

# Caring for patients, users and families in connection with adverse events



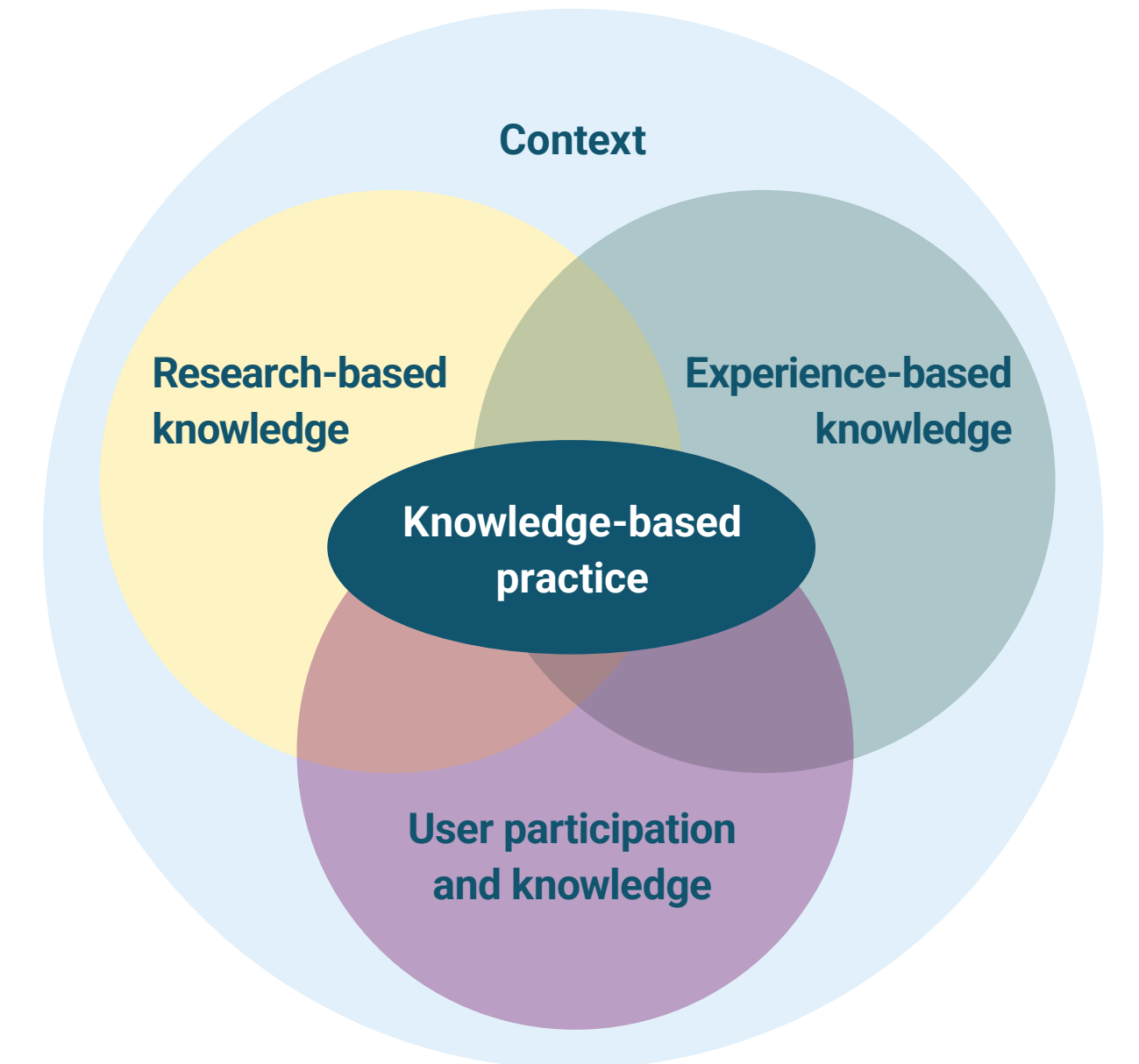
Better care of all involved in adverse events has the potential to not only mitigate their suffering in the short and long term, but to also restore relationships and trust, promote psychologically safe, open and learning cultures, and thus prevent future adverse events.



The Norwegian Directorate of Health published in 2024 a guide to caring for patients, users, families and employees in connection with adverse events. It was developed using an **evidence-based and co-creative process** with broad participation of stakeholders, including those with lived experience, as illustrated in the knowledge model here.

The guide describes **what** is important to consider, **why** this is so, based on the knowledge model, and in addition includes practical tools that show **how** the guidelines can be operationalized and put to use.

Seminar models have been developed, as well as other initiatives and supporting materials, for example short-version laminated cards, to promote distribution and **implementation**.



