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Review Article

The second victim phenomenon in Latin America: a scoping review

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Highlights: (1) The second victim is the professional affected by an unexpected adverse event. **(2)** The alterations are psychological, physical, and related to professional performance. **(3)** Support measures are provided by colleagues, supervisors, and institutional actions. **(4)** Coping strategies contribute to the recovery of second victims. **(5)** There are no publications on support programs for second victims in Latin America.

Objective: to map the existing evidence on the phenomenon of second victims in Latin American countries. **Method:** an exploratory review was carried out according to guidelines from the Joanna Briggs Institute, including studies on the second victim phenomenon among health personnel and health students in Latin America. The search was performed on the Scopus, PubMed, Ebsco, ProQuest, Journal Storage, Virtual Health Library and Google Scholar databases. Quantitative, qualitative, mixed, editorial, and case reports published between 2014 and 2025 in English, Spanish, and Portuguese, were considered. **Results:** 25 studies were included, most of them conducted in Brazil (52.0%), which focused on a range of healthcare professionals and students. The main psychological consequences included guilt, recurrent thoughts and sleep disturbances. The lack of studies on structured support programs in Latin America is a highlight. **Conclusion:** the second victim phenomenon is frequent in Latin America, predominantly impacting psychological aspects on health personnel. Lack of regional interventions underscore the need for specific support programs, highligthing the importance of coping strategies and institutional support to strengthen patient well-being, retention, and safety culture.

Descriptors: Psychological Stress; Health Personnel; Adverse Events; Patient Safety; Latin America; Scoping Review.

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Introduction

By 2030, the number of healthcare professionals is estimated to reach 18 million, predominantly in low- and lower-middle-income countries[1-2], due to population aging, greater demand for care and the increase in chronic diseases[3]. Moreover, personnel shortage was aggravated by the 115,000 deaths left by the COVID-19 pandemic and by the international migration of healthcare professionals to high-income countries, which perpetuates health care inequalities in regions with fewer resources such as Latin America[1-2]. In low and middle-income countries, health systems typically operate under precarious working conditions that include work overload, low wages and insecure environments, which contribute to greater health workforce shortages and turnover compared to high-income countries[1-2]. Thus, promoting personnel training and offering them better working conditions, such as fair wages, safe conditions, emotional support and professional development opportunities, is essential to encourage professional retention[1-2].

The recognition of the second victim (SV) phenomenon plays a fundamental role in health personnel retention, since several studies have shown that being a SV significantly predicts absenteeism and a greater intention to rotate[4-5]. This phenomenon refers to when healthcare professionals experience emotional and/or physical alterations due to involvement in an adverse event (AE)[6-8]. Main alterations include sleep disorders, shame, guilt, depression or desire to leave the profession[7-9], and more serious problems such as post-traumatic stress[10-11], suicide attempt[7,12] and substance abuse[13-14]. Despite the multiple strategies already implemented to prevent AEs during health care[15], they will continue to occur and knowing the prevalence and characteristics of this phenomenon is important to design strategies that promote personnel resilience and prevent professionals from abandoning their duties. Evidence on the SVs phenomenon comes mainly from Asia[16-18], the United States of America (USA)[8-9,19-20] and Europe[6,8,11,21-22] where its prevalence ranges from 25% to 45.2%[8,23]. In Latin America, where the gap in health personnel is greater[2], no reviews synthesizing the available evidence on this topic were identified. According to the United Nations Economic Comission for Latin America and the Caribbean (*Comisión Económica para Latinoamerica y el Caribe* –CEPAL), inequalities in access to health and quality of care generate work contexts that can worsen the difficulties faced by health systems[24]. Given this scenario, a recent PAHO document highlighted that the chronic shortage of health professionals in Latin America and the Caribbean is escalated by job insecurity, the absence of psychosocial support and limited occupational psychological security, factors that affect personnel retention[25]. Moreover, absenteeism and job abandonment resulting from SV phenomenon[4] further deepens the shortage of qualified personnel, increasing the operational difficulties of the region's health systems. In this scenario, making the existence of this phenomenon visible in the sociocultural context can be a key step to generate official data on the magnitude of this problem, thereby promoting policies aimed at staff retention and the creation of work environments with greater emotional and psychological security. A preliminary search on international registries of review protocols—Open Science Framework (OSF) and PROSPERO—retrieved no studies published or registered with an equivalent approach, underscoring the absence of systematized background on this topic which justifies the relevance of this review. Thus, this study mapped the existing evidence on the SV phenomenon in Latin American countries. This will allow us to identify research gaps and provide evidence for more precise and contextualized policymaking and intervention programs.

Method

Type of study

A scoping review was conducted following the Joanna Briggs Institute (JBI) guidelines[26] and the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR 2020 report)[27]. Scoping reviews seek to map and summarize evidence by identifying gaps in knowledge or research[26], thus constituting an appropriate methodology for evaluating, understanding and mapping the extent of a given field. This study presents evidence on the SV phenomenon in Latin America. The review's protocol was registered on OSF under the title: Second victim in Latin America[28]: doi 10.17605/osf.io/q6sh.

