Supplementary material 1 : Standards for Reporting Qualitative Research (SRQR)* checklist

http://www.equator-network.org/reporting-guidelines/srqr/

Page/line no(s).

Title and abstract

Title - Concise description of the nature and topic of the study Identifying the study as qualitative or indicating the approach (e.g., ethnography, grounded theory) or data collection methods (e.g., interview, focus group) is recommended	**Page 1**
Abstract - Summary of key elements of the study using the abstract format of the intended publication; typically includes background, purpose, methods, results, and conclusions	**Page 2 and 3 (Line 1-29)**

Introduction

Problem formulation - Description and significance of the problem/phenomenon studied; review of relevant theory and empirical work; problem statement	**Page 4 and 5 (Line 53-62)**
Purpose or research question - Purpose of the study and specific objectives or questions	**Page 5 (Line 60-62)**

Methods

Qualitative approach and research paradigm - Qualitative approach (e.g., ethnography, grounded theory, case study, phenomenology, narrative research) and guiding theory if appropriate; identifying the research paradigm (e.g., postpositivist, constructivist/ interpretivist) is also recommended; rationale**	**Page 5 (Line 67-69 Line 80-82)**

Researcher characteristics and reflexivity - Researchers' characteristics that may influence the research, including personal attributes, qualifications/experience, relationship with participants, assumptions, and/or presuppositions; potential or actual interaction between researchers' characteristics and the research questions, approach, methods, results, and/or transferability	**Page 7 (Line 116-121)**
Context - Setting/site and salient contextual factors; rationale**	**Page 5(Line 70-71)**
Sampling strategy - How and why research participants, documents, or events were selected; criteria for deciding when no further sampling was necessary (e.g., sampling saturation); rationale**	**Page 5(Line71-79)**
Ethical issues pertaining to human subjects - Documentation of approval by an appropriate ethics review board and participant consent, or explanation for lack thereof; other confidentiality and data security issues	**Page 7 (Line 124-126)**
Data collection methods - Types of data collected; details of data collection procedures including (as appropriate) start and stop dates of data collection and analysis, iterative process, triangulation of sources/methods, and modification of procedures in response to evolving study findings; rationale**	**Page 6(Line90-98)**
Data collection instruments and technologies - Description of instruments (e.g., interview guides, questionnaires) and devices (e.g., audio recorders) used for data collection; if/how the instrument(s) changed over the course of the study	**Page 6 (Line 82-98)**
Units of study - Number and relevant characteristics of participants, documents, or events included in the study; level of participation (could be reported in results)	**Page 7 (Line 131-136)**

Data processing - Methods for processing data prior to and during analysis, including transcription, data entry, data management and security, verification of data integrity, data coding, and anonymization/de-identification of excerpts	**Page 6 and 7(Line 101-106)**
Data analysis - Process by which inferences, themes, etc., were identified and developed, including the researchers involved in data analysis; usually references a specific paradigm or approach; rationale**	**Page 6 and 7(Line 99-112)**
Techniques to enhance trustworthiness - Techniques to enhance trustworthiness and credibility of data analysis (e.g., member checking, audit trail, triangulation); rationale**	**Page 6 and 7(Line 113-121)**

Results/findings

Synthesis and interpretation - Main findings (e.g., interpretations, inferences, and themes); might include development of a theory or model, or integration with prior research or theory	**Page 7 and 8 (Line 128-143)**
Links to empirical data - Evidence (e.g., quotes, field notes, text excerpts, photographs) to substantiate analytic findings	**Page 8, 9,10 and 11 (Line 145-244)**

Discussion

Integration with prior work, implications, transferability, and contribution(s) to the field - Short summary of main findings; explanation of how findings and conclusions connect to, support, elaborate on, or challenge conclusions of earlier scholarship; discussion of scope of application/generalizability; identification of unique contribution(s) to scholarship in a discipline or field	**Pages 12, 13, 14, and 15(Line 245-330)**
Limitations - Trustworthiness and limitations of findings	**Page 15 (Line 327-330)**

Other

Conflicts of interest - Potential sources of influence or perceived influence on study conduct and conclusions; how these were managed	**Page 1**
Funding - Sources of funding and other support; role of funders in data collection, interpretation, and reporting	**Page 1**

