven, Vender, et al., 2016). However, Ullström et al. (2014) noted a gap between second victims' needs and available organizational support. Nurse managers play a crucial role in both preventing patient safety incidents (Christoffersen et al., 2020) and coordinating support for second victims (Liukka et al., 2018). However, we do not know nurse managers' perceptions of the support or whether these perceptions can be used to develop the current support further.

2 | BACKGROUND

The effects of patient safety incidents on professionals have been associated with the patient safety culture within the organization (Ullström et al., 2014). A safe environment promotes the identification of patient safety threats (Levine et al., 2020) and encourages more frequent incident reporting compared to an unsafe environment (Joesten et al., 2015). An open and non-blaming patient safety culture, coupled with a focus on analysing systemic factors after patient safety incidents, supports professionals in preventing the occurrence of the incidents (Van Gerven, Vender, et al., 2016). Additionally, it aids in reducing the adverse impact of these incidents by transforming them into valuable learning opportunities, benefiting both the organization and the involved individuals (Levine et al., 2020). Awareness of the second victim phenomenon can reduce the harmful effects of incidents (Kobe et al., 2019), while awareness of existing interventions can improve usability (Joesten et al., 2015).

Peer support is often considered the most important intervention following patient safety incidents (Kobe et al., 2019), and many second victim programmes have been developed around it (Edrees et al., 2017). Unlike support from nurse managers, peer support can help avoid the negative feelings of being evaluated professionally (Joesten et al., 2015). Peer support can be provided in official or unofficial capacities (Ullström et al., 2014) using formal methods such as debriefing.

Positive patient safety culture and peer support may not suffice for second victim support; official operating models are also needed (Schrøder et al., 2018). Operating models, such as second victim programmes, support employees' coping mechanisms after patient safety incidents (Habibzadeh et al., 2020). These programmes typically involve rapid and confident discussion support with a trained peer (Burlison et al., 2021). Integrated and structured practices benefit organizations and individuals (Ullström et al., 2014). With explicit operating models, nurse managers and employees can act purposefully after incidents (Burlison et al., 2021). These programmes are necessary for modern healthcare environments (Christoffersen et al., 2020), and several have been developed in the USA, including for YOU Team (2007) and Resilience in Stressful Events 2011, which rely on multiple-stage peer support (Wu et al., 2020). However, a lack of awareness (Kobe et al., 2019), interest, trust and fear of stigma can prevent participation in these programmes (Edrees & Wu, 2017).

Management is pivotal in influencing outcomes for professionals and the work environment, and managers must actively strive to enhance staff satisfaction (Specchia et al., 2021). This study aimed to describe nurse managers' perceptions of existing interventions to support nurses as second victims of patient safety incidents. Additionally, it aimed to describe the management of interventions and ways to improve them. Based on our understanding, previous information on the topic from nurse managers' perspective is limited. However, studies on nurse managers' actions after incidents are available. For instance, Christoffersen et al. (2020) examined midwives' experiences of support received from nurse managers. According to

them, nurse managers play a crucial role in supporting the recovery of second victims by preventing incidents and responding to them. Nurse managers' visible role as support coordinators has been shown to promote recovery. Second victims prefer leadership styles such as distributed and transformational leadership. This helps create a supportive and empathetic workplace culture that promotes healthcare providers' psychological well-being following patient safety incidents.

Through the actions of nurse managers, harmful experiences associated with patient safety incidents can be reduced, and the employee's recovery from the incident can be supported (Van Gerven, Bruyneel, et al., 2016). Nurse managers ensure that their employees are adequately aware of the second victim phenomenon and how to respond to incidents (Van Gerven, Vender, et al., 2016). Additionally, the task of nurse managers is to promote a positive patient safety culture (Van Gerven, Bruyneel, et al., 2016). According to Vogus et al. (2020), negative experiences of patient safety incidents decrease when managers foster a positive organizational atmosphere. By acting this way, nurse managers enable employees to feel comfortable speaking up and reporting adverse events (Liukka et al., 2018) and seeking the necessary support (Edrees & Wu, 2017). To fulfil their responsibilities, nurse managers require knowledge and continuous education about existing interventions for second victims (Zaheer et al., 2015).

To our knowledge, the present study is the first in this area, indicating limited knowledge on this topic. This highlights the importance of exploring this area since improving the support available to second victims can significantly impact staff wellbeing. The present study expands the existing knowledge of the interventions for second victims by describing nurse managers' perceptions. Additionally, the management and possible improvements in these interventions have been described.

3 | THE STUDY

The present study aimed to describe nurse managers' perceptions of existing interventions to support nurses as second victims of patient safety incidents. Additionally, it aimed to describe the management of interventions and ways to improve them. The research questions were as follows:

1. How is the second victim support managed?
2. What kind of interventions exist for second victim support?
3. How could the support for second victims be improved?