Research question

The question was structured using the population, context and concept (PCC) framework[26]. Regarding population (P), the studies included healthcare

professionals affected by an AE or unintentional medical error working in any area of the health care system, including students. The context (C) focused on publications whose participants were from Latin America, that is, countries in the Americas where languages derived from Latin (Spanish, Portuguese or Latin) are spoken[29]. This review adopted the concept (C) of SV proposed by the ERNST (European Researchers' Network Working on Second Victim) group, that is, any care worker negatively impacted by being involved, directly or indirectly, in an unforeseen adverse event, involuntary medical error or patient injury[30]. Our guiding question was formulated: what evidence exists in the literature on the SV phenomenon among healthcare professionals and health sciences students in Latin American countries, as defined by the ERNST group?

Eligibility criteria

Eligible articles included quantitative studies, qualitative studies, mixed designs, editorials, case reports and theses, when they had field data collection. Conference reports, conference abstracts and news summaries were excluded. Previous reviews identified were not included as primary sources because the aim was to map the primary literature. Following the JBI guidelines[31], they were considered only as a complementary input for the discussion and to verify references of potentially relevant studies not retrieved in the initial search. The analysis period included articles published between 2014 and 2025, selected with the purpose of covering a sufficiently recent time frame to ensure the inclusion of up-to-date and pertinent literature on the researched topic.

Search strategies

Our search strategy (Figure 1) followed the three-phase approach recommended by JBI[31]: an initial limited search in relevant databases (PubMed-Scopus) to identify keywords and indexing terms; a second phase that expands the search by incorporating these terms in all the aforementioned databases; and a third phase that manually examines the references of retrieved studies to locate additional sources.

Between September and October 2024, with an update in July 2025, bibliographical search was conducted on seven electronic databases: Scopus, PubMed, Ebsco, ProQuest, Journal Storage (JSTOR), Virtual Health Library (BV) and Google Scholar. The descriptors used were (second victim) AND (adverse event) OR (medical error). In all cases, the context was added to the conceptual terms to limit the search to studies published in Latin America. Through the authors' affiliations, the term "Latin American" was searched with the OR followed by the names of the countries under study, namely: Argentina, Chile, Uruguay, Brazil, Colombia, Bolivia, Paraguay, Peru, Ecuador, Venezuela, Costa Rica, Cuba, El Salvador, Guatemala, Honduras, Nicaragua, Panama, Puerto Rico, Dominican Republic, Mexico. Finally, the search was restricted to studies published between 2014 and 2025.

Database	Search strategy
PubMed	("second victim"(Title/Abstract] OR "second victims"[Title/Abstract]) AND ("Mexico"[Affiliation] OR "Panama"[Affiliation] OR "Puerto Rico"[Affiliation] OR "Dominican Republic"[Affiliation] OR Nicaragua"[Affiliation] OR "Honduras"[Affiliation] OR "Guatemala"[Affiliation] OR "El Salvador"[Affiliation] OR "Cuba"[Affiliation] OR "Costa Rica"[Affiliation] OR "Venezuela"[Affiliation] OR "Peru"[Affiliation] OR "Ecuador"[Affiliation] OR "Colombia"[Affiliation] OR "Brazil"[Affiliation] OR "Uruguay"[Affiliation] OR "Paraguay"[Affiliation] OR "Bolivia"[Affiliation] OR "Chile"[Affiliation] OR "Argentina"[Affiliation]) AND ("2000/01/01"[Date - Publication] : "2025/07/31"[Date - Publication])
BVS	("segunda victima") OR ("second victim") Límites: País de afiliación: Brasil , Argentina; Colombia; Chile
CINAHL (EBSCO)	S1: TI ("second victim") OR AB ("second victim"). Limiters - Hidden NetLibrary Holdings Expanders - Apply equivalent subjects Subject Geographic - Chile OR Argentina OR Brazil OR Costa Rica
ProQuest	"second victim" AND (location("Argentina") OR location("Chile") OR location("Uruguay") OR location("Brazil") OR location("Colombia") OR location("Bolivia") OR location("Paraguay") OR location("Peru") OR location("Ecuador") OR location("Venezuela") OR location("Costa Rica") OR location("Cuba") OR location("El Salvador") OR location("Guatemala") OR location("Honduras") OR location("Nicaragua") OR location("Panama") OR location("Puerto Rico") OR location("Dominican Republic") OR location("Mexico"))
JSTOR	("second victim" OR allintitle:("segunda víctima" OR "segunda victima" OR "segundas víctimas" OR "segunda vítima" OR "segundas vítimas")) AND (disciplines:("Health Policy" OR "Health Sciences" OR "Latin American Studies" OR "Management & Organizational Behavior" OR "Psychology" OR "Public Health"))