Supplementary material 2: Illustrates complete quotes to give context to the quotes used in results section

Theme	Shortened Quote	Entire Quote
Sources of support: peers, friends and family	One senior ODP described the operating room staff like *"a close knit"* (Senior ODP, P45) community and how discussing the incident with colleagues really helped her.	*"In theatres, we are [like] a close knit family and we know the pros and cons of our theatre environment and if something happens our colleagues exactly know why and how that incident would have occurred and provide support by having general discussion. That's what we need!" (Senior ODP, P45)*
	One Obstetric surgical trainee explained how she had "a good chat" with his senior consultant, who described *"being involved in a similar incident."* (Obstetric Surgical Trainee, P8).	*"There was very good support given to me by my senior consultant, we had a good chat and he gave me his experiences of being involved in a similar incident. An action plan was drawn up for me and we had regular chats about my progress and well-being"* (Obstetric Surgical trainee, P8)
	However, one operating room lead nurse felt that, as an organisation, the hospital had *"moved on*	*"I think if I look back things are not the same as was before. The organisation has moved on and they are now taking incidents seriously, there is more*

	and they are [were] now taking incidents seriously" (Lead Operating room Nurse, P44). *He was aware of a group of people "called CONTACT who are [were] independent to your [her/his] department and they can offer you support in terms of listening to your concerns and show where you need to go [for support]."* (Lead operating room Nurse, P44).	*support to also help staff when these kinds of things happen. There are group of people called CONTACT who are independent to your department and they can offer you support in terms of listening to your concerns and show where you need to go. There is also an office I know within the trust dedicated to patient safety run by one of the medical directors. They have been highlighting a lot of safety issues and putting out there to everyone (to learn). So I can say the organisation has moved on really (well). We are at a good place, where everyone is encouraged to report any incidences so that we can learn from them."* (Lead Operating room nurse, participant 44).
	A junior anaesthetist also recalled how she needed the *"emotional support"* from her *"loved ones"* (Anaesthetist; Junior Registrar, P18).	*" Following the event in the operating room , my clinical lead did have a meeting with me which was more of a professional reassurance , what I needed immediately at the time was my loved ones next to me to provide emotional support. They (friends and*

		family), really know you as a person and they have always been with me when needed" (Anaesthetist; Junior Registrar, P18)
The timing of the support	One junior ODP described feeling completely isolated, not knowing *"… who to speak to"* (ODP, P41). An operating room nurse explained how she would have appreciated a *"…one-to-one chat with my [her] manager and get some assurances that everything will be OK"* *(*Operating room Scrub Nurse, P30) but instead was told by her manager "*now go and speak to your union"*. (Operating room	*"I was completely left in isolation, I didn't know who to speak to, then went to see my manager who said "you will get an email" that's it! I was kept waiting for the email, which I have received after a week to fill in a report; I felt completely let down by management"* (ODP, P41). *"As soon as an incident happens, the first thing the manager says is "go and speak to your union", I rather have a one to one chat with my manager and get some assurances that everything will be "OK" ".* (Theatre Scrub Nurse, P30)

	Scrub Nurse, P30)	
	One junior ODP recalled how her team *“discussed and reflected”* (ODP, P9) on the particular incident and felt better afterwards as she was “*not the only one who is [was] feeling this way”***.** (ODP, P9)	*“In a recent incident, where I was working in a paediatric theatre we forgot to check the expiry date of a surgical product needed for surgery before the child was anaesthetised. The case was cancelled and the child was anaesthetised unnecessarily. I was devastated. We immediately as a team had a debrief session and we discussed and reflected on the events. We all had expressed our own emotional reactions. That debrief soon after the incident made me feel “oh good, I am not the only one who is[was] feeling this way”. Even though we all were responsible for the serious incident, it made me feel reassured and consoling” (ODP, P9)*
	One vascular surgeon emphasised how the welfare of those involved in the surgical incident needs to *“be followed up on consistent basis”* (Vascular	*“The support provided [following incident] should not be a “one off”, the welfare of those involved should be followed up on consistent basis”.* (Vascular Consultant Surgeon, P20)

