Professional protection as the strategy of nurse managers to deal with nursing negligence

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Ethical approval

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Conflict of interest

None declared.

Author contribution

ZKH, FA, AS, MV: Study design and conceptualization

ZKH: Data collection

ZKH, FA, AS, MV: Data analysis and interpretation

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Running title: Negligence and nursing management

Abstract

Aim: To explore strategies used by nurse managers in dealing with nursing negligence in clinical practice.

Background: Negligence is a global challenge in healthcare settings with a significant impact on patient safety. Nurse managers have a responsibility to prevent negligence and improve the quality of healthcare services.

Methods: This study used a qualitative research design and an inductive content analysis method. Using semi structured interviews, data were collected from 26 purposively selected nurse managers working in seven hospitals in an urban area of Iran.

Findings: The category of 'professional protection' was our main research finding. It encompassed three subcategories of 'kind treatment of the nurse accused of negligence', 'nurse manager's prudent support for the nurse accused of negligence', and 'paternalistic leadership style'.

Conclusion: The nurse managers tried to overcome the challenge of nursing negligence through professional protection indicating a series of dynamic and conscious activities for dealing with situations that threatened patient safety.

Implications for Nursing and Policy: Appropriate management of nursing negligence requires appropriate and peaceful discussion with nurses to preserve their dignity and motivation to work. Education and training about nursing negligence and reflection on negligence incidents can empower nurses and improve the safety of nursing services.

Keywords: error, negligence, nurse manager, patient safety, qualitative research

INTRODUCTION

The nursing profession is the major pillar of the healthcare system given the role of nurses in the improvement of quality and safety of health care. Nurses, as the key members of the healthcare

team have the central role in the coordination and provision of care to patients and their families (Berman et al., 2021; Conway et al., 2019).

Patients need a safe environment to receive health care (Lee et al., 2020; Rashvand et al. 2017), but 134 million adverse events and 2.6 million deaths are reported annually in countries with transitional economic conditions, of which more than 75% are preventable (World Health Organization (WHO), 2020). Therefore, harm and risks to patient safety should be predicted and prevented by nurses as protecting agents in healthcare settings (Huang et al., 2015; Rodziewicz et al., 2021).

Negligence has been defined as failure to comply with requirements for the provision of care (Yau et al., 2020). It has become a growing global concern influencing patient safety across the globe (Jacoby & Scruth, 2017; Wang et al, 2017). Nursing care is prone to negligence (Berman et al., 2021). Negligence is responsible in two thirds of medication errors made by nurses (Björkstén et al., 2016). Also, the cause of 13.7% of medical errors, including delayed care has been attributed to negligence (Kahriman & Öztürk, 2016). Lack of adherence to professional standards of care and inappropriate organizational policies and procedures can contribute to nursing negligence leading to patient harm (Brous, 2020).

Nurses can be prosecuted for negligence, as they are considered fully accountable to the provision of safe care (Dowie 2017; Frank & Danks, 2019; Vaismoradi et al., 2021). Nursing negligence threatens patient safety and imposes huge costs on the healthcare system. For instance, the UK National Health Service spent £ 1.8 and 2.4 billion on negligence claims in 2018 and 2019, respectively (The Lancet, 2018; Yau et al., 2020).

According to the ethical codes of nursing care, nurses must identify incompetence, immoral, and illegal practice that put patients at risk and inform authorities to take corrective measures (Jacoby & Scruth, 2017; Jang & Lee, 2017). Nurse managers through the recruitment of competent nurses and their education have an important role to prevent and manage nursing negligence (Berman et al., 2021; Rundio et al., 2016). They are responsible to monitor nursing care to reduce the risk of negligence and consequent patient harm (Alrimawi et al., 2019; Sohn, 2013). They are accountable and responsible for nurses' interventions under their scope of managerial practice (Black, 2019). Failure to play this professional role can lead to malpractice lawsuits against nurses and nurse managers (Cooper, 2016).