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Database	Search strategy
Scopus	Title-abs-key("second victim") AND (affilcountry("Mexico") OR affilcountry("Panama") OR affilcountry("Puerto Rico") OR affilcountry("Dominican Republic") OR affilcountry("Nicaragua") OR affilcountry("Honduras") OR affilcountry("Guatemala") OR affilcountry("El Salvador") OR affilcountry("Cuba") OR affilcountry("Costa Rica") OR affilcountry("Venezuela") OR affilcountry("Peru") OR affilcountry("Ecuador") OR affilcountry("Colombia") OR affilcountry("Brazil") OR affilcountry("Uruguay") OR affilcountry("Paraguay") OR affilcountry("Bolivia") OR affilcountry("Chile") OR affilcountry("Argentina")) AND pubyear > 1999
Google Scholar	("second victim" OR "segunda víctima" OR "segunda victima" OR "segundas víctimas" OR "segunda vítima" OR "segundas vítimas") AND (Argentina OR Chile OR Brazil OR Colombia OR Mexico OR Uruguay OR Paraguay OR Bolivia OR Peru OR Ecuador OR Venezuela OR "Costa Rica" OR Cuba OR "El Salvador" OR Guatemala OR Honduras OR Nicaragua OR Panama OR "Puerto Rico" OR "Dominican Republic") Limites: 2000-2025

Figure 1 - Search strategies used. Buenos Aires, Argentina, 2025

Selection of articles

The search results were imported into the Covidence platform, a web-based collaborative software platform that streamlines the production of systematic reviews and other types of literature[32]. Three researchers independently checked titles and abstracts against the inclusion criteria. Subsequently, two researchers independently evaluated the selected full texts based on the established criteria. In case of disagreements, a third reviewer resolved the issue. All three evaluators received training in the methodology used, had a background in research on the SV phenomenon and previous healthcare experience and knowledge of health systems. The information was compiled in the PRISMA-ScR diagram[27].

Data extraction and synthesis

Using the Covidence platform, data were extracted independently by two reviewers, including the following: general information (year, country where the study was developed, type of publication, type of study, general objective), data on the context of publication (number and characteristic of participants: profession, field of professional practice), the consequences for professionals, the support measures received and the coping strategies reported. All included studies underwent data extraction. A quality analysis of the included articles was not performed, as per the JBI methodology for scoping reviews[26]. Tables 1 and 2 and Figure 3 summarize the analysis results, which are presented using a narrative approach to achieve the proposed objective.

Ethical aspects and use of artificial intelligence

This research followed the principles of the Declaration of Helsinki. The authors declare the use of ChatGPT-4 for the order of references, according to journal instructions, and to summarize some very long paragraphs. Manuscript creation and editing is exclusive to the authors.

Results

Of the 254 articles imported, 39 were duplicates and therefore excluded. After examining the title and abstract of the remaining 215 papers, 177 were excluded for not meeting the inclusion criteria. Subsequently, a full-text reading of the remaining articles excluded another 13 papers, totaling 25 studies included. Figure 2 presents the study selection flowchart.

