

Psychological well-being, work motivation and coping strategies among healthcare providers with Second Victim Syndrome (SVS)

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ISSN: 2243-7681
Online ISSN: 2243-769X

OPEN ACCESS

Received: 28 June 2025

Available Online: 16 August 2025

Revised: 12 August 2025

DOI: 10.5861/ijrsp.2025.25001

Accepted: 15 August 2025

Abstract

This is a multi-case study which explored the experiences of healthcare providers with Second Victim Syndrome. Second Victim Syndrome is a cluster of psychological and physical symptom after engagement in a patient safety event or situations which may potentially could harm the patient. The purpose of the study was to explore their psychological well-being, work motivation and coping strategies. The study had been conducted in one of the tertiary hospital in Batangas, wherein the criteria for participant selection was they must be a healthcare providers who experienced Second Victim Syndrome through the use of the SVEST -R with high level of physical and psychological stress. There were three participants who had been included in the study, their age ranges from 23 – 36 years of age, assigned in high risk areas and with bachelor's degree holder. The individual interview was via virtual which lasted from 17 to 20 minutes per participants. The themes emerged were the following: individual response to job safety incidents, healthy job disposition and managing individual stress. The participants had a negative experience in terms of physical deterioration and psychological disturbance. In terms of motivation, they were motivated due to their embedded values and their social environment. Coping strategies emphasized the importance of problem focused, seeking group support and emotion focused. This led to the proposal of the SINAG (Self Care and Preservation, Integrated Stress Management, Nurturing Safe Culture, Aftercare Program, Group Support and linkages) Mental Health Program. The second victim syndrome cannot be eliminated however the organization could create an environment that could support these individuals and strengthen also their skills set in adapting to this high anxiety situations.

Keywords: coping strategies, psychological well-being, second victim syndrome, work motivation

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1. Introduction

In healthcare organizations, the primary focus following an adverse event often centers on the patient—rightfully considered the “first victim.” However, healthcare workers directly involved in these incidents often experience significant emotional and psychological distress, yet their suffering tends to remain unrecognized. These individuals are referred to as “second victims,” a term that highlights the often-silent toll such events take on caregivers. Second Victim Syndrome (SVS) describes the emotional turmoil, guilt, anxiety, and reduced self-efficacy that healthcare professionals may experience after being involved in a patient safety incident (Strametz et al., 2020).

Certain clinical environments, such as emergency departments, intensive care units, and surgical settings, are particularly susceptible to high-stress, high-stakes events—placing their providers at increased risk for SVS. Studies indicate that 25% of emergency physicians, 27% of emergency nurses, and 22% of ICU nurses report profound psychological distress after adverse events (Cohen et al., 2023). In the Philippine context, however, little research has been conducted on SVS, largely due to the healthcare system's predominant emphasis on patient recovery, with limited institutional support available for staff involved in such incidents. This study specifically focuses on staff nurses, many of whom are newly licensed and working in complex general units, who have been directly involved in patient safety events. Based on the researcher's observation, these individuals often face significant work-related consequences—including decreased motivation, increased absenteeism, and even resignation following disciplinary or grievance proceedings.

While extrinsic motivators like salary and benefits remain important, intrinsic drivers—such as professional competence, autonomy, and a sense of purpose—play a crucial role in maintaining motivation, especially in high-stress environments (Liu, 2020; Moses, 2021). When a healthcare worker's sense of competence is challenged by an adverse event, their intrinsic motivation may decline, regardless of the presence of external rewards. Burnout can then manifest through withdrawal, emotional numbness, or a reduced sense of accomplishment. Additionally, fear of legal consequences, job loss, or organizational retaliation often prevents healthcare professionals from speaking openly about their experiences or seeking help (Simpson, 2021; Cohen et al., 2023).

Coping strategies vary among healthcare workers. Some may turn to maladaptive behaviors such as substance use, prolonged absences, or social withdrawal, while others find strength in peer support, reflection, and shared professional values. Cultural influences also play a role. In the Philippines, strong social support systems like the *barkada* (peer group), vocational commitment (*bokasyon*), and resilience are central to how Filipino healthcare workers respond to adversity. Despite these cultural strengths, there remains a lack of structured, evidence-based interventions to support second victims in the Philippine healthcare system. This gap is particularly critical given the demands of the modern healthcare environment, which is increasingly volatile, uncertain, complex, and ambiguous. Healthcare workers are vulnerable not only to systemic failure but also to bullying, blame, and even physical abuse.