4 | METHODS

4.1 | Design and setting

This qualitative descriptive study was conducted in three hospital districts in Finland, using remote interviews of nurse managers from diverse specialty areas. Data analysis included elements of both inductive and deductive content analysis.

4.2 | Sample

Data for this study came from interviews of 16 nurse managers. The participants were recruited via email from three university hospital districts in Finland with the assistance of contact persons. The study aimed to obtain data from diverse healthcare environments to enhance the richness of the findings. The contact persons were expected to present diverse nursing services comprehensively and where patient safety incidents are familiar. Eligible participants were expected to have knowledge of the interventions related to patient safety incidents, which made the sample purposive. The contact persons were informed of the criteria via email.

The recruitment of the participants followed the research permissions admitted in February and March 2021. The contact persons evaluated suitable participants and requested their consent to participate. Before the study, participants were informed of the interview topics via email by the first author after the contact person had identified potential participants and informed the first author of the candidates. One contacted nurse manager declined to participate due to a lack of awareness. No one dropped out of the research.

4.3 | Data collection

An interview guide (Table 1) was developed based on the literature review conducted in October 2020 using CINAHL, Medline, PsycINFO, PubMed and Cochrane databases. The search of studies published between 2015 and 2020 revealed twenty-six original studies. Based on these studies, eight interview topics were identified: (1) participant characteristics, (2) the need for interventions after patient safety incidents, (3) the need for further development of these interventions, the roles of (4) employees, (5) peer support, (6) nurse managers, (7) the organization and (8) safety atmosphere within the organization. The topics were displayed on the screen during the online interviews to guide the discussion, while maintaining flexibility. One volunteer nurse manager from a different hospital district was interviewed as a pilot; this interview did not lead to changes in the interview guide. The pilot interview was not included in the final data.

The first author remotely conducted individual interviews with participants between March and April 2021 using Microsoft Teams, considering the COVID-19 pandemic. Participants joined the online interview from their work offices, while the interviewer joined from her home office. No one else was present besides the participant and researcher. Before the interviews, participants were informed about the study's aim and background and participation's voluntary and confidential nature. The researcher's professional background and interest in the phenomenon were also presented. Of the 16 participants, ten ($n = 10$) chose to turn on their cameras while the interviewer kept her camera on throughout the interviews. On average, the interviews lasted 39 min (between 25 and 62 min). In total, data worth 10.5 h were

TABLE 1 The interview guide.

Interview theme	Interview question
Characteristics	Age (years)
	Gender
	Education
	Healthcare experience (years)
	Nursing management experience (years)
	Healthcare environment
The need for interventions after patient safety incidents as a phenomenon	What kind of experiences do you have with interventions after patient safety incidents?
The role of the employee after a patient safety incident	What kind of patient safety incidents require support for employees?
	How is the employee guided to the resources of support? • by themselves • by colleague • by following an operating model
The role of the organization after a patient safety incident	Does the healthcare organization have an operating model for interventions after patient safety incidents? Describe the content of the available operation model.
	If not, describe the desired content.
	What kind of supportive interventions can be offered?
	What sources are available for support? • peer support • nurse manager • patient safety advisor • occupational health care • psychologist and so on.
	In what kind of situation is the employee supervised to have external support?
	How is the work well-being ensured?
	Are there possibilities to make work adjustments?
The role of peer support	What is the significance of peer support after patient safety incidents? How could the quality and efficiency of peer support be improved?
The role of the nurse manager	How can the nurse manager recognize the physical or psychological symptoms of the employee's involvement in a patient safety incident?
	What kind of competence is needed to be able to support the involved employees?
	From whom can the nurse manager receive support related to patient safety incidents and interventions after the patient safety incidents?
	Does the nurse manager or patient safety advisor contribute to the employees' conversations with the patients and their relatives after patient safety incidents?
The safety atmosphere of the organization	How is the safety atmosphere of the organization experienced?
	What is the attitude toward incident reporting?
	How are the reports managed?
	How can the organization learn from the events?
	How can the nurse manager promote a positive patient safety culture and atmosphere?
The development of interventions after patient safety incidents	How would you improve the interventions after patient safety incidents?
	Is there something else you would like to tell me?

collected. All interviews were digitally audio-recorded using Microsoft Teams and transcribed verbatim by the first author immediately after each interview. The written data consisted of 108 pages written with 12-point Times New Roman font and 1.5 line spacing.

4.4 | Data analysis

After finishing and transcribing all interviews, data were analysed by the first author. The analysis was conducted using elements of

inductive and deductive content analysis. A deductive content analysis approach was employed in the data collection, which was based on the interview topics and drew upon insights from previous studies. Subsequently, an inductive content analysis method was applied to analyse the data collected within the framework of these predetermined topics.