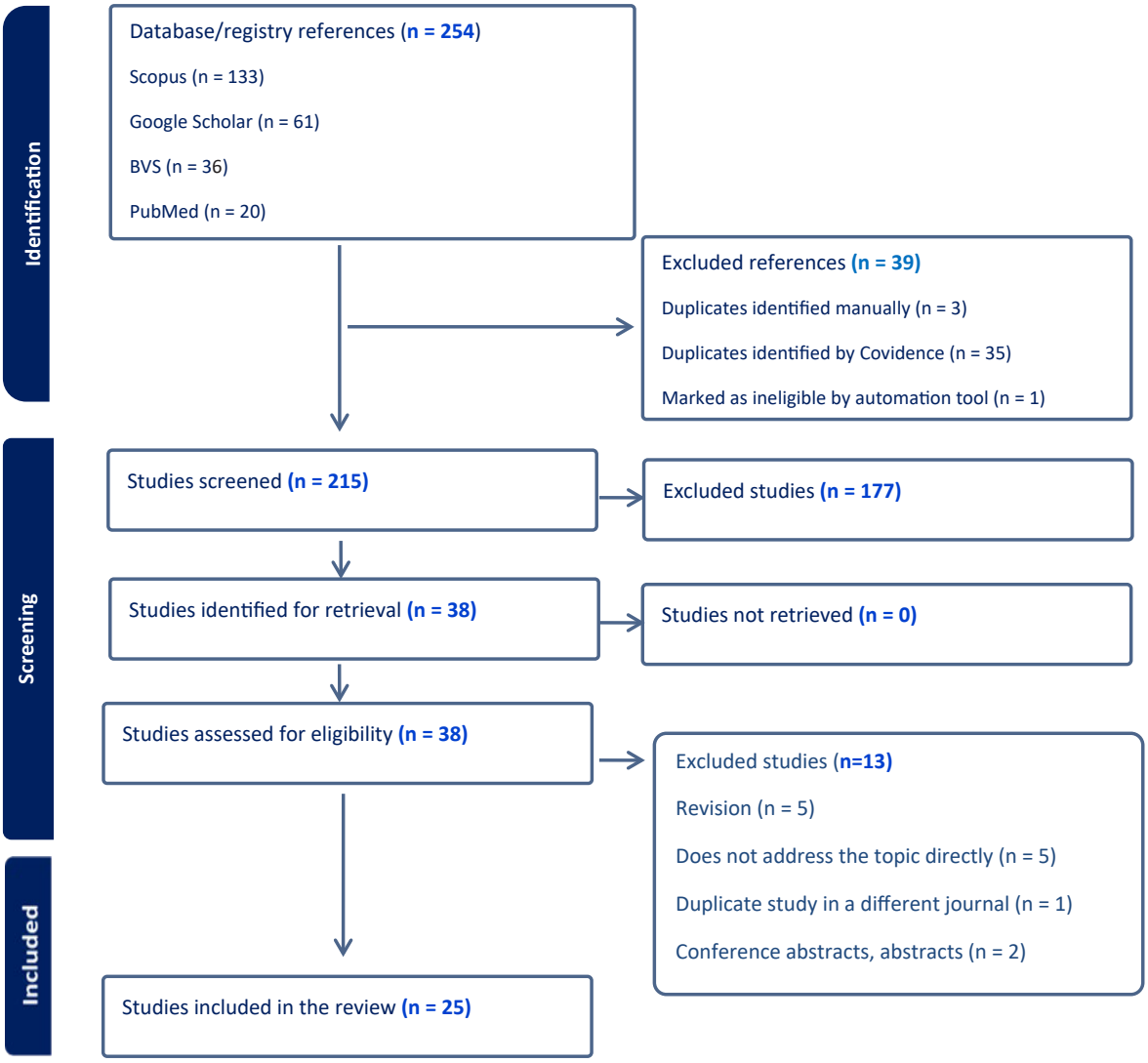

Figure 2 - Study selection flowchart. Buenos Aires, Argentina, 2025

Study characteristics

Table 1 presents the general characteristics of the studies. Brazil was responsible for 52.0% of the studies (n=13)[33-45]. Regarding study population, some articles address different health professionals in the same research (36.0%; n=9)[36,41,46-52] or exclusively nursing personnel (40.0%; n=10)[35,37-39,42-44,53-55] whereas two studies focus on nursing students as SVs[40,45]. Publications on the topic increased since 2022 (Table 1).

Table 1 - Study characteristics. Buenos Aires, Argentina, 2025

Variable	N* (%)†
Country	
Brazil	13 (52.0)
Argentina	5 (20.0)
Chile	3 (12.0)
Colombia	2 (8.0)
Ecuador	2 (8.0)

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Variable	N* (%)†
Publication type	
Original article	17 (68.2)
Thesis	4 (16.0)
Comment	2 (8.0)
Editorial	1 (4.0)
Other: National Guide	1 (4.0)
Study design	
Quantitative	11 (44.0)
Qualitative	9 (36.0)
Mixed	1 (4.0)
Not a research study	4 (16.0)
Year	
2018	1 (4.0)
2019	2 (8.0)
2020	1 (4.0)
2021	2 (8.0)
2022	6 (24.0)
2023	7(28.0)
2024	5 (20.0)
2025	1 (4.0)
Professionals in study	
Nurses	10 (40.0)
Health Professionals	9 (36.0)
Other	3 (12.0)
Not applicable	3 (12.0)

*N = Absolute frequency; †% = Relative frequency

Within the included studies, 44.0% (n=11) use a quantitative approach. Of the 11 quantitative studies[36,41,43-44,46-50,53,55], seven use the Second Victim Experience and Support Tool (SVEST) as a data collection tool[35,40,44,46-47,53,55], two studies developed *ad hoc* instruments and the remaining two articles[43,48] take pre-existing instruments and modify them for their own research purposes[49-50]. SV was assessed by individual self-reporting in 10 studies[40,43-44,46,48-49,52-53,55], with the remaining one inquiring about the experience of others in the workplace[50]. The analysis identified one publication offering a National Guideline[52] for SV care, but detected no study that reported care programs aimed at SVs.

Second victim: consequences, coping strategies and perceived support

Study results are reported in three areas: those that mention the consequences for SV, those that present the coping strategies and those that report the support measures perceived by the professionals. Figure 3 describes the articles included in this review.