This study aims to explore the psychological well-being, motivation, and coping strategies of nurses who have experienced SVS. By employing a case study approach rooted in the Filipino cultural context, this research intends to create a culturally appropriate framework to support affected healthcare professionals. The goal is not just to understand the impact of adverse events on healthcare workers but to develop meaningful and sustainable interventions in alignment with the Mental Health Law (Republic Act No. 11036) and Sustainable Development Goal 3, which advocates for good health and well-being, including mental health promotion in the workplace.

The researcher, drawing from years of experience in patient safety and quality management, has directly witnessed how patient safety incidents profoundly affect healthcare workers. This firsthand perspective serves as the foundation for a study that seeks to transform institutional responses to second victim experiences—shifting from silence and stigma to compassion, support, and resilience.

Objectives of the Study – This study aimed to determine the demographic profile of respondents in terms of sex, age, areas of assignment, length of service, educational attainment; explore the effect of job safety events to the healthcare psychological well-being; determine the work motivation of healthcare providers with second victim syndrome; identify coping strategies of healthcare providers with second victim syndrome and create a mental health program for healthcare providers with second victim syndrome.

Theoretical Framework – the researcher utilized the Ryff's Six-Factor Model, developed by Carol Ryff, outlines six key dimensions of psychological well-being: Self-acceptance, Personal growth, Purpose in life, Environmental mastery, Autonomy, and Positive relations with others. These had been applied through the different variables identified such as psychological wellbeing which had been focused on the emotional, behavioral and cognitive aspect of SVS healthcare providers which could be identified in the model self-acceptance, autonomy. With regards to work motivation which could be based on the purpose in life, personal growth as identified in the study health job disposition. Coping strategies which could be related to environmental mastery and positive relation to others which were related to problem focused, emotion focused and seeking social support which collectively had a theme of managing individual stress.

Conceptual Framework – The study had been guided by the framework in figure 1, in which the healthcare providers involved in a job safety incidents will experience the changes on their psychological well being, work motivation and coping strategies. These could be affected by their own values, principles and even their own past experiences, the presence of their support groups and their leaders.

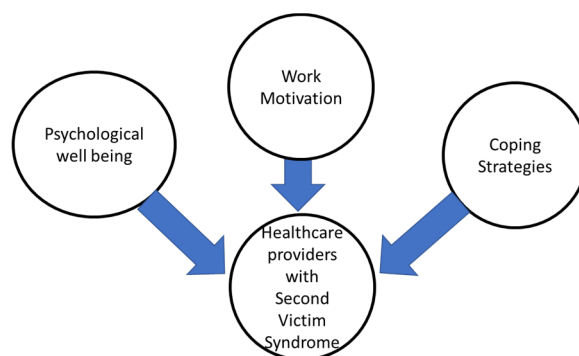


Figure 1. Conceptual Model

2. Methods

Research Design - This research was a multiple case study which employed qualitative research design. Narrative techniques were used thus, providing information about naturally occurring behavior, attitudes, or other characteristics of an individual through depth exploration, and thorough and detailed examination of a person and his situation. Multiple case study research is a qualitative methodology that allows researchers to contrast between individual cases, represent a diversity of qualities and extremes to create depth, and understand a broad phenomenon without losing the individuality of the single case studies (Baxter & Jack, 2008; Thomas, 2011).

Setting and Participants - This research focused on the experiences of the staff nurses with the year of experience 6 months and above, within the millennial age, regardless of area and gender. They had experienced and involved in a patient safety event which may or may not resulted to harm of the patient in a tertiary hospital in Lipa City, Batangas. Convenience or accidental sampling was also used. This sampling technique involves the

conduct of a study wherein respondents are selected based on the convenience of the researcher.

Instrument of the study- The researcher utilized two data collection method. First was the standardized tool to screen the respondents with high level of experience on second victim which will be included in the second part of the data collection which is interview. There researcher used the standardized tool – Second Victim Experience and Support Tool-Revised (SVEST-R) which focuses on the level of the following survey will evaluate your experiences with adverse patient safety events. These incidents may or may not have been due to error. They also may or may not include circumstances that resulted in patient harm or even reached the patient (i.e., *near-miss* patient safety events). Please indicate how much you agree with the following statements as they pertain to yourself and your own experiences at this hospital. Second part of data collection was interview Guide Questionnaire. The researcher utilized this type of data collection methodology to accurately gathering information with depth and could elicit further understanding of the experiences of the second victims in terms of their psychological well-being, motivational work and coping strategies.