The transcripts were read several times to get a sense of the whole. After multiple readings, units of meaning were identified, and meaningful impressions were underlined and then coded manually using prints of transcripts and pen. The coded original impressions were then simplified to describe them (Lindgren et al., 2020) and then clustered into seven sub-categories based on the content after comparing the differences and similarities of the impressions. The categories evolved through interpretation and abstraction. The sub-categories were written into new pages of Microsoft Word documents and named to describe the content. Then, the sub-categories were combined into three main categories: Management of second victim support, interventions to support second victims and improving second victim support. The categories were transferred into abstract text and illustrated with selected quotations. Repeated reading and analysis led to an understanding of participants' perceptions of the topic. Finally, the first author relistened all the interviews, ensuring the authentic representation of participants' perceptions within the interpreted findings. Table 2 presents an example of the process of content analysis.

4.5 | Ethical considerations

Ethical principles, such as honesty, precision and punctiliousness, were considered throughout the research process. Based on the research organization's statement of the Research Ethics Committee, an ethical review was not required for this research following Finnish ethical regulations. The participating organizations granted the research permits in February 2021. Written informed consent was obtained from the participants after their independent decision to contribute to the study. Before the interviews, participants were informed about the study's aim and background and participation's voluntary and confidential nature. Furthermore, they were informed about their right to discontinue their participation in the study at any time. The researchers did not find any way the study could harm the participants. On the contrary, participants indicated that increased knowledge of the subject matter would benefit them as nurse managers. Data were managed and preserved following the requirements of the General Data Protection Regulation (European Union, 2016). Personal details were redacted to protect participants' confidentiality and privacy (Finnish national board on research integrity TENK, 2019).

4.6 | Rigour

To mitigate the research bias, the first author recognized pre-existing assumptions of the phenomenon. The first author has experience as a nurse and a nurse manager with second victims. Engaging reflection at each phase of the study and continuously questioning these assumptions were ways to diminish bias within the research process. Each study phase was carried out collaboratively, involving discussions in the research group. The discussions generated by the authors were necessary for the process as being critical voices, strengthening this study's trustworthiness.

All study phases were conducted based on discipline, transparency and conscientiousness to enhance its credibility. Transferability and credibility were maintained by clearly describing the research process (Malterud, 2022). The reliability of the results was strengthened by the participants' experience in healthcare and nursing management. This qualitative study did not aim to generalize the results (Malterud, 2022). Instead, data were collected from participants who had relevant experiences on the topic. Having participants from various healthcare environments increases the possibility of describing the phenomenon from different perceptions, even if the study sample is limited. Participant characteristics are described, and the findings are presented with appropriate original impressions of the participants to indicate the

TABLE 2 An example of the process of content analysis.

Original impression	Simplified impression	Code	Sub-category	Main category
'the role of the nurse manager is that you have to go through the process and then you need to manage it with the employee' (P8)	Reviewing the patient safety incident from the perspective of the process and the employee	Solving the patient safety incident	Nurse manager's role	Management of second victim support
'you should be able to have a discussion with people at the same level' (P1)	The nurse manager needs peer support concerning questions after patient safety incidents	The professionals supporting the nurse managers	Support received by the nurse manager	
'especially as this area is large, the farthest employees are 100 kilometres away and I cannot see them. I hear their voices, but I do not necessarily see their faces' (P1)	The physical distance between the nurse manager and employees restrains the assessment of the intervention needs after patient safety incidents	Factors challenging the intervention coordination	Challenges of support management	

author's deductions and allow readers to conclude on the degree of transferability.

Saturation was observed in the latest interviews, indicating the comprehensiveness of the collected data. All interviews were conducted by the first author, ensuring the data's dependability. The interview guide ensured that participants were asked the same questions, even if the follow-up questions varied. The original impressions in the Findings section represent the participants' authentic views and substantiate the analytic findings. Finally, The COREQ guidelines were followed in reporting the study process (Tong et al., 2007).

5 | FINDINGS

The research results are based on interviews with 16 nurse managers. The participants represented a diverse range of healthcare environments: emergency department ($n=1$), intensive care unit ($n=2$), obstetrics ($n=1$), operating department ($n=1$), paediatrics ($n=3$), paramedics ($n=2$) and psychiatry ($n=6$). Among the participants, two were men ($n=2$) and 14 were women ($n=14$). The average age was 52 years. All participants had a background as registered nurses and had received management training. The participants had an average of 27.5 years of work experience in healthcare, and they had an average of 10 years of nursing management experience. Depending on the operational unit and organizational structure, the participants had approximately 20–200 employees. Table 3 presents the participants' characteristics. Three main categories and seven sub-categories describe the results of the study.