Country	Year	First author	Publication type	Study focus	Type of study	Objective	Population	n*	Main results
Argentina	2018	Brunelli MV[55]	Original article	Quantitative	Psychometric study of cross-cultural adaptation	To carry out the cross-cultural adaptation of the SVEST† and to evaluate the psychometric characteristics in the Argentine population.	Nurses	452	82% declared the mistake after it was made. SVEST† is used, with the psychological dimension being the most affected in the participants. Validation is presented by showing the Spanish version of the SVEST†.
	2019	Brunelli MV[56]	Comment	Comment	Not applicable		Not applicable	-	Health care professionals are negatively impacted after an AE‡. There are not enough support mechanisms.
	2021	Rocabado CN[57]	Original article	Qualitative	Exploratory	To explore the perspectives of surgical instrumentators identified as second victims	Surgical technician	3	Anguish and guilt are described after an AE‡. Lack of communication and adherence to protocols are described as causes of AEs‡.
	2023	Brunelli MV[46]	Original article	Quantitative	Analytical cross-sectional	Characterize the phenomenon of second victims and know the perceived support measures	Health professionals	1190	56% made a mistake and psychological symptoms (SVEST†) predominate. They perceive more support from family and friends.
	2024	Brunelli MV[51]	Original article	Qualitative	Fenomenological	To explore the experience of second victims in professionals in Argentina.	Health professionals	7	The second victim experience occurs in a dynamic environment where organization and environment are important to deal with AE‡.
Brazil	2019	Bohomol E[33]	Comment	Not applicable	Not applicable		Not applicable	-	There is a lack of knowledge of the term second victim and professionals fear punitive measures after an AE‡.
	2020	Tartaglia A[34]	Editorial	Not applicable	Not applicable		Not applicable	-	It defines the second victim phenomenon in any health professional and emphasizes the need for support.
	2021	Souza VS[35]	Original article	Qualitative	Exploratory	To understand the experience of judicialization after an error from the perspective of the nursing professional.	Nurses	2	Lack of institutional support aggravates the symptoms of second victims such as a sense of injustice and frustration.
	2022	De Sordi LP[36]	Original article	Quantitative	Psychometric study of cross-cultural adaptation	To adapt and cross-culturally analyze the evidence of content validity of the SVEST† for the Portuguese language spoken in Brazil.	Health professionals	30	SVEST† is a valid and reliable tool in the Brazilian context.
	2022	Quadros DV[37]	Original article	Qualitative	Exploratory	To describe the support received by the second victim in the falls of hospitalized adult patients from the perspective of the nursing team.	Nurses	21	Feelings of guilt and distress predominate after AE‡. Little support from the institution and support from family and friends stands out.
	2022	Quadros DV[38]	Original article	Mixto	Mixed	It analyzes the falls of hospitalized adults and their impact on nurses as second victims.	Nurses	21	Professionals involved in fall events experienced feelings of guilt, fear, anguish, and helplessness.

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Country	Year	First author	Publication type	Study focus	Type of study	Objective	Population	n*	Main results
Brazil	2022	Ribeiro RN[39]	Thesis	Qualitative	Exploratory	To analyze the strategies adopted by nursing managers for the support of the second victims in the context of the coronavirus pandemic.	Nurses	8	The institution and nursing supervisors should provide support to professionals after an AE‡.
	2022	Tavares APM[40]	Original article	Qualitative	Exploratory	Map the factors that are involved in incidents with harm and that contribute to the phenomenon of second casualty among nursing students.	Students	23	Multiple factors influence the prevalence of AE‡. Students of health careers must be educated in patient safety.
	2023	Lima APA[41]	Thesis	Quantitative	Psychometric study of cross-cultural adaptation	Translate and adapt the SVEST-R§ into Brazilian Portuguese.	Health professionals	146	The adaptation of the instrument was successful for the Brazilian context.
	2023	Silveira SE[42]	Original article	Qualitative	Exploratory	Understand the impacts on nursing professionals as the second victim of patient safety incidents	Nurses	20	Nurses after an AE‡ experience guilt, anxiety, and decreased professional confidence, which can compromise their well-being and the quality of care they provide.
	2024	Alevi JO[43]	Original article	Quantitative	Analytical cross-sectional	To describe the prevalence of newly graduated nurses as second victims of adverse events and to know the conditions of support received in health institutions.	Nurses	138	After an AE‡, 94.6% experienced emotional distress, including feelings of frustration, guilt, sadness, stress, inadequacy, shame, and insecurity in the performance of their job duties.
	2024	Rodrigues FM[44]	Original article	Quantitative	Descriptive	To understand nursing professionals' experience and perceptions of second victims.	Nurses	46	Men showed greater psychological distress and interest in support measures. The support of colleagues was the most desired.
	2024	Abrantes M[45]	Original article	Qualitative	Exploratory	To understand the perception of nursing students about the phenomenon of second victim.	Nurses students	29	They did not know the term or its implications. They stressed that the issue is not discussed and there are no known strategies for coping with it.
Chile	2022	Mallea Salazar F[47]	Original article	Quantitative	Analytical cross-sectional	To determine the relationship between the consequences of an AE‡ on second victim and the quality of the support measures perceived in public and private health institutions in the Metropolitan Region of Chile during the second half of 2018.	Health professionals	301	After an AE‡, 73% identified themselves as a second victim. A significant inverse relationship was found between the quality of perceived support and the psychological and occupational consequences derived from AE‡.
	2023	Kappes M[53]	Original article	Quantitative	Analytical cross-sectional	To determine the prevalence of the second victims in ICU‖ nurses and its relationship with the support granted by its institutions.	Nurses	326	90.1% of ICU‖ nurses reported having suffered an AE‡. Shame was the most prevalent psychological symptom, reported by 69% of participants. The longer the seniority, the more support is perceived.