Background in Iran

The hierarchy of nursing management in the Iranian healthcare system consists of the director of nursing services, clinical supervisor, and head nurse. Nurse managers are selected by the head/board of directors of the hospital. Eligibility criteria are having a Bachelor's degree in nursing or a Master's degree in nursing management, experience of working as the clinical nurse, and personal interests in management. After approval by nursing offices and the Deputy Director of treatment at the medical sciences university, nurse managers are appointed. The executive manager

of the hospital is responsible for coordination and communication between senior managers and operational managers in clinical and non-clinical departments. Supervisors and head nurses are selected directly by the director of nursing services.

The duties of Iranian nurse managers generally are to reduce the impact of nurse shortages on the quality of nursing care and provide appropriate work equipment. Moreover, they are held responsible to assess nursing tasks based on nurses' individual capabilities and arrange mentorship for newly qualified nurses by experienced nurses with sufficient expertise to meet the complex healthcare needs of patients (Shahbazi et al., 2018).

In the recent decades, nurse managers in Iran have started to participate in the development of practical strategies and policies influencing nursing career at the national level (Ahmadi Chenari et al., 2020). They try to facilitate reporting missed nursing care through the creation of a work environment in which open discussions on practice errors is appreciated and punitive managerial approach is minimized (Dehghan-Nayeri et al., 2018). For instance, error reporting boxes in hospitals are used to voluntarily report and detect as many practical errors as possible. Also, a system of continuous monitoring of nurses' performance in terms of filling out practical checklists by nurse managers at different managerial levels is established. If nursing negligence is discovered, the medical error committee at the hospital takes the responsibility for a thorough investigation, dealing with patients' complaints, and compensation of errors.

The national rate of clinical negligence in Iranian healthcare settings is not known. A cross-sectional study on all types of complaints registered against nurses in an urban area of Iran from 2007 to 2012 showed that negligence (65%) was one of the main causes of court rulings (Ayoubian et al., 2015). Another Iranian study reported that 36% of patients' complaints were related to negligence (Hayatbakhsh Abbasi et al., 2020).

Underreporting of practice errors and the fear of punishment and related legal consequences have been recognized as major barriers to the establishment of patient safety culture across the globe (Athanasakis, 2019; Vrbnjak et al., 2016). Similarly, punishment is the consequence of making and reporting practice errors in the Iranian healthcare system. Committing practical errors by nurses can cause legal prosecution, compulsory change of the workplace, and salary reduction (Peyrovi et al., 2016; Tajabadi et al., 2020).

Nursing negligence is a multidimensional phenomenon and is affected by the cultural and contextual aspects of nursing care. Identification of the dimensions of nursing negligence and how it can be prevented requires the exploration of nurse managers' experiences and perspectives. Therefore, this research aimed to explore strategies used by nurse managers in dealing with nursing negligence in clinical practice in the Iranian caring context.

METHODOLOGY

Design

This qualitative research was informed by an inductive content analysis approach. Content analysis is mainly a descriptive qualitative research method and helps with the exploration of healthcare phenomena (Vaismoradi et al., 2019). The consolidated criteria for reporting qualitative studies (COREQ) was used to report the study (Booth et al., 2014).

Participants and setting

The research participants were 23 nurse managers, including head nurse, supervisor, director of nursing services, and executive manager of the hospital and 3 clinical nurses with managerial experiences. They worked in seven hospitals in an urban area of Iran. They consisted of 18 women and 8 men who were selected using the purposive sampling. Inclusion criteria for recruitment were having at least three years of work experience as the clinical nurse, working in one of nursing management levels, and willingness to share experiences.

The participants had a bachelor or master's degree in nursing with the mean age and work experiences of 36 years and 12 years, respectively. Their mean managerial experience was six years. Some of them covered two managerial positions at the time of data collection (Supplementary file, table 1).

Data collection

This research was carried out from June 2020 to April 2021 and data were collected using in-depth semi-structured interviews. After obtaining permissions to enter the hospitals, the first author (ZKH) as a doctoral student referred to nursing offices at the hospitals and invited probable participants to be interviewed. Also, senior nurse managers in the nursing offices introduced the researcher to nursing wards to recruit nurses in the study. She scheduled face-to-face interviews at a time and place convenient to the participants, including nurse managers' offices and nurses' rooms in healthcare wards with the consideration of health protocols for COVID-19. Also, 6 interviews were conducted online, via phone call, Skype® and WhatsApp®.