5.1 | Management of second victim support

5.1.1 | Nurse manager's role

The role of a nurse manager in second victim support was evident at both unit and individual levels. Support was provided proactively by fostering an open patient safety culture, ensuring employee competence and promoting well-being. Nurse managers played a crucial role in providing individual interventions. If a positive patient safety culture and the nurse manager's support after a patient safety incident were insufficient for recovery, the nurse manager coordinated additional support for the employee.

After a patient safety incident, the nurse manager promptly gathered information related to the incident and initiated the intervention process to support the involved employee. Time since the incident did not diminish the need for action. Information was typically obtained from the second victim directly or through the incident reporting system. Some employees sought support independently, while others required the nurse manager's assistance. Private conversations were preferred when only one employee was involved. Incidents resulting from apparent process deviations were managed within the workplace community.

> The role of the nurse manager is that you have to explore the process and manage it together with the employee. (P8)

The nurse manager needed knowledge of the second victim phenomenon to determine the necessary action. Building close relationships with employees helped identify intervention needs. However,

TABLE 3 Participants' characteristics.

Demographic variables	Total ($N=16$)	Demographic variables	Total ($N=16$)
Gender		Healthcare experience	
Male	2 (12%)	5–9 years	0 (0%)
Female	14 (88%)	10–14 years	1 (6%)
Age		≥15 years	15 (94%)
30–39 years	3 (19%)	Management experience	
40–49 years	2 (12%)	1–4 years	3 (19%)
≥50 years	11 (69%)	5–9 years	5 (31%)
Education		10–14 years	3 (19%)
Management training (no degree)	4 (25%)	≥15 years	5 (31%)
Master's degree (university of applied sciences)	8 (50%)	Environment	
Master's degree (university)	4 (25%)	Emergency department	1 (6%)
		Intensive care unit	2 (12%)
		Obstetrics	1 (6%)
		Operating department	1 (6%)
		Paediatrics	3 (19%)
		Paramedics	2 (12%)
		Psychiatry	6 (39%)

recognizing these needs became challenging when second victims concealed their symptoms. It was advisable not to pressure employees but rather to encourage them to express their needs when ready.

> I am sure I do not recognise them all. Some can cover up if they have been there. But when you call or see them, it can suddenly be when they talk about all these things. Then it will be revealed that this happened, and then we will talk about the required help. (P7)

When action was required, the nurse manager offered support and coordinated interventions to aid in the employee's recovery. The conversations between the nurse manager and employee focused on alleviating burdens and reducing blame. Providing support to second victims was considered one of the primary responsibilities of the nurse manager.

> I assess and ask if the employee needs more support. And then, I arrange time for the conversation and management. (P8)

The nurse manager's compassionate and non-judgemental approach facilitated open and honest communication, reducing feelings of burden and blame. Normalizing the situation and creating an atmosphere free of fear or shame were additional benefits of the nurse managers' behaviour. However, it was acknowledged that the incident itself could not be minimized. The nurse manager encouraged the second victim to view the incident as a learning opportunity for the community and promoted a compassionate and secure atmosphere among colleagues.

> You need to be open and able to create a safe atmosphere. And that you can always come and talk to me. (P14)

In cases where support from the nurse manager and colleagues fell short, the nurse manager coordinated additional interventions. Awareness of available intervention options within the organization was essential. Understanding the specific nursing environment and existing patient safety risks was equally important. The nurse manager's comprehension of the significance of second victim support was crucial, gained through work experience, organizational support and further education in leadership and management. A university degree alone was insufficient, prompting a need for education in managing patient safety incidents, including courses in human resources management, crisis management and debriefing techniques. General knowledge of the healthcare system, workplace safety and relevant legislation was also essential for effective intervention coordination.

> Situational awareness and understanding of the work and the tasks are required, that you know how the situations are. (P15)

5.1.2 | Support received by the nurse manager

Nurse managers received support from various sources in managing support for nurses as second victims of patient safety incidents. Peers and the nurse director provided practical and emotional support through teamwork and regular meetings. Ward doctors, human resource specialists, security and patient safety specialists, and occupational healthcare services were available for guidance and counselling during patient safety incidents. The adequacy of the support was acknowledged, and nurse managers did not feel isolated.

> Occupational healthcare and occupational health and safety advisers help us, and the nursing director and even the consultant can come and try to help solve things. (P10)

5.1.3 | Challenges of support management

Nurse managers often found managing second victim support challenging, primarily due to the sensitive nature of the situation, including concerns about employee competence and potential career impact.

