What are the impacts of structured team debriefings after critical events on the well-being and performance of ICU nurses?

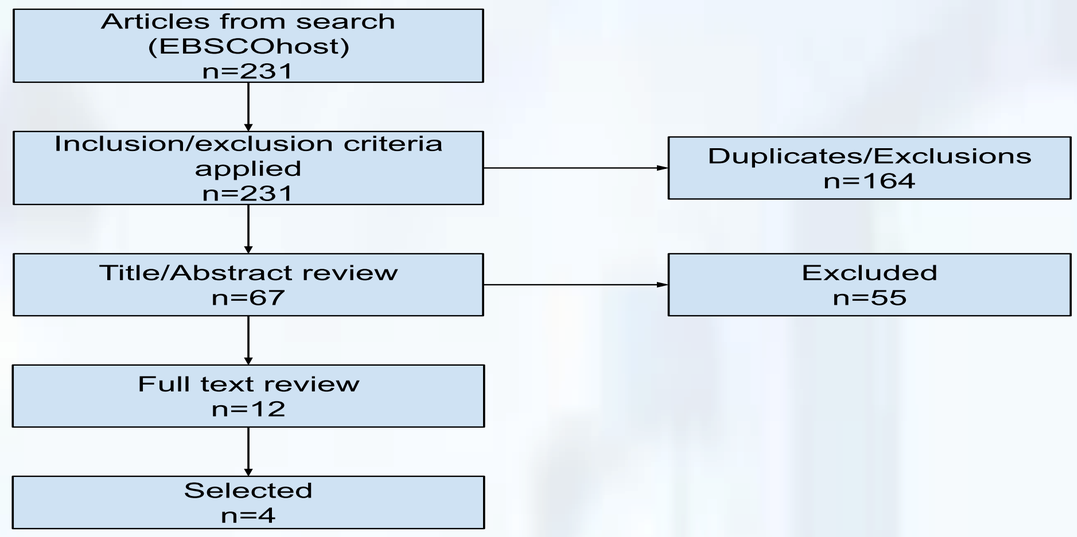
By: Kevine Otieno
ICU Nurse – London Northwest University Healthcare NHS Trust

Introduction

The intensive care unit (ICU) is a high-stress environment where nurses often encounter critical incidents like cardiac arrests and code situations which can significantly impact nurses' psychological well-being, leading to stress, burnout, and decreased job satisfaction. Debriefings are structured discussions conducted after clinical events, aiming to facilitate learning through reflection and to transfer insights into clinical practice. Traditionally, the primary goal of debriefings has been to improve clinical outcomes by analyzing events and implementing changes based on collective insights (Evans et al., 2023). In the literature, debriefing has been broadly categorized based on the delivery timing as 'hot, 'warm' and 'cold' debriefs. Hot debriefing is the most commonly used following critical incidents and occurs minutes to hours after the incident, while cold debriefing occurs days to weeks after the event and usually follows root-cause analyses (Sweberg et al., 2018). According to a study by Berchtenbreiter et al., (2024), Nurses generally perceive debriefing after critical incidents as a valuable practice providing opportunities to reflect, learn, and reduce the normalization of stressful situations. However, logistical factors such as communication, timing, and location negatively influence attendance. Additionally, Imperio et al., (2024) argue that perceptions and practices surrounding debriefings are not well understood and there is limited research focusing on the emotional experiences and well-being of healthcare workers concerning debriefings. This poster examines the significance of conducting debriefing sessions for ICU nurses following critical events, to advocate for its integration into standard clinical practice.

Search Strategy

The EBSCOhost engine was used to search the following online databases; Academic Search Elite, APA PsycArticles, CINAHL Complete, MEDLINE, and OpenDissertations. The keywords and Boolean operators used were; debriefing OR structured debriefing OR post-event review OR team debriefing AND ICU OR ITU OR intensive care unit OR critical care AND nurse OR nurses OR nursing AND critical events OR stressful situations OR cardiac arrest OR CPR OR death OR incident NOT neonatal OR neonate OR toddler OR paediatric OR child OR children OR pediatric OR paediatrics. Studies on in-patient adult care between 2015 and 2025 were included. JBI's critical appraisal tools were used to appraise the articles.



