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ADMINISTRATIVE INFORMATION**Support** - NA.**Review Stage at time of this submission** - Preliminary searches.**Conflicts of interest** - None declared.**INPLASY registration number:** INPLASY202620049

Amendments - This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 14 February 2026 and was last updated on 14 February 2026.

INTRODUCTION

Review question / Objective This scoping review aims to explore the existing evidence on: What is the spectrum and characteristics of support strategies implemented for nurses who experience second victimhood in healthcare settings globally?

Breakdown by PCC Elements

P (Population): Nurses who experience second victimhood. This includes registered nurses, clinical nurses, and other nursing professionals across all healthcare specialties who have been involved in an unanticipated adverse patient event, medical error, or other traumatic clinical experience and suffer psychological or professional distress as a result.

C (Concept): Support strategies. This encompasses the full range of interventions, programs, policies, and practices designed to mitigate the negative impact on second victims.

The review will map strategies across different levels (e.g., individual peer support, formal institutional programs, organizational policies) and temporal phases (e.g., immediate/acute response, intermediate support, long-term systemic integration).

C (Context): Healthcare settings globally. The review will consider evidence from various healthcare environments (e.g., hospitals, primary care clinics) and geographical/cultural contexts to understand the applicability and reported outcomes of different support strategies.

Background The phenomenon of the "second victim" is increasingly recognized as a critical issue within healthcare systems worldwide. It refers to healthcare professionals who experience significant psychological, emotional, and professional distress after being involved in an unanticipated adverse patient event, medical error, or other traumatic clinical experience. These individuals, while not physically harmed, become "second" victims of the incident, often suffering

from profound feelings of guilt, shame, anxiety, depression, and fear of professional repercussions. This distress can lead to burnout, reduced job satisfaction, impaired clinical performance, and even attrition from the profession, ultimately threatening patient safety and workforce stability. Among healthcare providers, nurses are particularly vulnerable to becoming second victims. They are consistently at the frontline of patient care, intimately involved in high-risk procedures and complex clinical decisions. Their role entails a heavy emotional burden and close patient relationships, making them acutely susceptible to the trauma following an adverse event. Furthermore, nursing culture, which often emphasizes resilience and perfection, can inadvertently stigmatize error and discourage help-seeking, leaving nurses to cope in isolation. The cumulative impact on individual nurses and the nursing workforce represents a significant yet often unaddressed challenge for healthcare organizations.

In response, various support strategies have been proposed and, to some extent, implemented. These range from informal peer support and formal psychological counseling to institutional crisis response teams and system-wide policy changes. However, the existing landscape of support is frequently described as fragmented, reactive, and inconsistent. Many interventions focus on immediate, individual-level crisis management without integrating into a sustainable, organizational framework. There is a notable gap between the recognition of the problem and the development of cohesive, multidimensional support systems that guide healthcare institutions from initial post-event response to long-term cultural and systemic integration of support structures.

A comprehensive mapping of the full spectrum of available evidence is a necessary first step to address this gap. A scoping review is the most appropriate methodology to systematically chart the breadth and nature of existing support strategies for nurse second victims. By synthesizing literature across different healthcare contexts and levels of intervention, this review will clarify key concepts, identify dominant models, and reveal critical knowledge gaps. The findings will provide the foundational evidence required to inform the subsequent development of a practical, integrated framework for supporting nurses—from immediate intervention to systemic integration—thereby contributing to nurse well-being, retention, and enhanced patient safety culture.

Rationale The rationale for this scoping review is grounded in the urgent need to address a critical

yet inadequately systematized challenge in healthcare: the profound and often unmitigated impact of adverse events on the nursing workforce. While the concept of the "second victim" is established, a significant gap exists between recognizing this phenomenon and implementing effective, cohesive support systems. This review is necessary to map and synthesize the disparate evidence, thereby providing a foundational blueprint for developing integrated support frameworks.

Firstly, nurses are uniquely and disproportionately vulnerable. Their frontline, continuous patient contact places them at high risk for exposure to traumatic clinical events. The subsequent psychological trauma—manifesting as guilt, anxiety, and burnout—not only harms individual well-being but also jeopardizes patient safety through reduced performance and increased turnover. Despite this, nursing culture and systemic structures often lack formalized mechanisms to address this distress, leaving nurses to cope in isolation. A focused synthesis on nurses is therefore imperative, as generic healthcare worker studies may overlook the profession-specific barriers and needs.

Secondly, the current landscape of support strategies is fragmented and inconsistent. Existing literature reveals a patchwork of interventions, ranging from informal peer debriefing to institutional employee assistance programs. However, these efforts are frequently described as reactive, isolated, and poorly integrated into the organizational fabric. A critical gap is the lack of a clear, evidence-informed pathway that connects immediate, individual-focused interventions with long-term, systemic cultural change. Without a comprehensive map of what strategies exist, at what levels (individual, unit, organizational), and with what reported outcomes, healthcare institutions lack the guidance to move from ad-hoc responses to a sustainable, multi-tiered support ecosystem.

A scoping review methodology is the essential first step to address this gap. Systematic reviews typically assess the effectiveness of defined interventions, but the field of second victim support is not yet mature enough for such a focused synthesis. The evidence is diverse, encompassing qualitative studies, program descriptions, policy analyses, and conceptual models. A scoping review is ideally suited to systematically chart this breadth of literature, clarify key concepts, identify the types of available strategies, and reveal critical knowledge gaps. It will answer the foundational question: What is

known about the spectrum of support strategies for nurse second victims?