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Country	Year	First author	Publication type	Study focus	Type of study	Objective	Population	n*	Main results
Chile	2024	Kappes M[54]	Original article	Qualitative	Grounded Theory	Describe the coping strategy of the second victims working in ICUs[||] in a public hospital in Chile.	Nurses	11	The perception of support after an AE[‡] is the most important thing to determine the overcoming of the phenomenon of second victim.
Colombia	2023	Florez F[50]	Original article	Quantitative	Analytical cross-sectional	To estimate the prevalence of adverse events and describe their manifestations in healthcare personnel, in order to evidence the phenomenon of second victim in a highly complex hospital.	Health professionals	412	Of those involved in AE[‡] who are reported as second victim experienced difficulty concentrating, feelings of guilt, tiredness, anxiety, and doubts about their clinical decisions.
	2024	Rodriguez Gallo E[52]	National Guide	Not applicable		Establish a set of recommendations and strategies, built on the basis of available experience, knowledge and evidence, in order to improve the identification of second victim and provide the support required to overcome the situation and to promote organizational learning.	Health professionals	Not applicable	This guide recognizes the phenomenon of the second victim as important and prevalent. It proposes coping strategies and highlights the culture of quality and safety within health institutions.
Ecuador	2023	Flores Garcia SL[48]	Thesis	Quantitative	Analytical cross-sectional	To determine the knowledge of the second victim and its impact on the health personnel of the Surgical Area of the Pablo Arturo Suarez Hospital.	Health professionals	88	There is a lack of knowledge of the term second victim. Health professionals who participated in adverse events experienced feelings of fear, questioning of their ability to provide care, anxiety, and insecurity.
	2023	Fuentes E[49]	Thesis	Quantitative	Analytical cross-sectional	To reduce the incidence of adverse events through awareness, monitoring and promotion of the well-being of health professionals as a second victim who work in the Emergency Area of the Francisco de Orellana General Hospital January-August 2023.	Health professionals	66	There is a high occurrence of AEs[‡] but a lack of notification. There is a lack of knowledge of the term second victim.

*n = Population size; [†]SVEST = Second Victim Experience and Support Tool; [‡]AE = Adverse Event; [§]SVEST-R = Second Victim Experience and Support Tool Revised; [||]ICU = Intensive Care Unit

Figure 3 - Description of articles by country, year, author, type of publication, focus, objective, population, population size and main results. Buenos Aires, Argentina, 2025

As mentioned above, seven articles used SVEST as an instrument to objectively measure the SV phenomenon[36,41,44,46-47,53,55]. One study only reports data from the validation analysis of the instrument, lacking any descriptive statistics[41]. Table 2 summarizes the descriptive results of the remaining five studies that used SVEST, with one study not reporting a mean by dimension[44]. Psychological consequences like guilt and shame predominate in all cases. Regarding support measures, peer support ranked first in the studies from Chile[47,53]. Absenteeism and dropout desires presented the lowest mean score in all studies that applied SVEST compared to the other dimensions (Table 2). Notably, in one studies 80% of the participants had no knowledge of the term SV[53].

Table 2 - Report of SVEST* scores from studies. Buenos Aires, Argentina, 2025

Author (year)	Country	Psychological	Physical	Professional self-efficacy	Colleagues support	Supervisor support	Institutional support	Support friends/ family	Absenteeism	Turnover intentions
					x† (SD)‡					
Brunelli (2018)	Argentina	4.0 (1.0)	2.2 (1.1)	2.2 (1.3)	3.1 (1.1)	3.4 (1.2)	2.3 (1.4)	3.0 (1.4)	1.2 (0.6)	1.5 (0.9)
Brunelli (2023)	Argentina	3.4 (1.0)	2.1 (1.0)	2.2 (1.2)	2.3 (1.1)	2.4 (1.0)	2.9 (1.2)	3.1 (1.4)	1.8 (0.9)	1.7 (1.0)
Lima (2023)	Brazil	3.5 (0.0)	2.8 (0.0)	2.6 (0.1)	1.7 (0.0)	2.4 (0.0)			2.3 (0.1)	2.3 (0.1)
Mallea-Salazar (2022)	Chile	4.0 (0.7)	3.1 (0.9)	2.0 (1.1)	3.9 (0.0)	3.4 (1.0)	2.9 (1.0)	3.9(1.1)	2.5 (1.1)	2.0 (1.0)
Kappes (2023)	Chile	3.7 (1.0)	3.8 (1.0)	3.3 (0.9)	3.6 (0.8)	3.3 (0.8)	2.3 (0.8)	3.3 (0.9)	2.6 (1.0)	2.8 (1.0)

*SVEST = Second Victim Experience and Support Tool; †x¯ =Average; ‡SD = Standard Deviation

Consequences for the second victims

All studies reported emotional-psychological damage among the consequences for SVs, with feelings of guilt and anguish predominating[35,41-44,46,49-50,56-57]. In this case, psychological impact prevails in the SVEST report, and guilt is one of the items in this dimension that predominates in several of the studies[44-47,53]. Blame is assigned for the possible harm caused to the patient[42,57] and for the lack of action to prevent the error[34]. Feelings of guilt arise even when implication in the incident occurs through the team due to one's commitment and responsibility to the group[42]. Similarly, negative feelings are reported towards the judicialization process that originates from AEs[34]. Recurrent thoughts[37,51,53] and insecurity to perform routine tasks occur on several occasions[42-43,48,51,57], generating feelings of impossibility to continue to work[57] or concentrate[42,49] and the fear of making another mistake[43,50-51], as well as work[43,56] and professional uncertainty[42,49]. In parallel, SV report a fear of stigmatization[42,51,57] which makes them believe that they may lose professional prestige[50]. This leads professionals to take measures to reinforce safety in routine tasks[51]. Physical manifestations, especially sleep disturbances like insomnia or nightmares, were also reported by some authors[51,57].