## Caring

Caring involves not only empathy and support, but also restorative actions, and inviting those involved to take part in safe learning arenas after an event

## Context and background

Norway ranks first internationally in patient safety (Imperial College London, 2025), nevertheless there are challenges regarding

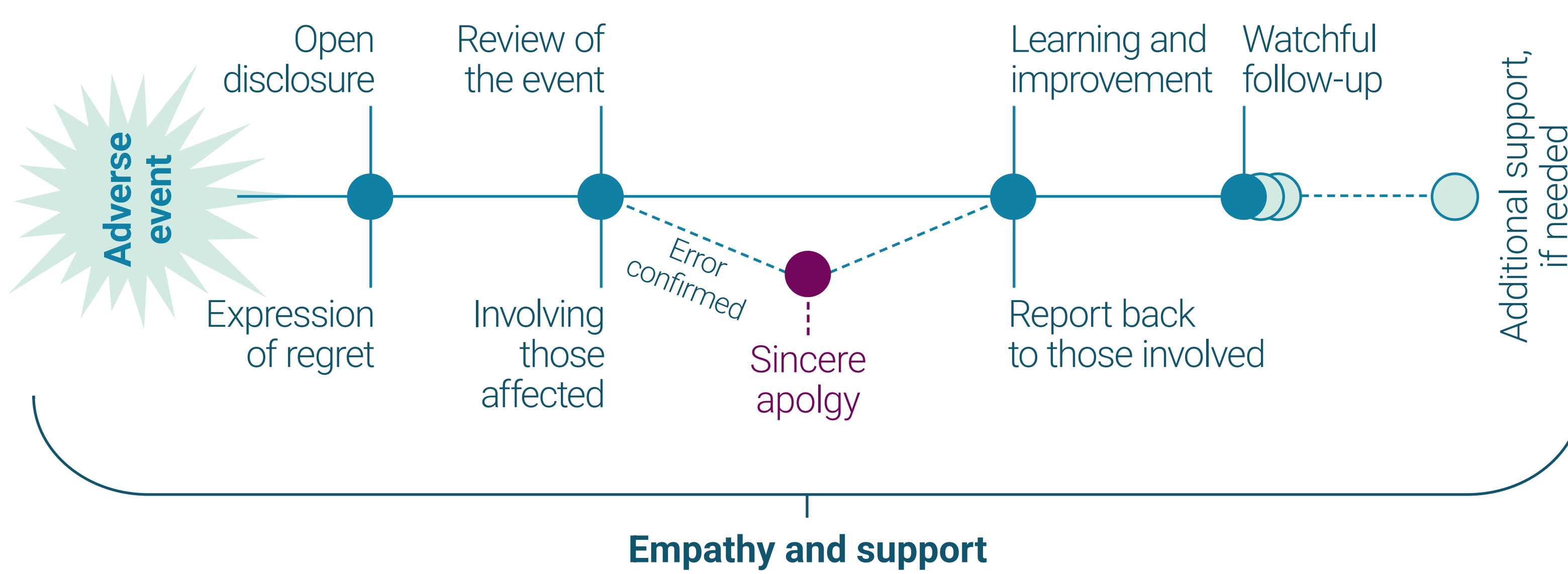
1. level of patient harm
2. economic and human costs of adverse events
3. reporting and discussing errors in healthcare

## Objectives

The objectives of the project are threefold

1. improved care of those affected by adverse events
2. more psychologically safe, open and learning-minded cultures
3. broad and flexible implementation

## Caring for patients, users and families



**Content** in the guidelines for caring for patients, users and families is summarized in the flow chart.

An appropriate first response when an adverse event occurs is vital. Without acknowledgement, expression of regret that an event has occurred, and confirmation that those in charge are taking responsibility, patients, users and relatives may experience a double breach of trust.

The guide distinguishes between an expression of regret that an event has occurred, and an apology. Until the circumstances have been clarified, an apology should not be made. If an error or flaw is confirmed, it is essential that those affected receive a sincere apology.

## Elements in a sincere apology

- 1 Acknowledgement of error(s)
- 2 Description of what happened
- 3 Clear stance on taking responsibility
- 4 Expression of remorse
- 5 Change in behavior/practice

## Pseudo-apologies

- 1 Regretting the patient's or family's **reaction** to the event, not the event itself
- 2 Giving only an **explanation** of what happened, without expressing feeling sorry
- 3 **Appearing forced**, or apologizing without really meaning it, because one has been told to do it
- 4 Conducting an apology as a **formality**, without emotion or empathy

## Restorative approach

### Restoration of

- relations
  - mental health
  - trust
- showing empathy
  - asking, not assuming
  - listening
  - involving in learning and improvement



## Response

- The guide has been positively received as addressing an unmet need.
- Implementation activities are underway in health and care facilities throughout the country.
- Various meetings and conferences, simulation-training in conversations after adverse events, revised procedures and practice, e-learning and other materials.
- The authors continue to be active in promoting and presenting the guide.

**Authors:** Joy Buikema Fjærtøft, Norwegian Directorate of Health / Olav Røise, University of Oslo, Oslo University Hospital / Frank Andersen, Patient Injury Association / Jannicke Bruvik, Patient and Service User Ombudsman / Line Hasund, Norwegian Nurses Organization / Tone Bovim, Regional Centre – Violence, Trauma and Suicide Prevention, Oslo University Hospital / Sina Furnes Øyri, SHARE - Centre for Resilience in Healthcare at University of Stavanger, Stavanger University Hospital / Kim Edgar Karlsen, Norwegian Psychological Association / Karin Isaksson Rø, Institute for Studies of the Medical Profession / Elisabeth Kehlet, Vestfold Hospital / Jannicke Mellin-Olsen (deceased) Bærum Hospital, Patient Safety Movement Board.

All affiliations, except Patient Safety Movement Board, are located in Norway. **Contact:** joy.buikema.fjaertoft@helsedir.no



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