Study	Selection	Findings	Limitations
Cardiac arrest debriefing (Khpal and Coxwell Matthewman, 2016) **Design:** Cross-sectional survey. **Country:** UK **Ethical approval:** None	**Population:** 100 cardiac arrest team members. **Inclusion:** doctors and nurses of all grades working in ED, ICU, anaesthetics department, medical wards, surgical wards, and junior doctor teaching sessions.	- 72% of the participants had never had a debriefing postcardiac arrest. - The participants acknowledged the importance of debriefing after cardiac arrests and recommended its use to benefit team and individual performances, and patient outcomes. - 93% participants expressed that debriefing after cardiac arrest would enhance individual performance, 95% perceived it would improve team performances, and 88% felt it would promote patients' safety.	-This study was done in only one hospital limiting its generalisability. -No blinding was used on the participants.
Critical Event Debriefing: Impacts on Clinical Practice and Implications (Joyce and Itano, 2024) **Design:** Meta-analysis **Country:** USA **Ethical approval:** None	**Population:** 16 studies focussing on the impacts of debriefing after critical events. **Inclusion:** Studies published in English from 2012 to 2022 on debriefing in any hospital department. **Exclusion:** Studies on clinical debriefing outside the hospital.	- Emotional well-being is frequently cited as a positive outcome of critical event debriefing. - Debriefing after a patient experiences a critical or traumatic event offers many protective measures for nurses, such as better emotional support, enhanced teamwork, and continual opportunities to improve their practice environment. - Debriefings are shown to increase staff adherence to the resuscitation guidelines from the American Heart Association	- This paper mainly focuses on the impacts and implications of clinical event debriefing for oncology nurses. Its generalisability and adaptability to general critical care nursing should be interpreted on a contextual basis.
Impact of Case Review Debriefings on Moral Distress of ECMO Nurses (Griggs et al., 2023) **Design:** Quasi-experimental study **Country:** USA **Ethical Approval:** Institutional review board	**Population:** 39 ECMO-trained RNs **Inclusion:** RNs with more than 1 year of ICU experience and had specialised ECMO training. **Exclusion:** RNs with less than 1 year experience and who have not received ECMO training.	-The Moral Distress Thermometer (MDT) scores indicated a significant decrease in distress over time after the intervention ($P < 0.001$). -Participants became more self-aware by going over their moral distress, acknowledging it, and then discussing it with colleagues, which can help them begin processing distressing events and ultimately decrease the effects of moral distress. -The 2 case review debriefings did not reduce moral distress in the long term but helped lighten distress about challenging patient care situations in the short term.	- The small sample size could limit the generalisation of results. - The project did not include a control critical care nurses group not looking after ECMO patients. - Debriefings were scheduled over 12 weeks to give all participants the option to attend, which could limit the efficacy of the intervention.
ICU nurses' perceptions of debriefing after critical incidents (Berchtenbreiter et al., 2024) **Design:** Qualitative descriptive study **Country:** Australia **Ethical Approval:** Multiple Sources	**Population:** 6 RNs who had worked in the adult ICU for over 6 months and had been involved in a distressing incident at work.	The study highlighted the following benefits of debriefing; - Staff health and wellbeing – Opportunity to ask everyone if they are okay. - Reflection of the incident and processing emotions. - Preventing self-blame. - Reduction of dark humour and normalisation of critical incidents. - Learning and feedback opportunity. Logistical factors such as time, duration, and location needs to be considered when planning debriefing sessions.	-The study was done during the COVID-19 pandemic, which had high levels of perceived stress on nurses. - Responses were from nursing staff from one hospital, which may affect generalisability.

Discussion

Three studies highlighted that debriefing positively impacts nurses emotional and psychological well-being (Khpal and Coxwell Matthewman, 2016; Joyce and Itano, 2024; Berchtenbreiter et al., 2024). Additionally, Griggs et al., 2023 found that debriefing contributed to short-term lightening of distress about challenging patient care situations which translates to psychological well-being. Furthermore, debriefing is associated with high levels of perceived enhancement to individual and team performances and increases staff adherence to guidelines (Khpal and Coxwell Matthewman, 2016; Joyce and Itano, 2024). Majority of existing literature, however, cites smaller population as a limitation prompting need for larger population studies.

Conclusion and Recommendation

Debriefing after critical events is well established in literature to have several benefits including enhancement of staff well-being and performances (Khpal and Coxwell Matthewman, 2016; Joyce and Itano, 2024). However, its utilisation in standard clinical practice is still low, with studies such as Khpal and Coxwell Matthewman (2016) showing more than 70% underutilisation. This could be attributed to logistical factors such as timing, duration, and location of intervention. Further studies need to be done to determine the best time to initiate debriefing; whether hot or cold debriefing and the recommended duration to ensure maximum efficiency.

REFERENCES