> Because it is a massive thing for me as well. And very scary. And things like this … Am I right, do I blame, and am I going to destroy someone's career? Have I done everything right? (P6)

Detecting potential second victim symptoms after patient safety incidents could be challenging due to daily workloads, physical distance and the number of employees. In cases like paramedics, remote work added to the challenge.

> We have such a large field here. The farthest employees are 100 kilometres away, which means I cannot see them. I can hear their voices, but I cannot see their faces. (P1)

Furthermore, coordinating interventions could be challenging due to shift work and a lack of incident awareness. Nurse managers often struggled to prioritize tasks, hindering their ability to provide expected interventions related to patient safety incidents. The volume of information could complicate communication about patient safety incidents. Nurse managers wanted information about intervention needs, even when not recognized. Additionally, nurse managers feel inadequate when trying to find solutions for all involved employees.

5.2 | Interventions to support second victims

5.2.1 | Existing interventions

The study identified various interventions to support nurses as second victims. These interventions are presented as a process, with

the elements depicted in Figure 1. The process began with the occurrence of the incident and ended with employee recovery. The order of implementation varied, tailored to each situation, and not all interventions were used in every incident.

Assessment of support needs

Recognizing the second victim's need for support was key to initiating the intervention process. The responsibility for this assessment fell to the charge nurse, and the initiative for support could come from the involved employee, colleague, or the nurse manager. Information about the need for support typically reached the nurse manager during working hours, with their active involvement in the work community aiding the identification of intervention needs. However, in the absence of the nurse manager, mutual trust was necessary to replace their continuous physical presence. In this context, trust implied that the employee possessed the autonomy to work independently while also maintaining an awareness that the manager remains accessible for assistance when required.

> It is mostly the employee who is panicking and expresses the need for support. Then, some colleagues may come and say: have you noticed that? So yes, they are taken care of by others. (P2)

Unofficial peer support

Peer support was considered the most critical intervention method following patient safety incidents. and it was widely recognized among healthcare professionals. They showed genuine concern for their colleagues' work well-being, and the need for support after challenging events was evident. Most participants believed that work communities could provide peer support independently of the nurse manager. Peer support and compassion effectively reduced the second victim's feelings of blame and it was considered feasible as it did not require special arrangements.

> It is probably the most important way to recover. The manager can offer some support, but the manager and employee are on the kind of different levels there anyway. (P8)

Incident investigation

Identifying the process leading to patient safety incidents played a crucial role in the intervention process. To determine the contributing factors, involved employees were interviewed by either the nurse manager or patient safety manager. The primary objective was to investigate process deviations to prevent incidents' recurrence and promote a comprehensive understanding of the incident while facilitating employee recovery. Documenting these details was essential to help nurses accurately recall the sequence of events, prevent misunderstandings and avoid escalating incidents into more significant issues. Implementing an anonymous incident reporting system was identified as an effective means to enhance documentation, promote patient safety and prevent the practice of individual blaming.

> Some come and say: yes, now I made a mistake, I will make an incident report. (P5)

Informing the patient or relatives

Participants highly valued the culture of openness in healthcare, considering it essential to disclose incidents to patients or their relatives. Conversations between the employee and the patient's family were seen as crucial for recovery, but emotionally intense. Therefore, participants recommended the presence of a nurse manager or ward doctor during these discussions.

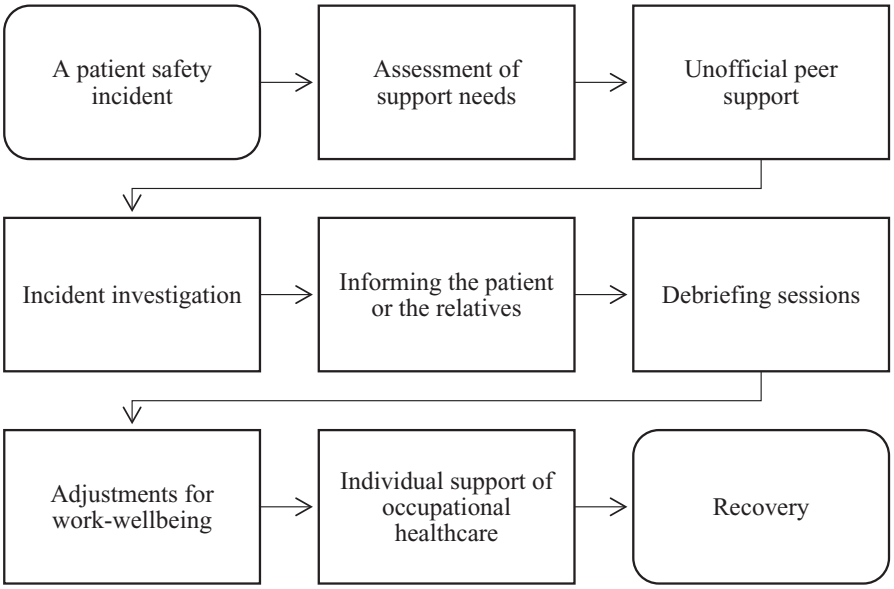

FIGURE 1 The process of supporting the second victim after a patient safety incident.