Data Collection Procedures - The researcher proposed three title topics which were of his interests, and which were trending globally. Sufficient availability of sources about the chosen topic were considered. When the time one topic was already approved, the researcher looked for different sources and materials like books, journals and online sources which were useful in the study. Brainstorming about the other possible sources was considered to avoid limiting the resources from books and internet and to access an efficient and effective source. Asking experts; and watching a documentary films and videos, and other sa were also given importance. There were certain critical evaluations about the gathered sources to make sure that they are valid and reliable. The competent, quality and accuracy of the sources were given a special attention in making the introduction, in searching for related studies and in constructing the methods.

The researcher gathered information and literature to scope the significance of the problem. The researcher will propose the title and submit it to the adviser and dean of the graduate school for approval. After that, the researcher drafted the research capsule to include the guide questions and detailed methodology for submission to ethics board for approval. After their approval, the researcher conducted the pilot testing of the approved research questions. The data was checked for validity and reliability of the respondent's answers. The researcher sent letters for approval of the medical directors through the chief nurses of each tertiary hospitals. After their approval, the researcher identified the names of the respondents which qualifies in the study through the use of the SVET R. In the data gathering proper which composed of 2 parts: Part 1 Screening of the participants using the Second Victim Experience Tool Revised Part 2 data gathering procedures (individual interview) there had been agreed scheduled individual interview in an identified video call of one of the tertiary hospital in Batangas. Thematic analysis utilized for data interpretation and creation of themes.

The interview was conducted on the months of January to February 2025. The researcher initiated an orientation to the participants regarding the study before administering the interview. They had been debriefed in to discussion of on the flow of the study. The debriefing included the research purposes, the rights of the participants, the procedures to be undergone, and the potential risks and benefits of the participants to control the amount of information they are willing to share. Inform consent was given before conducting an interview which is stated on the Code of Ethics in making a good research. Inform consent is a voluntary agreement to participate willingly in the study. The inform consent was written in a Filipino for the participants understand it easily.

While conducting the interview, the researcher used a voice recorder to record the whole conversation. Before the interview, the researcher asked permission to the participants regarding the recording of the interview because the participants have all the right not to allow the researcher to do the recording to protect their privacy. During the interview, the researcher wrote down not just the important information that the participants stated but also their observations on the participant's voice intonation, gestures, and other body languages. This additional information was relevant in analyzing and interpreting the data that was gathered.

Data Analysis - This research was analyzed in two parts, in the screening of the research respondents, the

researcher utilized the descriptive statistics which include the mean, ranking to determine the score for the level of second victim syndrome. After gathering all the needed information which answers all the research problems, the researcher then transcribed all the data in a verbatim manner to extract important details and identify all the possible themes using the thematic analysis.

Ethical Considerations - The selected participants in the study were healthcare providers who had engaged in patient safety events. To ensure quality and integrity of the study, the participants were informed the rights and obligations of the researcher and of the participants to the shared information. Each participant was informed as to the nature of the study through debriefing the goals and objectives of the study. Participation in the study was voluntary and the participants might end their participation in the study at any time without risk or harm. This study will undergo the LPU Ethics review and had received the clearance. Researcher elicited the informed consent before engaging with the respondents, which includes the provision of a mental health practitioners if there will be mental health challenges which will be encountered in the conduct of individual interview.

3. Results and Discussion

This is the summary of case 1 in each objectives of psychological well-being, work motivation and coping strategies. In terms of the Psychological well-being wherein it focuses on the individual response to patient safety events. With the experience of the participants of exposure to a newborn been having harmed by healthcare lapses. This had been affected her personal attitude which responded in 3 aspects 1st is the emotional aspect focus on the feeling of fear, guilt, trauma after a patient safety event. This is due to the emotional bonding created from the patient and its common emotion if there had been a negative action toward an individual and it reflects their sense of responsibility and fear of being reprimand. 2nd Behavioral aspect which focused on the changes in dietary practices, expression of sadness through crying. These behaviors were common to compensate her feelings of inadequacy which signifies their competence and responsibility. The 3rd aspect was cognitive aspect focuses on a more heightened awareness in terms of safety practices.

The second objective was for the work motivation with the theme Health Job Disposition which focuses Positive Employment Perspective which could be due to the two components, Embedded values and nurturing millie. These showed the importance of personal values and practices which drives this nurse to continue despite of a patient safety event. In terms of nurturing millie, this showed the importance of social environment that the participant stayed due to their coworker's support. For the last objective of coping strategies with the theme Managing Individual Stress and with the category of personal adaptive techniques with subcategory of emotion focus, problem focus and socially supported. In the emotion focus the participant highlighted the sensitivity to feelings of others and moving forward after the incident. Problem focus subcategory emphasized with mindful actions and eagerness to do the right thing. Socially supported subcategory, sense of comfort from co nurses and supportive effects of co-nurses this coping strategy focuses on the social support groups.