Coping strategies or reactions of the second victims

One notable result is learning after and adverse event[51,57]. Authors[42] add that after being involved in AE, professionals required time to reflect and indicated this period as useful to assuage internal questioning and loss of self-confidence, which can help to avoid new situations of similar incidents[42]. Another author highlights that managers valued the training of SVs as a support strategy[37] through continuous training strategies and incident analysis[37], which probably offers them opportunities to understand what happened. In Argentina, SV is reported as an experience process in which professionals get started, try to remedy the situation, learn from the event and contribute to improvement processes and to the accompaniment of peers who are going through similar situations[51,57].

Reported support measures

Although support from family and close friends is considered important[46], receiving support in the workplace[43,46,55-56], either from colleagues, superiors or the institution, can greatly help cope with the event[54]. Support from colleagues was the most valued by professionals in Chile who answered the SVEST[47,53]. In Brazil, studies report that individual support is often given by colleagues when there is a pre-existing relationship, helping to promote effective acceptance and reduce the feeling of judgment for being involved in an AE[36]. However, support from superiors does not seem to be well received by some participants[54], who mentioned trying to hide it and not reporting it. Consequently, the occupational support measures reported are considered

inadequate or insufficient in some cases[36,43] and even punitive measures were reported[40,43].

The work environment is marked throughout the adverse event process by an institutional culture[35,57]. As part of it, students perceived a deficient educational culture and a lack of training in key aspects of patient safety in a study conducted in Brazil[40]. Similarly, a study highlights that safety culture is a fundamental pillar for SV support strategies[39]. Another paper adds that feelings of guilt can be reinforced by institutional culture[42].

On the other hand, lack of institutional support seems to contribute to persistent negative feelings[38,42]. Studies report the need for structured support backed by established protocols or procedures[37], with the possibility of receiving mental health support outside the institution[38]. Development of a SV care program was highly valued by Argentinian participants, where they found containment, open listening and space for reflection[36].

In Brazil, service supervisors considered recognizing the emotional stress caused by the error as a strategy, highlighting it as an important step to build support strategies to be implemented and improved in hospital institutions[39]. Additionally, professional embracement occurs when the supervisor recognizes the emotional condition of the SV and tries to understand the event through conversation, active listening and interviews[40]. This process is based on empathy and a systemic approach oriented towards problem solving rather than blame-finding[40]. Similarly, supervisors' search for psychological support for their team's SVs stands out among the attitudes valued by professionals[39]. Other authors reported that their participants highlighted the possibility of seeking professional help after an AE([48-49]. On the other hand, a study pointed out that the participants expressed feeling unprotected by institutions and professional associations[35].

Discussion

Evidence on the SV phenomenon in Latin America shows key similarities and differences compared to other regions of the world. Regarding similarities, the studies reviewed identified that healthcare professionals in Latin America predominantly experience feelings of guilt, recurrent thoughts, and sleep disturbances, findings consistent with those reported in Asia[16,18-19], the USA[8,20], and Europe[8,21-22]. Unlike these regions, Latin American countries show no evidence on the development and evaluation of intervention programs aimed at supporting SVs, reflecting a relevant regional gap.

This review also highlights that most studies on SVs in Latin America were conducted in Brazil, possibly because research on patient safety produced in the last 20 years has been vastly concentrated in that country[58].

As for the consequences of the phenomenon, the studies reviewed show a predominance of psychological impact on healthcare professionals after facing an AE. Most common symptoms include guilt[35,38,46,50,53] and recurrent thoughts[35,39,51,57]. Result similar to that reported by studies in other countries[8,59-60] where guilt and anguish predominate as SV symptoms. One meta-analysis identified anxiety and worry (76%, 95% CI = 33-95), as well as anger (75%, 95% CI = 59-86) as the most frequent SV symptoms[8]. Similarly, fear, shame and guilt were the symptoms prevalent in over 50%[8] of the sample. This may stem from healthcare professionals' deep sense of responsibility when having patients in their care. For example, one qualitative study highlights that professionals who feel responsible for the error perceive the AE as more severe[61]. This feeling of guilt can be generated by the empathy one develops in patient care[35,45,51], and because professionals are trained to observe the principle of non-maleficence[62]. As for recurrent thoughts as a persistent symptom, this can affect patient safety as it can reduce professional self-efficacy and favor new AEs[35,39,51,54]. This coincides with previous reviews in other geographical contexts. One meta-analysis showed that 81% of the participants in the included studies reported recurrent disturbing memories[8]. Additionally, one systematic review found that 20% of ICU nurses took over one year to recover from the phenomenon, or did not fully recover[60]. Consequently, some authors recommend that after a severe AE, professionals should be temporarily removed from clinical work to reduce the likelihood of new errors[63].