By mapping the evidence, this work will create a necessary precondition for the next step: constructing a practical, integrated framework. This proposed framework aims to guide the development of support systems that are both immediately responsive to the acute crisis of the individual and proactively integrated into organizational policies and safety culture. The findings will empower healthcare leaders, policymakers, and clinicians with a consolidated evidence base to design, implement, and evaluate comprehensive support programs, ultimately fostering nurse resilience, retaining vital expertise, and strengthening the overall safety culture of healthcare institutions.

METHODS

Strategy of data synthesis A systematic search will be performed across nine electronic databases: PubMed, scopus, Web of Science, and EBSCO Psycarticle, EMBASE, CNKI, VIP,Wanfang database, Sinomed. It combined controlled vocabulary (e.g., MeSH terms) and keywords related to three core concepts: (1) the second victim phenomenon, (2) the nursing population, and (3) adverse events. Reference lists of key articles and relevant reviews were hand-searched to identify additional studies.

The study selection process involve two stages of screening conducted independently by two reviewers. All retrieved records will be imported into Endnote21 for management.

Eligibility criteria

Inclusion Criteria

Population: Studies focusing on registered nurses, clinical nurses, or nursing professionals who have experienced second victimhood (distress following involvement in an adverse patient event, medical error, or traumatic clinical incident).

Concept: Studies that describe, evaluate, implement, or conceptualize any form of support strategy, intervention, program, or policy aimed at mitigating the impact on nurse second victims. This includes individual, peer, team, organizational, or system-level strategies.

Context: Studies conducted in any healthcare setting (e.g., hospital, primary care) globally.

Study Design: Primary study, including but not limited to: quantitative, qualitative, and mixed-methods primary studies.

Publication Type: Peer-reviewed journal articles, theses/dissertations, and relevant grey literature (e.g., organizational reports).

Timeframe & Language: No date restrictions will be applied initially to map the entire evidence field. Only studies published in English will be included due to resource constraints.

Exclusion Criteria

Studies where the population do not include nurses.

Studies that solely describe the phenomenon, prevalence, or symptoms of second victimhood without addressing support strategies.

Studies not published in English.

Studies for which the full text is unavailable.

Source of evidence screening and selection

The selection of sources will be conducted in two consecutive stages: 1) title and abstract screening, and 2) full-text review. This process will be managed using EndNote to facilitate organization and collaboration.

Initial Screening (Title & Abstract):

All records identified from the database searches will be imported into the chosen software, and duplicates will be removed automatically and manually verified. Two independent reviewers will screen the titles and abstracts of all unique records against the predefined eligibility criteria (inclusion/exclusion). Records will be labeled as "Include," "Exclude," or "Uncertain." Records marked "Include" or "Uncertain" by either reviewer will proceed to the full-text review stage.

Full-Text Review:

The full-text articles for all records advancing from the initial screen will be retrieved. Two independent reviewers will assess each full-text article against the same eligibility criteria. At this stage, reviewers will document the specific reason for exclusion for any article that does not meet the criteria. A final list of included studies will be generated upon completion of this stage. Procedures for Solving Disagreements Between Reviewers A pre-defined process will be followed to ensure consistency and resolve any discrepancies that arise during both screening stages:

Primary Resolution: Any disagreement between the two independent reviewers at either the title/abstract or full-text stage will first be discussed between them. They will re-examine the record or article together, refer back to the protocol's eligibility criteria, and attempt to reach a consensus. **Arbitration by a Third Reviewer:** If the two primary reviewers cannot reach a consensus through discussion, the disputed record will be referred to a third reviewer (a senior member of the research team). The third reviewer will independently assess the record and make a final, binding decision regarding its inclusion or exclusion.

Data management Data from all included studies will be extracted using a standardized form developed for this review. The form captured: Bibliographic details (authors, year, title, journal). Study characteristics (country, design, methodology). Population details (sample size, specific nurse subgroup). Intervention/Strategy description (name, core components, delivery). Key findings related to feasibility, acceptability, or effectiveness. Reviewer classification of the primary support dimension addressed and key enabling elements (e.g., confidentiality, managerial role, system integration).

Reporting results / Analysis of the evidence

Extracted data will be analyzed using both quantitative and qualitative content analysis. First, a descriptive numerical summary of the evidence (e.g., publication years, countries, study designs) will be presented. Second, an inductive thematic analysis will be conducted on the extracted intervention descriptions and findings.

Presentation of the results The findings will be synthesized narratively and presented in a summary table.

Language restriction English and Chinese.

Country(ies) involved China.

Other relevant information None.

Keywords Second victim; Nurses; Support strategies; Scoping review; Healthcare system.

Contributions of each author

Author 1 - Linlin XIE - Conceptualized and designed the study, developed the search strategy, performed data extraction/analysis, drafted the manuscript, and coordinated the project.

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Author 2 - Bei Yang - Participated in study design, independently performed literature screening and data extraction, contributed to data analysis, visualization, and manuscript revision.

Author 3 - Qin Zeng - Provided supervision, resources, and oversight for the entire research process, conducted final review and editing of the manuscript, and is responsible for correspondence and submission.