This is the summary of case 2 in each objectives of psychological well-being, work motivation and coping strategies. In terms of the Psychological well-being wherein it focuses on the individual response to job safety incidents. With the experience of the participants of exposure to a leadership role not only focus on managing of new borns but also the staff welfare. This had been affected her personal work attitude which responded in 3 aspects 1st is the emotional aspect focus on the feeling of fear which could be explored as fear from the doctor, fear for the patient, sense of guilt, trauma after a safety events. This is due to the emotional bonding created from the continuous interaction with patient and doctors and its common emotion if there had been a negative action toward an individual and it reflects their sense of responsibility which guild had been identified and fear of being reprimand. 2nd Behavioral aspect which focused on the expression of sadness through crying, and feeling of exhaustion which had been manifested after the safety incidents. These behaviors were common to compensate her feelings of inadequacy which signifies their competence and responsibility. The 3rd aspect was cognitive aspect focuses on a more heightened awareness in terms of safety practices. The participant had been mindful on her actions to prevent the safety incidents from repeating again and to prevent also patient harm.

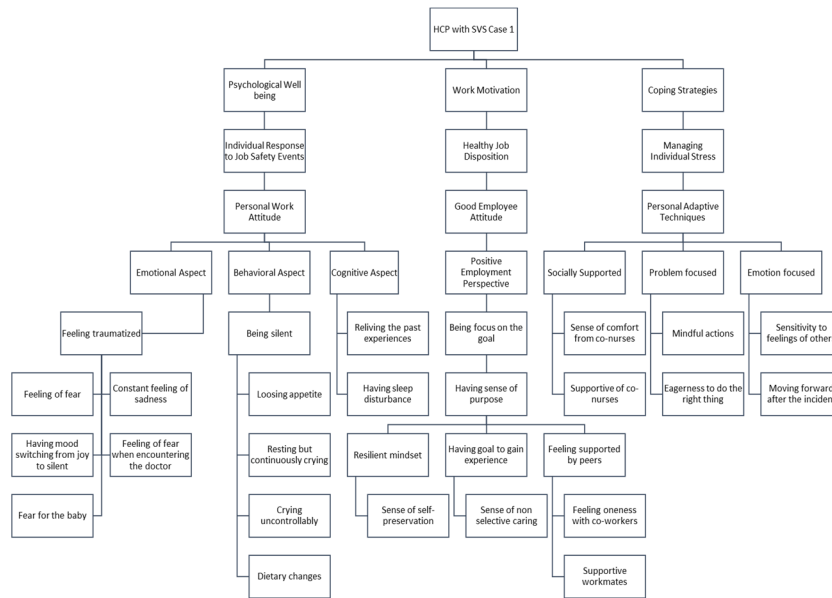


Figure 2: Summary of Findings for Case 1

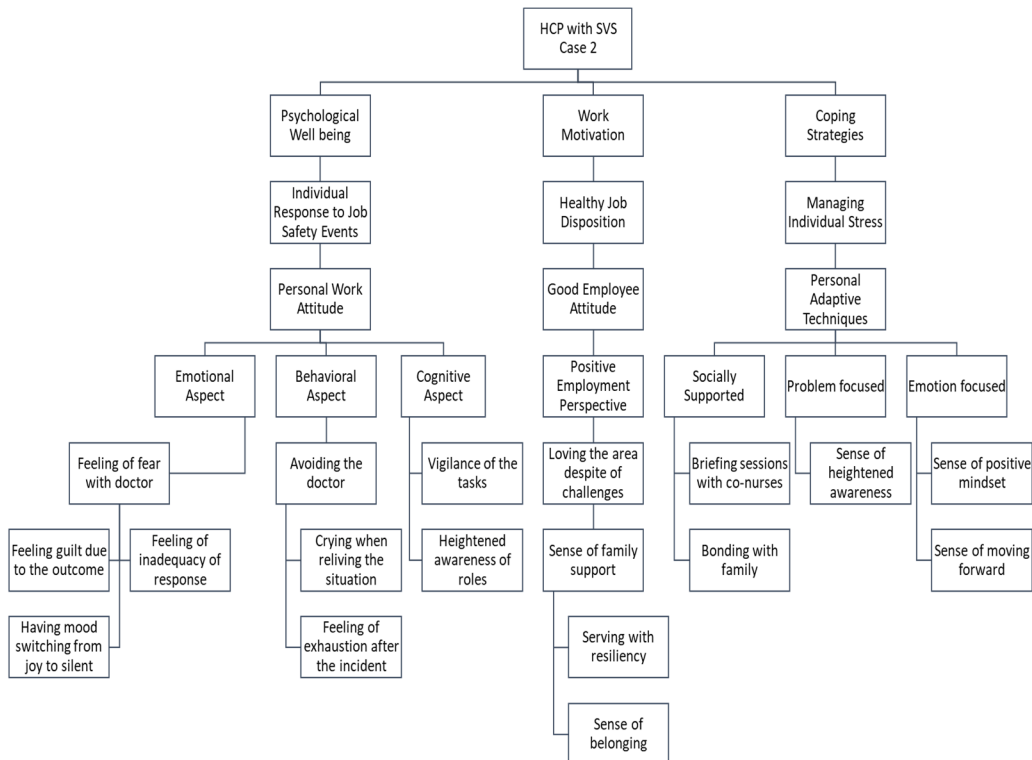


Figure 3: Summary of Findings Case 2

The second objective was for the work motivation with the theme Health Job Disposition which focuses Positive Employment Perspective which could be due to the two components, Embedded values and nurturing millie. These showed the importance of personal values and practices which drives this nurse to continue despite of a patient safety event. This had been exemplified through their passion and love to their profession and unit despite of this incidents which harmed the patient. In terms of nurturing millie, this showed the importance of