The first author described the research aim to the participants and answered their questions to remove probable ambiguities and develop a trustful relationship with them before conducting the interviews. The flexibility of the semi-structured interviews helped with the exploration of spontaneous issues raised during the interviews and an in-depth reflection on the participants' personal experiences of the research phenomenon. The interviews were audio-recorded after obtaining participants' consent. The interviews begun with an open-ended question as follows: "what do you do when you notice nursing negligence?" The average duration of the interviews was 57 min.

Probing and exploratory questions were also asked to improve the interviews' depth: "can you explain it more?", "what do you mean by that?", "what happened next?". Data saturation was

reached at the 23rd interview, but three additional interview sessions were held to ensure of discontinuing the interviews.

Data analysis

The interviews - transcribed *verbatim* - were analyzed using an inductive qualitative content analysis method. The transcriptions were chosen as units of analysis with the consideration of both the semantic and latent contents of data. Open coding and data abstracting were performed to develop categories and subcategories (Elo & Kyngäs, 2008; Vaismoradi et al., 2013, 2016). The supplementary file, table 2 gives an example of the data analysis process.

Ethical considerations

The Ethics Committee affiliated with Tarbiat Modarres University (decree code: IR.MODARES.REC.1398.197) approved and corroborated the research process. The participants were informed about the research objectives and method, confidentiality, and anonymity of personal information, and voluntarily participation in the study. They could withdraw from the study at any time. They signed informed consent form before the interviews.

Trustworthiness

The researcher's long-term engagement with the data and participants and member checking enhanced the trustworthiness of the findings. The brief reports of the interviews and findings were presented to some participants and the confirmation of the researcher's interpretation was achieved. As peer-checking, the data analysis and abstraction process was reviewed and approved by a couple of nursing faculty members who were experts in qualitative research. The participants were selected with a maximum variation in terms of gender, management levels, education level, and work experience until reaching data saturation. The whole process of data collection, coding, analysis, and formation of main categories was documented as audit trail (Polit & Beck, 2021).

FINDINGS

According to the data analysis, 'professional protection' was the main strategy used by the nurse managers in dealing with nursing negligence. Professional protection expressed a series of dynamic and conscious activities by the nursing managers to decisively deal with nursing negligence using determined disciplinary measures and simultaneously maintain nurses' professional dignity and prevent their turnovers.

It consisted of three subcategories as follows: 'kind treatment of the nurse accused of negligence', 'prudent support for the nurse accused of negligence', and 'paternalistic leadership style'. The subcategories and related open codes in the participants' accounts are shown in the supplementary file, table 3.

Kind treatment of the nurse accused of negligence

The nurse managers emphasized paying attention to the dignity of nurses accused of negligence who committed negligence, respecting their confidentiality, and providing blameless feedback and training to them. They were very careful to provide respectful feedbacks and in an individual and private manner in order to protect the nurses' right to privacy. Friendly verbal warnings solely to nurses accused of negligence avoided being stigmatized as incompetent by colleagues and patients.

"After completing the cardiopulmonary resuscitation (CPR), I asked the nurse in charge of controlling equipment why he had not checked the trolley. We went to the treatment room, and I gave him a private verbal warning so that other nurses did not notice his negligence." (Participant 22)

"I try to give the nurse a verbal warning privately and in a friendly manner. It is really important that the nurse is not insulted in front of others." (P15)

Minor negligence cases were ignored by the nurse managers specially when nurses showed a satisfactory job performance, which maintained their job motivation. The nurse managers believed that system factors was the underlying cases of negligence rather than individual ones.

"I see that he/she is an active nurse, but he/she has either forgotten or has not been trained appropriately. He/she should not be blamed, because negligence has been committed unintentionally. I try to forgive him/her and improve his/her job motivation." (P19)

The nurse managers tried to avoid prejudice in dealing with negligence and chose the best strategy to increase nurses' motivation to their job and at the same time give them the chance for error compensation.

