

# Supporting Healthcare Professionals after Harm Events

**CONTEXT:** One of the most distressing situations for healthcare professionals is when a patient is harmed by their care. This tip sheet outlines principles for informally supporting a colleague involved in a harm event; other distressing situations or formal support roles may benefit from different approaches.

*The phrases in this document are examples. Do not use this as a script; use your own words to ensure authenticity. You do not need to have the perfect words; being present matters more than saying the “right” thing.*

## BEFORE YOU REACH OUT – Prepare Yourself

Focus on providing **psychological first aid**: early, compassionate support after a stressful event to reduce distress, foster connection, and promote coping. Your role is to listen, reduce isolation, and offer practical support – not to provide counseling, encourage deep emotional processing, or conduct formal critical incident stress management.

## PROACTIVELY REACH OUT IN PERSON – Connect with Compassion

1. **Ask:** “How are you doing?”

2. **Follow their lead**

Sit at their level when possible.

Listen actively. Allow silence.

Be calm and empathetic. Avoid escalating or amplifying emotion.

Pay attention to non-verbal cues: body language, tone, emotion.

Restate and reflect upon what they have said: “It seems like you are feeling...”

Do	Don't
<ul style="list-style-type: none"> <li>• <b>Create a private, respectful space</b></li> <li>• <b>Focus on how they are feeling</b></li> <li>• <b>Empathize &amp; normalize:</b> “After what you experienced, it’s common to think a lot about what happened or have trouble sleeping. I’m sure being tired isn’t making any of this any easier.”</li> <li>• <b>Note how their emotions reflect positive values:</b> “The fact you are upset shows that you are a caring, committed professional.”</li> <li>• <b>Remind them they are valued:</b> “You have done so much good for so many people, and I know that we’re all glad you are our colleague.” ...and of their capacity to cope: “You’ve been carrying a lot.”</li> <li>• <b>Help them create distance between their feelings and their identity:</b> “As hard as it is right now, this event doesn’t define who you are.”</li> </ul>	<ul style="list-style-type: none"> <li>• <b>Pressure them to talk</b></li> <li>• <b>Analyze what happened, critique the event, or review the medical record</b></li> <li>• <b>Take notes or make a record of conversations</b></li> <li>• <b>Say “I know exactly how you feel”</b></li> <li>• <b>Downplay their feelings</b></li> <li>• <b>Try to simplify the situation</b></li> <li>• <b>Jump to solutions or try to “fix” their distress</b></li> <li>• <b>Turn the conversation to you</b></li> </ul>

3. **Encourage coping and support**

Help them build upon their resilience and coping skills. See the “What to do” row of the table on the next page.

- **Draw on their past experiences:** “What has helped you in the past with stress?”
- **Identify their support network:** “Who else can you talk with?”
- **Help them make a plan:** “How are you thinking of managing the next few days?”
- **Be alert for signs they may need additional support (see Stress Continuum on next page).** If you are concerned about their safety or others’, encourage additional help: “I’m concerned for you. I’m wondering if continuing to be at work is the best thing. Have you spoken to your supervisor or others who can help?”

4. **Close:** “If you’d like to talk again, I’d be happy to do so.”



# Stress Continuum Model

People may move along this continuum over time. Stress after harm events is common, not a sign of weakness, and often improves with support.

	WELL	REACTING	STRUGGLING	UNWELL
Definition	<ul style="list-style-type: none"> <li>Optimal functioning</li> <li>Adaptive growth</li> <li>Wellness</li> </ul>	<ul style="list-style-type: none"> <li>Mild and transient distress or impairment</li> <li>Often improves with time and support</li> <li>Low risk</li> </ul>	<ul style="list-style-type: none"> <li>More severe &amp; persistent distress or impairment</li> <li>May have lasting effects</li> <li>Higher risk</li> </ul>	<ul style="list-style-type: none"> <li>Clinical disorder: depression, anxiety, substance use, PTSD</li> <li>Persistent stress injury affecting daily function</li> </ul>
Causes	<ul style="list-style-type: none"> <li>Being well-trained and prepared</li> <li>Being in control</li> <li>Being physically, mentally, and spiritually fit</li> </ul>	<p><b>Any stressor:</b></p> <ul style="list-style-type: none"> <li>Changes in roles/responsibilities, especially with short notice or limited time to prepare</li> <li>Intense workloads, long hours, lack of personal time, separation from social supports</li> <li>Risk of exposure to harm (e.g. COVID)</li> <li>Witnessing human suffering or being part of life-and-death decision making</li> <li>Conflicting messaging or changing guidance</li> </ul>	<ul style="list-style-type: none"> <li>Wear &amp; tear through repeated exposure to stressors (see column to the left)</li> <li>Moral injury</li> <li>Life threat</li> <li>Loss</li> </ul>	<ul style="list-style-type: none"> <li>Multi-factorial: personal history, repeated exposure to stressors or multiple concurrent stressors, limited internal and external resources</li> </ul>
Features	<ul style="list-style-type: none"> <li>At one's best</li> <li>Engaged, present, and motivated</li> <li>Feeling in control</li> <li>Calm, steady, relaxed</li> <li>Making sound decisions</li> </ul>	<ul style="list-style-type: none"> <li>Feeling irritable, anxious, or down</li> <li>Loss of motivation or focus</li> <li>Second-guessing decisions, self-doubt</li> <li>Difficulty sleeping</li> <li>Muscle tension or other physical changes</li> </ul>	<ul style="list-style-type: none"> <li>Loss of control</li> <li>Panic, rage, or depression</li> <li>No longer feeling like normal self</li> <li>Excessive guilt, shame, or blame</li> <li>Difficulty concentrating</li> <li>Cutting corners, conflict or misconduct at work</li> </ul>	<ul style="list-style-type: none"> <li>Symptoms persist and worsen over time</li> <li>Severe distress, or social or occupational impairment</li> </ul>
What to do	<p><b>Maintain healthy routines</b></p> <ul style="list-style-type: none"> <li>Eat healthy, stay hydrated, focus on sleep and exercise, avoid substance use</li> <li>Adjust your pace, take breaks</li> <li>Use relaxation techniques (meditation, breathing, music, walking, etc.)</li> <li>Talk with family, friends, &amp; teammates</li> <li>Limit negative influences, use positive self-talk, avoid self-criticism. Recognize what you can change, accept what you cannot.</li> </ul>	<p><b>Reduce stressors and connect</b></p> <ul style="list-style-type: none"> <li>Reduce or remove stressors whenever feasible</li> <li>Use stress management techniques (see list under <b>Practice Resilience</b> to the left)</li> <li>Connect with supportive people</li> </ul>	<p><b>Seek additional support</b></p> <ul style="list-style-type: none"> <li>Social Work</li> <li>Spiritual Care</li> <li>Ethics</li> <li>Consider professional help (see list to right)</li> </ul>	<p><b>Engage professional help</b></p> <ul style="list-style-type: none"> <li>Employee Assistance Program</li> <li>Clinician Health Service</li> <li>Community-based mental health services (e.g. via PCP)</li> <li><b>988 Lifeline:</b> Call or text 988 for free, 24/7, for confidential emotional support, whether or not in immediate crisis.</li> </ul>

Adapted from the National Center for PTSD



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