social environment that the participant stayed due to their coworker’s support. The participant showed that one of their motivational factor is team work and smooth relationship in their unit specially she has a leadership role which greatly affects its relationship towards her staff, doctors and the patient.

For the last objective of coping strategies with the theme Managing Individual Stress and with the category of personal adaptive techniques with subcategory of emotion focus, problem focus and socially supported. In the emotion focus the participant highlighted the sensitivity to feelings of others and moving forward after the incident. As a manager in the area she had been sensitive in terms of emotional aspect, she had been supportive and non-judgmental approach. Problem focused subcategory emphasized with mindful actions and eagerness to do the right thing. Planning to do the things right not only for her but for the unit and her staff. Socially supported subcategory, sense of comfort from co nurses and supportive effects of co-nurses this coping strategy focuses on the social support groups. The participant had easily cope with the situation due to the support of her staff and her superior in terms of their counseling, briefing sessions and being there if needed and sense of belonging had been also observed.

As a nurse researcher, this study sheds light on the profound impact of Second Victim Syndrome (SVS) on healthcare providers. The focus of this research is to understand how these professionals cope with the psychological and physical distress they face after being involved in patient safety events. While patient safety events primarily affect the patient—the "first victim"—the emotional and physical toll on the healthcare providers involved, the "second victims," is equally significant. The psychological consequences of SVS were clearly evident in the participants of this study. Their mental well-being was severely disrupted." The emotional effects of anxiety and fear created a barrier, making it difficult for these nurses to perform their roles effectively. Moreover, these emotional struggles didn’t just stay mental but also manifested physically, with symptoms such as sleep disturbances and loss of appetite. These physical symptoms underscore the lasting and profound impact SVS can have on healthcare workers who, despite facing personal challenges, continue to care for others.