"I strive to protect the rights of caregivers and care receivers. Although my main task is to serve patients, maintaining nurses as social assets are important for all nurse managers." (P12)

"A valuable experience that I gained from dealing with negligence incidents was to avoid any type of prejudice. I thoroughly examine negligence events and choose the most effective methods to resolve them." (P5)

From the nurse managers' perspectives, education about standard practice was mentioned to be more effective compared to coercive and disciplinary approaches.

"I try to train nurses rather than to threaten them, because it is more effective than coercive actions." (P12)

"I never blame the nurse for what she/he has done. Rather, I say: 'it would have been better, if you had done it in another way', which means educating him/her rather than blaming him/her." (P18)

The nurse managers controlled their personal emotions when gave feedback to nurses accused of negligence. It prevented the formation of negative attitudes among nurses against the nursing

profession. The mutual atmosphere of hostility and aggression between the nurse managers and nurses accused of negligence did not help with the prevention of negligence.

“I may have been angry, but I have respectfully confronted nurses. While I am serious and angry, I try to control myself to prevent the formation of negative mentality toward the nursing profession or nurse managers.” (P1)

“I am really opposed to being harsh toward nurses accused of negligence in front of others. I try to address work issues without insulting nurses.” (P15)

Prudent support for the nurse accused of negligence

The nurse managers used various supportive measures such as negotiation with senior managers, compensation for lost care, gaining the satisfaction of the patient and the family to prevent the punishment of nurses accused of negligence including salary reduction and legal prosecution based on disciplinary measures in the healthcare system.

If the punishment decided by superior managers did not commensurate with negligence, the nurse managers started negotiations to support nurses.

“I usually defend nurses, because the punishment is not always appropriate and the best solution.” (P2)

“One nurse made mistakes repeatedly and another nurse had a very good work record. I requested my superiors not to reprimand the second nurse, because she made the mistake only once.” (P14)

The nurse managers and nurses accused of negligence made an apology to the patient and his/her family to gain their satisfaction and sort out their complaints and prevent its referral to senior managers.

“The child's mother was complaining and crying. The nurse and I sincerely apologized to the mother and calmed her down, so that she did not register a complaint against the nurse.” (P6)

The nurse managers also explained the cause for negligence to the patient and their families to win their trust.

“I explained to the child’s mother that she was probably asleep and could not notice the administration of medications to her child. I also told the mother that I would ask the night shift staff to find about it more, and after making sure that medications had been administered, I informed the mother to gain her trust.” (P3)

“In response to the complaint by the patient’s family about the nurse negligence toward the patient, I explained that the nurse must first have checked blood pressure and next had administered opioid medications.” (P24)

The nurse managers compensated for lost care to prevent the reprimand of the nurse accused of negligence, which was in line with their accountability for nursing interventions.

“The nurse placed a tape directly on the patient’s stitches when changed the dressing, so I had to change the dressing myself again before that the physician visited the patient and noticed the mistake.” (P1)

“I noticed that the child’s intravenous line was damaged. I quickly replaced it, because it was fixed by the surgeon and should not be damaged.” (P3)

Reporting errors could improve the performance of nurses accused of negligence, and the quality and safety of healthcare services. Negligence incidents were used to educate nurses about how to have standard performance. Therefore, the nurse managers encouraged nurses to openly discuss their errors.

“Negligence is dealt with as a lesson that helped nurses avoid repeating it. Good deeds are also encouraged to make nurses realize that the healthcare organization values good deeds, and to set an example for other nurses.” (P12)

“In dealing with negligence, the feeling of responsibility among nurses is very important. They should have the feeling of responsibility to prevent the occurrence of error. If they inadvertently commit negligence, they should feel secure and confident to report it.” (P4)

Despite having the power of salary reduction and the reprimand of nurses accused of negligence, the nurse managers did not report negligence to superior managers.