	Consultant Surgeon, P20). This was echoed by a senior orthopaedic operating room nurse who described the need to *"constantly check"* whether colleagues involved in the incident were *"coping well"* (Senior Orthopaedic Nurse, P26).	*"We need to make sure that the staff are handling the situation [aftermath of the incident]. We should constantly check whether they are coping well with the incident, it should be soon after the incidents, couple of hours after the incident, a day after the incident or a week after the incident or even a month after incident. The incident will have a knock-on effect for the rest of their lives"* (Senior orthopaedic nurse, P26)
The challenges of the investigation process	One operating room support worker recounted how the investigative process was not explained to her and that *"a little bit more clarification in [about]*	*"Just a little bit more clarification in what steps will be taken after [handing in the investigation statements] in terms of what then happens? A little bit of reassurance that I might not lose my job might be quite nice as well".*

	what steps will be taken" would have been helpful; in particular, she looked for reassurances that she would not lose her job (Operating room assistant, P28).	(Operating room support worker, P28)
	An operating room nurse received guidance from his operating room clinical educator, who advised him to stick to the facts when completing the necessary paperwork: *"it's not any wishy washy stuff because if you don't put out the truth or you don't put out the facts and it doesn't stand up to scrutiny you're going to be in a big mess"* (Operating room scrub Nurse, P30).	*"I spoke to the clinical educator and he basically said, you need to put down what you remember, don't implicate yourself, don't write things that you're not sure about. It's facts, it's not any wishy washy stuff because if you don't put out the truth or you don't put out the facts and it doesn't stand up to scrutiny you're going to be in a big mess. So basically whatever you remember that day put it down, there's no sort of "I think that …." just be precise, go straight to the point and tell us what really happened. So he helped us draft our statements and was the only one who gave us a bit of guidance".* (Operating room scrub nurse, P30)

Table 1: Interview topic guide

Question	
1	What do you understand by a “surgical incident”?
2	How do think such incidents impacted on the individuals involved / the surgical team as a whole?
3	Could you give me an example of a surgical incident? **Prompt:** • Were you involved in this particular incident? In what way? • How long ago did it happen? • How did it affect you / the team? Personally / professionally?
4	In your opinion, what might have contributed to this surgical incident occurring (causes)? **Prompt:** •Might this be similar or different to other incidents that occurred?
5	Did your attitude/behaviour change towards patient safety following the incident? In what way?
6	What support structures were offered to you /staff involved following the incident? **Prompt:** • Support from your peers? • Support from your organization? • Other support?

7	How would you describe your institution’s culture in response to a surgical incident occurring?
8	In what ways can we learn from the occurrence of such incidents going forward? **Prompt:** • How do you think we can learn as a team?

Table 2 below gives details of participants' in the study.

(**ENT:** Ear Nose and Throat; **ODP:** Operating Department Practitioner)

Participant number	Staff job title
P1	Operating room Scrub Nurse
P2	ENT Consultant Surgeon
P3	Trauma and Emergency Consultant Anaesthetist
P4	Vascular operating room Nurse
P5	Senior ODP
P6	General Surgery Consultant
P7	Operating room assistant
P8	Obstetrics Surgical Trainee
P9	ODP
P10	Operating room assistant
P11	Operating room Scrub Nurse
P12	Anaesthetist, Senior Registrar
P13	Operating room assistant
P14	General Surgery Registrar
P15	Operating room Scrub Nurse
P16	Orthopaedic Consultant Surgeon
P17	Operating room assistant
P18	Anaesthetist, Junior Registrar
P19	Operating room scrub Nurse
P20	Vascular Consultant Surgeon
P21	Operating room scrub nurse
P22	Operating room assistant
P23	Trauma and Emergency Anaesthetist, Junior Registrar
P24	Operating room assistant
P25	Paediatric Consultant Anaesthetist
P26	Senior Orthopaedic Nurse
P27	Vascular Consultant Surgeon
P28	Operating room assistant
P29	Paediatric operating room nurse
P30	Operating room nurse
P31	Obstetrics Senior Nurse
P32	ODP
P33	Paediatric Consultant Anaesthetist
P34	Orthopaedic operating room nurse
P35	Consultant Anaesthetist
P36	Senior ODP and Theatre manager
P37	ODP
P38	Operating room assistant
P39	Senior ODP

P40	Obstetrics Surgeon, Registrar
P41	ODP
P42	Senior ODP
P43	Consultant Anaesthetist
P44	Lead operating room nurse
P45	Senior ODP