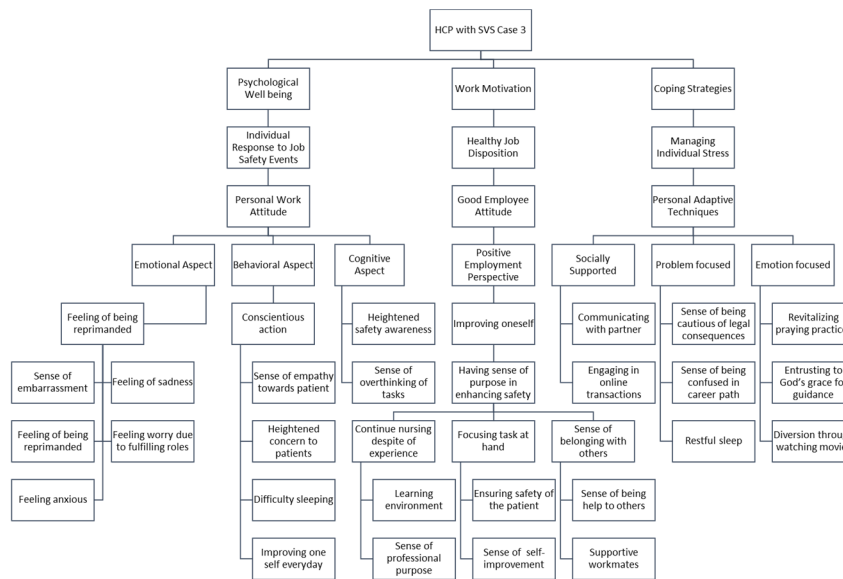


Figure 3: Summary of Findings Case 3

In response to this, the participants employed positive coping mechanisms. One of the most common and effective strategies was engaging in diversional activities. These activities, such as watching movies, spending quality time with loved ones, or participating in hobbies, provided crucial relief. Taking time to disconnect and recharge allowed the nurses to manage the emotional strain and physical exhaustion caused by their experiences, ultimately helping them regain a sense of balance. Another essential theme in this study was the role of intrinsic motivation. The participants found strength in the deeply ingrained values of compassion, care, and duty, which motivated them to continue in their demanding roles. Even though SVS took a toll on their well-being, these values

served as a guiding force, helping them navigate through the complexities of their work environments.

Lastly, the study highlights the importance of shifting perspectives. The participants demonstrated remarkable resilience by reframing their experiences. Instead of viewing the challenges as insurmountable, they saw them as opportunities for personal and professional growth. This change in perspective allowed them to maintain their sense of purpose and continue providing high-quality care to their patients.

Table 1

Themes of Psychological Well being, Work Motivation and Coping Strategies among Healthcare Providers with Second Victim Syndrome across Three Cases

Variables	Themes	Case 1	Case 2	Case 3
Psychological well being	Individual Response to Job Safety Events	/	/	/
Work Motivation	Healthy Job Disposition	/	/	/
Coping Strategies	Managing Individual Stress	/	/	/

“Individual response to job safety events” was the theme emerged from the aspect of the psychological well-being among the three healthcare providers with second victim syndrome which had been categorized by (1) emotional aspect, (2) Behavioral aspect and (3) Cognitive aspect. These categories had been experienced by participant 1, 2 and 3. There had been imbalance of the psychological well-being due to the stimuli which in this case was the job safety events that resulted to potential harm to patient and in turn had a repercussion to the healthcare providers. Every individual has different response and effect to their psychological well-being as manifested and shared by the participants which had been exposed to a situation which harmed the patient or repetitively commit in the area which causes the emotional effect such as fear, trauma and anxiety; for behavioral aspect is more on loss of appetite and lack of sleep to compensate or manifestation of psychological imbalances and for cognitive aspect manifested through more vigilant awareness of their actions and preoccupation with the situation.

In terms of work motivation the theme emerged was “healthy job disposition” with a category of good work attitude and subcategory of positive employment perspective. For the 3 participants there had been the same experiences in terms of motivation which had been rooted in their own personal values came from their family , personal principles and their passion to render care to their patient. The participants were also being motivated due to the supportive environment they had been exposed to. The healthcare providers focused on the intrinsic motivation which could also be attributed to the motivational factors rather than the extrinsic and hygienic factors. This could signify their commitment based on their length of service despite of the events and circumstances. These motivations had a positive employment perspective that despite of the job safety events happened they are steady to their passionate care and supportive environment.

In the variable coping strategies, the theme emerged was “managing individual stress” with the category personal adaptive techniques and with subcategories of (a) socially supported, (b) problem focused and (c) emotional focused. Which in turn all of the 3 participants had these categories explored and manifested. Their coping strategies were centered on social support which have been a greatly affect their eagerness to stay on their respective area despite they knew that there will be high probability that could happen again due to high risk of their procedure. changing her work behavior, continue to harness values and awareness in the area or department. This constructive coping focuses on the building of the foundation of resilience which even in the chaotic situation and heightened emotions the participants tend to adapt in the positive continuum of change. Problem focused subcategory focuses on the positive mindset wherein there will be plans to prevent this from happening. In emotional focused, were the participants have an empathy towards the patient and to their co-nurses which enabled them to withstand the psychological burden they could experience brought about in a job safety events.