“I try not to report mild negligence cases to the nursing office. This is a private hospital and reports by the head nurse and supervisor influence nurses’ turnover. I actually do not want to enhance nurses’ dissatisfaction.” (P1)

“I was in charge of the dispatch code and noticed malpractice, but I did not reduce her salary and did not undermine her right for the sake of a minor mistake.” (P13)

The nurse managers prevented from the spread of rumors about nurses accused of negligence. They used administrative and organizational hierarchies for reporting negligence to senior managers and sending feedback to nurses accused of negligence.

“I usually try to keep warnings within the hierarchical system so that no rumors about nurses are spread, and it works better than reprimanding and punishing them at once.” (P4)

The nurse mangers took the initiative to establish and develop good interpersonal relationships with nurses accused of negligence to facilitate talking about negligence with nurses.

“When the nurse realized his mistake, he came to talk to me, and I stepped down from my position to improve our interpersonal relationship.” (P22)

Paternalistic leadership style

It meant that the nurse managers assertively explained negligence and its consequences to nurses accused of negligence, but also used a friendly and benevolent language to avoid damaging their dignity and the nurse-manager trustful relationship. The nurse managers followed organizational regulations to decisively encounter nursing negligence and simultaneously provided guidance and support to nurses. They arouse nurses' emotions and remind them of their responsibilities toward patient safety and prevention of negligence. This leadership style was the combination of authority along with paternal benevolence and moral integrity.

"I'm not worried at all when dealing with negligence. I must warn the nurse, because he/she is committed to do the job properly. I inform him/her that she/he has committed the mistake several times, and I have to report it to authorities." (P1)

"When a nurse protests for why she/he has been reprimanded, I answer: 'when you do not take my warnings seriously, then you deserve to be reprimanded.'" (P2)

The nurse managers documented nursing negligence in a notebook. It contained information about the negligence incident, duties and responsibilities that had not been carried out, reasons for reprimand, and how it should be prevented. It aimed to help nurses understand their mistakes and avoid future similar incidents in nursing practice.

"I put the nursing negligence notebook in the ward. Therefore, each nurse can find what is wrong. It prevents from repeating mistakes." (P2)

"The nursing negligence notebook helps nurses realize that they are being monitored and negligence must not be repeated." (P6)

The nurse managers aroused nurses' emotions, encouraged them to visualize the consequences of negligence, and helped them find justification measures.

"I stated to the nurse to assume that the patient was her own family member and asked her to put herself in their shoes. The family brought a sick child to the hospital in this cold and icy weather, but nothing was done for the child." (P2)

The nurse managers used the forward-thinking approach by which the consequence of negligence would guide them to select the best encounter strategy.

"I guess the consequences of negligence and then make a decision accordingly. I try to find if he/she has the potential to do it again. A nurse may have made mistakes during blood samples' cross-matching. I follow it up in the Patient Safety Committee and investigate the possibility of improving the nurse performance through education or reprimand." (P16)

The conscientiousness and duty-centeredness of the nurse managers in dealing with negligence incidents were emphasized.

“Friendly relationships with nurses do not affect my tasks and making decision on following up negligence cases.” (P4)

“I try not to reprimand nurses for personal reasons, so that I would not end up with a guilty conscience.” (P7)

DISCUSSION

This qualitative research aimed to improve our understanding of strategies used by nurse managers in dealing with nursing negligence. The strategy of professional protection with the aim of retaining workforce and maintaining the credibility of nursing profession was our main research finding. Protection and promotion of human rights including nursing staff are the fundamental principles of work environment in health care (ANA, 2016; Berg & Ruppert, 2019).

The nurse managers dealt with nursing negligence in such a manner that patient safety was preserved, and nurses’ credibility was not damaged. They behaved respectfully and planed for nurses’ education and training. According to the theories of human relation management and the new style of paternalistic leadership, benevolence implies caring for subordinates’ well-being and maintaining a personal relationship with them beyond the organizational context. Such a leadership style creates congruence between the leader’s and subordinates’ values (Ünler & Kılıç, 2019).