> At first, the nurse did not want to go there, but I am glad I persuaded the nurse to do it. Because it was also relieving for the nurse that we did it [together]. (P2)

Debriefing sessions

Debriefing sessions were recognized as effective interventions after patient safety incidents. They offered structured peer support and promoted a shared understanding of the incident. The nurse manager typically organized these sessions. While some participants questioned their necessity beforehand, others preferred an automatic organizational model, which refers to mandatory implemented instructions regarding the steps to be taken following a patient safety incident.

> I do not ask anymore, but I arrange it and announce when the session is … And that you do not have to start considering if you need the session or not. (P13)

A nurse manager, an in-house peer support group, or an occupational healthcare professional could conduct the supervision of sessions. Utilizing in-house personnel for this role was considered advantageous due to their ability to provide prompt and cost-effective support. Furthermore, in-house personnel were found to possess the expertise required to understand the unique context of the incident, which external professionals may lack. However, the impartiality of external supervision was also recognized as beneficial. Participants emphasized the preference for scheduling sessions promptly after incidents, as delays were perceived to hinder the effectiveness of interventions.

> For more severe cases, I have demanded that the support is external. (P13)

Adjustments for work well-being

In cases where employees lost the ability to work due to a patient safety incident, a brief period of sick leave was recommended to aid in recovery. Individualized work adjustments, such as job rotation and changes in shift planning, were used to support their return to work. In certain situations, patients who might serve as reminders of the incident were excluded from the care of second victims. Employees were occasionally relieved of their responsibilities for the remainder of their shift. These adjustments were intended to be temporary, focusing on promptly restoring employees to their regular duties. Employees who lacked home-based emotional support were advised not to leave the workplace alone at night. In some cases, the trauma's intensity was so overwhelming that it hindered the second victim's ability to resume work, leading to premature departures from the organization or profession.

> It would be terrible to send the second victim home if the employee has been traumatised. It would be easier to tell the employee to stay with us. (P1)

The external professionals providing support

In certain cases, external expertise was needed in addition to support from the nurse manager and peers. The amount of external expertise required is often correlated with the severity of the patient safety incident or the number of involved employees. Professionals from various domains, including occupational health and safety, work well-being unit, labour unions, security unit, crisis management, occupational healthcare and hospital chaplaincy, provided this expertise. Depending on the needs, individuals might also receive support from an occupational health nurse, doctor or psychologist.

> The telephone number that we use for debriefing calls is probably the occupational healthcare's number … But the professionals come from the hospital. Even the hospital chaplaincy is represented, and other educated employees are in that group. (P2)

5.2.2 | Operating models

Some participants recognized the presence of intervention guidelines in their organizations for handling patient safety incidents. These 'operating models' are prepared guidelines for following such incidents, helping coordinate interventions effectively. Despite various intervention options, nurse managers generally found the existing models satisfactory, but some emphasized the need for a consistent model. Some organizations had not yet established operating models. A structured model could ensure equal support for employees across healthcare organizations. Alternatively, some participants suggested customizing the models to suit different healthcare environments, considering unique field-specific needs like psychiatry, paramedics or operating departments.

> As I was watching these processes … like the teamwork, that everything we have here is surprisingly well and fine. (P3)

5.3 | Improving second victim support

5.3.1 | Developing practices

Participants were satisfied with intervention options for second victims of patient safety incidents but stressed the need for continuous development. Key areas for improvement included standardizing practices and establishing clear operating models for support interventions. Standardization would ensure equitable support for all employees, regardless of their organizational position. Currently, providing support after a patient safety incident largely relies on individual nurse managers' discretion.

> There can be well-acquainted nurse managers in some units who offer support for their employees. However, there can be a nurse manager at the unit nearby who does not understand anything about the support, so it puts employees in unequal positions. (P8)

Creating clear operating models can expedite the initiation of intervention processes, even without the nurse manager's presence, preventing second victims from feeling abandoned. Systematizing debriefing sessions ensures that employees receive proper support after patient safety incidents. In the future, the intervention process may become automated, eliminating the need for employees to request support, as relying solely on them has proven burdensome. Additionally, such models would aid in documenting patient safety incidents.