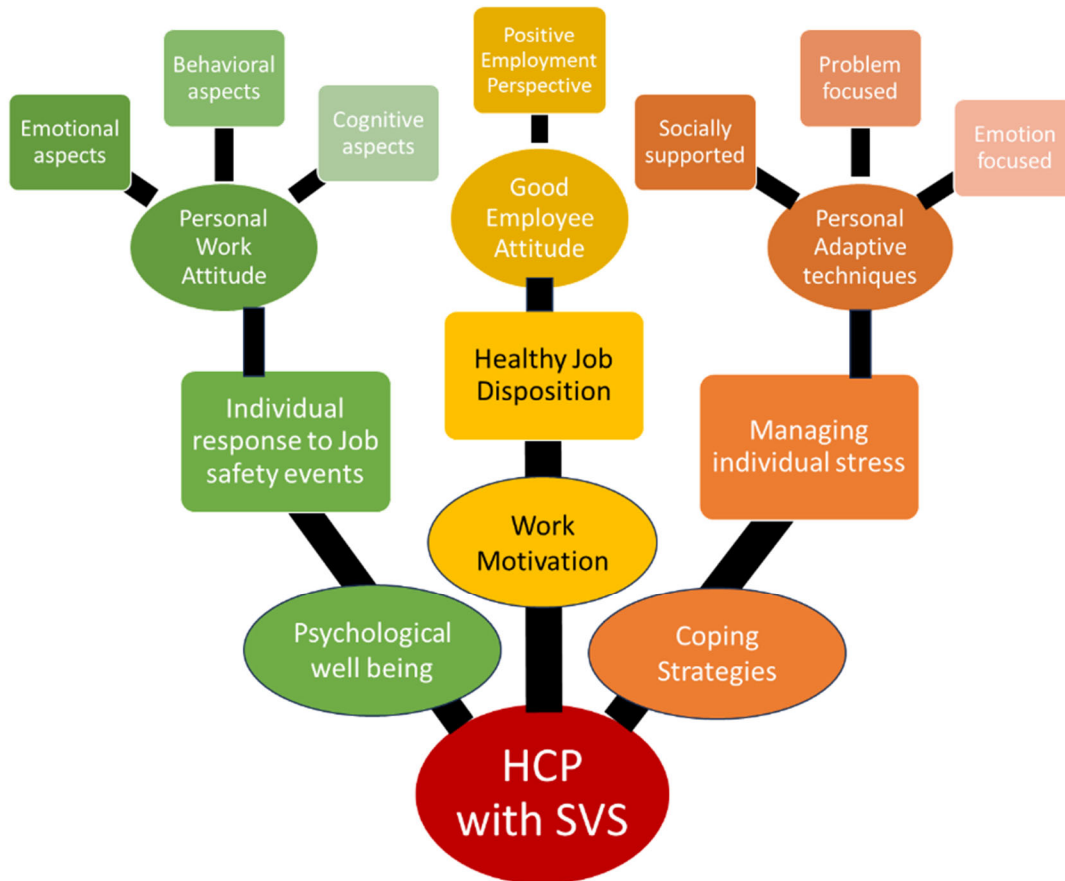


Figure 4: A Framework for Psychological Well Being, Work Motivation and Coping Strategies among Healthcare Providers with Second Victim Syndrome

This framework showed that health care providers experiencing second victim syndrome from their job safety event engagement and exposure were resilient and continuously motivated with healthy disposition due to their values and the support of their coworker. In the diagram, it was the core of their practice wherein in despite of the risk involved they would continue to care for the patient. In a job safety event, there will be effect which had been experienced by the participant it was showed and manifested in the diagram that in dividually there could be changes to their responses in any job safety events which is focuses on cognitive, behavioral and emotional aspect of psychological well-being. An to continuously function as healthcare provider the SVS must manage their stress through socially supported initiatives, emotional focused and problem focused approach. Through this diagram, the organization will be able to further understand the feelings, experiences of the SVS which could greatly affect their performance and could be a basis of program development.

Table 2
Mental Health Program for Healthcare Providers with Second Victim Syndrome S.I.N.A.G. Program

Key Concern Area	Program Objectives	Strategies	Activities	Person Involved	Success Indicators
Self care, Self-preservation and resilience management to diminish fear, trauma and anxiety (Psychologica 1 Wellbeing)	For them to express their emotions and feelings in a safe and non-judgmental environment For the SVS healthcare providers would focus on self-preservation measures and resilience if they	Individual sessions with a certified psycholog ist	Instituted the Mental Health Psychosocial Processing after the incident or if the SVS are ready	trained healthcare providers / HR staff / immediate superior and the SVS participants	90% success rate, all of the SVS must be undergo the MHPSS session 90% of