The nurse managers prevented reprimand and dismissals of nurses based on benevolence and compassion that motivated nurses and retained the organization's manpower. According to the principle of blameless education, they played a significant role in the development of patient safety culture through the creation of an open atmosphere for reporting errors and learning from negligence incidents. One of the pillars of nursing management in healthcare organizations is recruitment of staff. It means attracting, retaining, and placing nursing workforces in appropriate organizational positions (Efendi et al., 2019).

The nurse managers made up for lost care and encouraged nurses to improve poor performance and promote nursing care based on care standards. Active participation of nurse managers not only preserves the rights and safety of patients, but also spreads the culture of safe care through prudent management. In the Gualardo's study (2008), one of the three main factors influencing the culture of patient safety was the active participation and commitment of managers.

The participants tried to gain the satisfaction of patients and families and prevented the registration of complaints against nurses. As nurses’ advocates, the nurse managers negotiated with their superiors to avoid punishment of nurses. Nurse managers are responsible for advocating nurses and the nursing profession and should integrate ethical principles and human rights into practice. They should monitor nursing care and prevent the violations of patients’ rights (ANA, 2016; Davoodvand et al., 2016). Physical and psychological support for nurses is an important role of nurse managers as nurses’ advocates (Munro & Hope, 2020; Watson & Kottenhagen, 2018).

The nurse managers improved the understanding of nurses accused of negligence about safe care through establishing a supportive relationship. They explained the consequences of negligence and dealt decisively with the nurses along with the use of a soft and respectful language to justify punishment and also avoid their discouragement. Communicating and inspiring nurses to achieve the organization's mission, strengthening and managing relationships with superiors, peers and staff under their supervision, and maintaining the highest level of professionalism and resource management are the responsibilities of nurse managers. Stable and consistent relationships between managers and nurses promote to reach organizational goals (Efendi et al., 2019; Ünler & Kılıç, 2019).

CONCLUSION

The nurse managers tried to overcome the challenge of nursing negligence through professional protection indicating a series of dynamic and conscious activities for dealing with situations that threatened patient safety. They advocated nurses and improved the position of the nursing profession despite the existence of organizational regulations for the punishment of errors. They actively participated in the retention of qualified nurses and enhanced the safety and quality of patient care. Also, they effectively maintained professional relationships with nurses though decisively managed nursing negligence. More search is needed to understand about other strategies in other healthcare contexts that are used for managing nursing negligence and what their effects can be on patient safety.

IMPLICATIONS FOR NURSING & HEALTH POLICY

The nurse manages' method of handling nursing negligence is influenced by organizational rules and disciplinary actions. Appropriate management of nursing negligence requires appropriate and peaceful discussion with nurses accused of negligence to preserve their dignity and motivation to work. Education and training about nursing negligence and reflection on negligence incidents can empower nurses and improve the safety of nursing services.

The need for the preservation of nursing workforce in the era of global nursing shortages indicates the necessity of the application of supportive measures to prevent nurses' dissatisfaction with nursing leadership and the feeling of discrimination. Nursing policy makers can use our research findings to design and implement a system for detecting, recording and combating nursing negligence. The culture of safe care through education and training should be establish in which self-reporting of clinical negligence and voluntary compensation for patient harm are encouraged.

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Supplementary file

Table 1. Demographic characteristics of the participants.

Participant	Age, year	Gender	Work experience, y	Management experience, y	Education level in nursing	Current managerial position
P1	44	Female	22	14	Master	Head nurse
P2	31	"	6	1	Bachelor	Head nurse
P3	38	"	15	8	Bachelor	Head nurse
P4	37	"	12	8	Doctoral student	Head nurse
P5	32	"	9	6	Bachelor	Supervisor
P6	36	"	12	9	Bachelor	Head nurse
P7	31	"	5.6	4	Master	Supervisor
P8	46	Male	20	19	Bachelor	Head nurse
P9	46	"	20	2	Bachelor	Executive manager
P10	33	Female	9.5	1	Bachelor	Head nurse
P11	44	"	18.5	14	Bachelor	Supervisor
P12	48	Male	23	13.5	Bachelor	Executive manager
P13	32	"	10	7	Doctoral student	Supervisor
P14	34	"	9	6	Bachelor	Supervisor
P15	38	Female	13.5	9	Bachelor	Supervisor
P16	39	Male	13	6	Bachelor	Executive manager
P17	38	"	13	3	Master	Supervisor
P18	35	Female	11.5	2.5	Master	Director of nursing services
P19	41	"	13	3.5	Master	Head nurse
P20	38	"	10	5	Bachelor	Head nurse and supervisor
P21	41	"	15	9	Master	Head nurse and supervisor
P22	32	"	10.5	5	Doctoral student	Supervisor and tutor