> A systematic way would probably be the most important. That, maybe there could be some kind of figure to help the management. (P6)

According to the participants, it is crucial to provide clear instructions for organizing debriefing sessions, including defining mandatory participation requirements. In the future, remote connections may facilitate participation, and healthcare units may collaborate to supervise the sessions. In-house peer support with relevant training could provide more timely support. At the same time, external supervision from personnel in another unit can offer an objective and context-based perspective, thereby reducing the negative impact of patient safety incidents on a single unit. However, external supervisors may sometimes lack a complete understanding of the context, making it challenging to comprehend extreme situations. Changes in the organizational structure can present both challenges and new opportunities for debriefing sessions.

5.3.2 | Developing an open and non-blaming patient safety culture

Efforts to promote incident reporting need reinforcement and management should embrace a more systematic approach. Employees should be empowered to identify practical solutions for preventing patient harm, and their involvement would support the implementation of these enhancements.

> I believe that the employees could commit better to the dated instructions if the guidance comes from colleagues instead of managers. (P1)

Inadequate communication was recognized as a major threat to patient safety, underscoring the need for communication improvements. Information about patient safety enhancements should be shared organization-wide and nationally to promote learning from one another.

> I am interested how different units manage patient safety incidents and how they are intervened. (P4)

Participants recognized the need for more information regarding interventions after patient safety incidents and improved coordination methods. Improved knowledge could aid in understanding the necessary support and requirements for patient safety improvements. Raising awareness of the second victim phenomenon and intervention options, such as incorporating them into the orientation programmes for nurses and nurse managers, would help identify support needs and enable intervention use before harm occurs to the affected employees.

6 | DISCUSSION

The presented study described nurse managers' perceptions of existing interventions to support nurses as second victims of patient safety incidents. Additionally, it described the management of interventions and ways to improve them. To our knowledge, this was the first study in this area, indicating limited knowledge on this topic. This highlights the importance of exploring this area since improving the support available to second victims can significantly impact staff well-being and patient outcomes.

The findings of this study emphasize the importance of managing interventions for second victims, including implementing preventive and supportive interventions for affected individuals. Nurse managers play a crucial role in supporting employees and coordinating additional interventions when necessary. Study participants displayed transformational leadership characteristics in their approach to second victims. Effective intervention management requires nurse managers' daily availability and encouragement for employees to prioritize patient safety. Consistent with previous studies (Christoffersen et al., 2020; Liukka et al., 2018), transformational leadership can facilitate the implementation of interventions for second victims by nurse managers.

The results of this study provide an opportunity to comprehend the existing interventions for second victims, allowing for the identification and standardization of best practices. The findings suggest that interventions for second victims are generally implemented effectively, but some variations exist. These variations may be attributed to factors such as incident type, available resources, nurse managers' work experience, and the perceived importance of the interventions. Successful implementation can be hindered by miscommunication, especially in situations involving changes in organizational structures or actions. Mokhtari et al. (2018) study identified issues in organizational culture and insufficient information as obstacles to interventions. However, our study findings suggest that integrating social and healthcare organizations and promoting multiprofessional and multidisciplinary collaboration may create new opportunities for implementing interventions for second victims.

Participants recommended standardizing instructions and ensuring consistent intervention quality for improved support management. Developing a structured intervention model is crucial to provide adequate support. According to McDaniel and Morris (2020), healthcare organizations are responsible for establishing effective programmes for supporting second victims and their ability to work.

Prior research has highlighted the need for clear guidance in supporting second victims due to its absence resulting in inconsistent support quality (Mokhtari et al., 2018). Furthermore, past studies have indicated that organizations employing operating models experience fewer errors, promoting a more effective patient safety culture (McDaniel & Morris, 2020). For instance, the RISE programme serves as a model for emotional peer support for second victims (Edrees et al., 2016). Implementing such systematic programmes in healthcare to raise awareness about the value of emotional support and programme availability is crucial, with nurse managers playing an essential role.

According to Liukka et al. (2020), Finnish healthcare planning should prioritize interventions after patient safety incidents to ensure adequate support. In Finland, there is a lack of operating models to guide second victim interventions. Although some instructions can be applied, a customized operating model is necessary to meet the unique needs of second victims (Choi et al., 2022). Developing structured operating models to ensure intervention coherence and quality could benefit both individual organizations and the national healthcare system. The absence of such models leaves nurse managers without adequate tools to address different scenarios. Therefore, this study proposes a support process for second victims that can serve as a framework for managing the situation (Figure 1).