	will encounter a patient safety events				staff must finish the prescribed treatment or mental health plan 90% of healthcare providers must attend
Integrated stress management sessions (Psychological Well being)	To strengthen the coping mechanism of healthcare providers To destress the healthcare providers from the job safety events in the area	Individual and group sessions	-Stress management (outside the hospital sessions within the prescribed period as necessary) -Physical fitness training and yoga sessions Values education which strengthen passion and empathic care among healthcare providers	HR/ immediate superior / external facilitator	
Nurturing a Safe Culture (Work motivation)	To ensure a blame free environment that is conducive for healing	Area wide discussion and workshop	Lectures and workshop about patient safety culture TEAMSTEPPS ver 3.0 which will be cascaded across the hospital Create a mental health program and committee Conduct a debriefing session for high risk areas Anti-bullying policy and campaign Create a safe space structure wherein in the staff could have a silent or "me time"	HR / Healthcare providers / Quality Management HR / Quality Management / Safety and Health Committee HR / Quality Management / Safety and Health Committee HR / Quality Management / Safety and Health Committee HR / Quality Management / Safety and Health Committee/ Management committee	90% of all staff in the hospital attended the patient safety culture lecture
D. After Care interventions for SVS (Coping Strategies)	To decrease the incidents of reoccurrence of the SVS among healthcare providers To sustain the SINAG program	Individual sessions	Create a work instruction for aftercare program to include responsible staff to do follow-up for the identified staff Monitor and evaluate the program in a quarterly basis	HR / Quality Management / Safety and Health Committee	100% compliance for follow-up and treatment plan
D. Group support initiatives and linkages (Coping Strategies)	To have a sustainable program to linkages and referral	Collaboration and linkages among specialty groups	-coordinate with the Philippine Mental Health Association Batangas Chapter for their mental health intervention and services -collaborate with the Southern Tagalog Group of Psychiatry for medical referral Create a support groups for SVS and Malasakit Squad)	HR / Quality Management	2-3 support and specialized groups partnership per year

4. Conclusions and Recommendations

This multiple case study of healthcare providers with second victim syndrome explored their psychological well-being, work motivation and coping strategies. The three participants were all nurses in a tertiary hospital who experienced and had been engaged in a patient safety event (medication errors, fall incident, and harm to a patient). All of them with highest educational attainment of bachelor's degree in nursing. Two of them assumed the staff nurse position with different shift assignment and one of them is a head nurse of a unit. The age group of the participants ranges from 24 to 37 years of age. In term of gender distribution: there were two female who was assigned in neonatal intensive care unit and one male participant assigned to medical and surgical area.

The psychological well-being of healthcare workers with second victim syndrome is characterized by the individual response to job safety events which is driven by personal work attitude consisting of emotional, behavioral and cognitive aspects. Emotional aspects revolved on the feeling of anxiety, fear which affects their functions as nurses; behavioral which had been manifested through sleep disturbance and loss of appetite. And last for the cognitive aspect was mental preoccupation that there had been a changes in thought process which must be more careful and meticulous on their approach to care.

The work motivation of healthcare workers with second victim syndrome is characterized by healthy job disposition which is driven by good employee attitude. These were inspired by hygiene and motivational factors of Herzberg that there were satisfaction and dissatisfaction. The good employee attitude was being manifested by the participants through their internal drives, motivation and thrive in a complex and stressful environment. These had been supported by their embedded values which is innate to a healthcare provider it ingrained and inculcated in a system and level of personal values and nurturing milieu that there had been a safe environment and supportive in nature to thrive on a hostile and unpredictable situation.

The coping strategies of healthcare providers with second victim syndrome is characterized by managing individual stress which is implemented through personal adaptive techniques consisting of socially supported strategies, problem focused and emotion focused. Social environment and support affect positively in terms of managing job safety events. Moving forward, learn from mistakes and plan to mitigate same errors were the identified strategies of coping. Being positive and focus on goals could lead to a constructive and productive coping interventions.

Based on the findings the following were recommended: For the healthcare organization to implement the proposed SINAG Mental Health Program for Healthcare Providers with Second Victim Syndrome. For the Human Resource Department may create a support group and Malasakit Squad for the conduct of the psychosocial processing among the healthcare providers experiencing second victim syndrome. For the healthcare leadership to prioritize the building culture through implementation of policies such as mental health wellness program, anti-bullying initiatives and speak-up campaign which harness safety culture. For the healthcare providers to prioritize their mental health through participation in self-care activities and stress management program such as meditation, Zumba, team building, family days which could strengthen their motivation and their coping strategies towards a job safety event. For the future researchers they may explore the experiences among those healthcare providers who had indirect care to those have had a patient safety event. Additionally, they may want to utilize a quantitative approach utilizing the standardized second victim screening tool.

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