As for physical symptoms, this review identified sleep disturbance as the most prevalent symptom[36,43-44,53], similar to other international studies[8,59]. Lack of sleep can further aggravate the psychological symptoms of the SV phenomenon, increase anxiety[64], affect concentration and become an additional risk factor for new AEs[64].

Regarding coping strategies, studies in Latin America highlight the role of peer support as a key resource to overcome the phenomenon[38-39,47,53], reflecting that professionals seek the approval of their peers after an AE[38,54]. Moreover, one scoping review found that by implementing organizational coping strategies, institutions show a commitment to the well-being of healthcare professionals and thus to strengthening of a culture oriented towards patient safety[20].

As for support programs aimed at SVs, the present review found no concrete efforts in Latin America geared towards support programs. Guidelines have been outlined[52], but their effectiveness has yet to be

evaluated. Conversely, in the USA and Europe, studies not only evaluated the structure and impact of the support programs[20,65], but also evinced their economic efficiency for health systems. For example, a study conducted in Germany revealed that the peer support program can generate annual savings of over 6 million euros for hospitals by reducing costs associated with absenteeism and staff turnover[66]. In the USA, studies found that the success of a SV support program lies in the loyalty of volunteers and its sustainability over time[65,67]. However, several studies stress the importance of institutional support as part of professionals' recovery[38-39,47-48,53]. A recent review reported that support programs and services, mentioned in 37 studies (predominantly implemented in the United States and Spain), are characterized by offering immediate and structured support to professionals after an AE. Most prominent ones are forYOU, which provides a three-level support depending on impact severity; Medically Induced Trauma Support Services (MITSS), a nonprofit organization which provides emotional and legal assistance; and Resilience in Stressful Events (RISE), which uses multidisciplinary teams to provide support in the workplace[21]. Together, these initiatives prioritize early intervention, confidentiality, and peer support, helping to reduce stigma, absenteeism, and favor job retention. The same review found no studies in Brazil that addressed support strategies for SVs, which reinforces the absence of Latin American studies on care programs for this phenomenon[21]. Another review adds that the cited programs also include tools for communicating with patients and families, and an explicitly non-punitive approach[61]. Although peer support is highly valued by the programs, it is insufficient as a single solution[21,63]. Institutional culture is a critical mediating factor, since the perception of organizational support influences participation and recovery[65]. One review found that institutional support showed significant improvements in studies that used SVEST to measure the efficacy of proposed interventions[65]. These findings contrast with the absence of structured interventions in Latin America and reinforce the urgency of adapting these models, considering the prevailing resource constraints in the region. This is because Latin America faces additional challenges in ensuring support to healthcare professionals due to lack of resources and more precarious working conditions[43] and that the SVs phenomenon was studied much later. In this regard, the first study in Latin America dates back to 2018[55] after authors presented a review in 2013 with primary studies of SVs in European countries, the USA and Israel[59].

The present review stands out for its regional focus, rigorous methodology, and diversity of sources, filling an important gap in the literature and identifying existing research gaps. The methodological quality of the included studies was not formally assessed, in accordance with the recommendations of the Joanna Briggs Institute guideline for scoping reviews. Regarding limitations, since the concept of SVs is a relatively new term in the literature, some evidence may have evaded the search strategy used or some articles were not identified due to the language filter adopted. Importantly, some of the reviewed studies are validation research of the SVEST instrument, reporting data generated in contexts designed mainly to evaluate the tool's psychometric properties that should be interpreted with caution. Finally, the heterogeneity of the population included in the studies, together with the lack of information regarding professionals' area of specialty, limits accurately identifying particularities of the phenomenon in the different health professions and specialties. However, the findings reveals SVs as a reality present in all areas of health care.

Conclusion

Our study provides a comprehensive view of the SV phenomenon in Latin America, highlighting the prevalent significant psychological impact on healthcare professionals as observed in other countries. Given the lack of intervention studies in the region, the findings underscore the urgent need to develop and tailor targeted support programs. Implementing effective coping strategies and strengthening institutional support are crucial to improve healthcare professionals' well-being and retention without implying a greater burden on the system. Rather, it rests on the ability to organize teams to provide the necessary support to SVs and generate an environment of psychological safety that favors containment and a better patient safety culture.

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Authors' contribution

Mandatory criteria

Substantial contributions to the conception or design of the work; or the acquisition, analysis, or interpretation of data for the work; drafting the work or reviewing it critically for important intellectual content; final approval of the version to be published and agreement to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved: Maria Victoria Brunelli, Ana V Fajreldines, Lucía Catalán, María Kappes.

Specific contributions

Data curation: Maria Victoria Brunelli, María Kappes. **Project supervision and management:** Maria Victoria Brunelli, Ana V Fajreldines, María Kappes. **Others (Drafting the manuscript and obtaining final approval):** Maria Victoria Brunelli, Lucía Catalán, María Kappes.

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