The previous literature (Levine et al., 2020) emphasizes the significant role of nurse managers in influencing patient safety culture to prevent second victim effects. Nurse managers can engage nurses in developing a safety culture and influence their attitudes toward incident reporting. When nurse managers adopt an open and non-blaming approach, encouraging incident reporting, nurses are motivated to report incidents. According to the participants, the HaiPro incident reporting system has recently become an integral part of healthcare, promoting a positive patient safety culture, according to the participants. Furthermore, nurse managers play a crucial role in assessing the intervention needs of second victims. However, measuring the extent of harm can be challenging (Burlison et al., 2017). The participants were not familiar with any tools to assess intervention needs. Thus, developing the Second Victim Experience and Support Tool (SVEST) can address this issue by aiding in evaluating the need for and implementation of interventions (Burlison et al., 2017). Increasing awareness of the second victim phenomenon can facilitate a more comprehensive measurement of intervention needs. In 2022, the Finnish HaiPro incident reporting system was improved by incorporating a support needs assessment into the form. This improvement highlights the significance of recognizing the impact of patient safety incidents on healthcare providers and the need to provide appropriate support to the affected individuals.

This study highlights the imperative to raise awareness of the second victim phenomenon and available interventions for supporting affected individuals across all organizational levels, ensuring consistent and high-quality support. Furthermore, increasing awareness of the phenomenon can help reduce the stigma associated with incident reporting (Edrees & Wu, 2017). The findings reveal a lack of consensus among nurse managers on this phenomenon, potentially resulting in inadequate support. Thus, enhancing nurse managers' awareness and knowledge on this topic is crucial. During the study, participants reported an increased awareness of second victim support and recognized the need to enhance support for those affected by these incidents. One participant suggested incorporating this topic into orientation plans. Effective implementation of operating models and the provision of adequate information are other strategies to increase awareness.

Recognizing the importance of preventing patient safety incidents and improving interventions afterward is vital for the healthcare organization's well-being. Neglecting these aspects may harm the organization's reputation and reliability, potentially driving clients to seek alternative providers (Wu et al., 2020). Furthermore, employee involvement in second victim situations can reduce job satisfaction and weaken the quality of care, thereby increasing the risk of further incidents. Work satisfaction and well-being are critical factors influencing employees' willingness to remain in the profession. Inadequate support following patient safety incidents can lead to leaving the profession prematurely and significant societal costs (Heiss & Clifton, 2019). Conversely, providing sufficient support can prevent harm and foster a more positive work environment.

7 | STRENGTHS AND LIMITATIONS

This study's strength lies in providing new insights into the second victim phenomenon, which has been underexplored in both Finland and internationally, from the perspective of nurse managers. Participants were recruited from three university hospital districts, covering a significant portion of Finnish university hospital district areas to obtain a more comprehensive understanding of the phenomenon. However, the sample size was relatively small and mainly concentrated in metropolitan areas, potentially limiting the generalizability of the findings. Including participants from diverse work environments enriched the data by bringing various perspectives to the study. The use of remote interviews, facilitated by the ongoing COVID-19 pandemic, made it easier for the author to access participants despite physical distance and proved cost-effective.

Although data saturation was achieved during the interviews, the study's sample selection was based on permit applications, not sampling saturation. The sample included only two men, and it is important to note that different genders may experience emotional situations differently in their work. For instance, studies have shown that women often react more strongly to patient safety incidents than men (Van Gerven, Bruyneel, et al., 2016). Participation was voluntary, and participants' interest in the phenomenon might have influenced their enrolment in the study. The interviews were conducted in Finnish, and the quotations were translated into English. It is possible that expressions may not fully capture the original meaning, even though the authors are native Finnish speakers and fluent in English, and translations were done with care.

The reliability and validity of the findings may be limited because they rely on the researcher's data interpretation. In this study, a single author conducted the data analysis, including coding, which could be influenced by the author's personal biases, assumptions and beliefs, potentially affecting objectivity. However, data analysis and findings were reviewed within the research group, enhancing the findings' strength. The research topic was chosen based on the researcher's interest and her consideration of the importance of recognizing and responding to the phenomenon. These factors, along with the first author's professional background and experience as a registered nurse and nurse manager, could have influenced the interpretations.

8 | CONCLUSIONS

This study offers unique insights into nurse managers' perspectives, contributing a new dimension to the existing knowledge on this topic. It presents an opportunity to explore available interventions for nurses as second victims of patient safety incidents and to identify and consolidate best practices. Nurse managers are crucial in supporting second victims and coordinating additional interventions. A structured operating model for intervention management is essential to ensure consistent support. The study proposes a process for supporting second victims that can serve as a framework for managing the situation and identifying appropriate interventions that can be customized for various contexts. Increasing awareness of the second victim phenomenon and the available intervention at all organizational levels is vital to support affected employees. This increased awareness could facilitate the implementation of appropriate support measures and minimize adverse effects on nurses' job satisfaction and well-being, potentially reducing the risk of premature career exits.

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CONFLICT OF INTEREST STATEMENT

Authors declare no conflicts of interests.

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Research data are not shared.

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