P23	35	"	12	4	Master	Head nurse
P24	26	Female	2.5	-	Bachelor	Nurse
P25	29	Male	4	2.5	Bachelor	Nurse
P26	26	Female	3.9	-	Bachelor	Nurse

Table 2. An example of the data analysis process.

Main category	Subcategories	Open codes	Semantic units
Professional protection	Kind treatment of the nurse accused of negligence	Confidentiality and maintaining the professional dignity of nurses Blameless training of nurses	Preserving dignity is important to me when giving notices to nurses, because he/she is a human and has dignity. He/she may have made an inadvertent mistake (Participant 1). I never blame him/her when I see a colleague committing negligence. I say it would have been better if you had done this or that, which means explaining rather than blaming him (P18).
	Prudent support for the nurse accused of negligence	Intervening for the prevention of reprimand by the superior Compensating for lost care	I usually defend my staff in the nursing office, because reprimands issued by the office are not really appropriate, but when I come to the ward, I warn them to be more careful, check more, and be more precise (P2). I noticed that the child's intravenous line was damaged. I quickly inserted another one. If I had not done so, the nurse would have been reprimanded, because she was not careful and the line inserted by the surgeon was damaged (P3).
	Paternalistic leadership style	Informing nurses about dealing with negligence Transparent documentation of negligence	When the staff noticed his salary reduction, he asked for clarification. I explained to him that you had these shortcomings and despite given notice, your performance has not being rectified, so I reduced the salary (P14). Record of the staff negligence is in the ward and all other nurses can see what other nurses have done wrong. This prevents them from repeating the error (P2).

Table 3. The main category and subcategories developed in this study.

Main category	Subcategory	Open codes	Availability in the participants perspectives
Professional protection	Kind treatment of the nurse accused of negligence	Appropriate dealing with the nurse	(P1*6 - P2*4 - P3*7 - P4*4 - P5- P7*2- P8* 6-P11- P13*3- P14- P15*7- P18- P19*2 - P22*4- P23 - P24*2)
		Peaceful confrontation	(P1*2- P12- P15*2- P16*2- P19)
		Maintaining professional dignity and motivation	(P1*2- P2- P4- P5-P13*3- P15- P16- P26)
		Blameless training	(P12*3- P13- P17- P18*2)
		Patience in giving feedback	(P1- P15)
	Prudent support for the nurse accused of negligence	Prevention from receiving a reprimand	(P2*3- P4*2- P14- P15*3- P18- P26*2)
		Gaining the satisfaction of the patient and the family	(P *2- P9)
		Prevention from registering complaints against the nurse	(P3*6- P24)
		Compensation for lost care	(P1- P3)
		Encouragement and support	(P5*2- P11- P7*4- P13- P15- P16- P17*2- P18- P19-P24)
		Prevention of punishment	(P1*7- P3*2- P8*5-P11- P13*3- P15- -P16 P18*2- P25)
		Disciplinary action along with giving feedback	(P4- P6)
		Taking the lead to establish the relationship with the nurse	(P3-P11- P15- P22)

	Paternalistic leadership style	Fearless management of negligence Transparent documentation of negligence Lack of discrimination in dealing with the nurse Informing the nurse about dealing with negligence Assessing the consequences of negligence before dealing with it Duty-centeredness in dealing with negligence Attention to commitment	(P1 * 2 - P2) (P2 - P6) (P1 * 2- P4 * 2- P7- P11 * 2) (P2 * 5- P3 * 4- P11 * 2- P12- P14- P22) (P16) (P2- P6- P7) (P2- P4 * 2- P6)