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Debriefing in the Emergency Department

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DEBRIEFING IN THE EMERGENCY DEPARTMENT

by

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Abstract

Workplace stress is a common hazard in many occupations, especially in healthcare. Workplace stress has physical and psychological impacts and can lead to burnout. Nurses exhibit high levels of stress and burnout, especially those working in the emergency department (ED). Strategies to combat stress and burnout are vital to preserve the overall heath and retention of staff in the workplace. One strategy is to incorporate debriefing sessions following traumatic events. The purpose of this study was to explore ED nurses' opinions of debriefing sessions in the ED. The design was a qualitative survey. The study site was in the emergency department at Newport Hospital, in Newport, Rhode Island. The survey was anonymous and voluntary and consisted of six open-ended questions regarding the use and effectiveness of debriefings sessions following traumatic events in the emergency department. Twenty-one RN's chose to complete and submit surveys (n=21). The results revealed that ED RN's have a well-defined understanding of the purpose of debriefing sessions, and believe they are important to use following stressful events. While traumatic events, particularly those involving children and young persons, are most often debriefed, the nurses believe debriefing is underutilized in this department. Therefore, strategies should be taken to increase the use of debriefing sessions. Hospital guidelines may help identify what incidents require a debriefing, and may lead to an increase in their use in the future.

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DEBRIEFING IN THE EMERGENCY DEPARTMENT

Background/Statement of the Problem

The World Health Organization (WHO, 2017) defines work-related stress as the result of an inequality of work demands and one's knowledge and skill set, thus affecting the ability to cope. Workplace stress is increased when employees feel a lack of support from peers and management. This type of stress can affect the employee's health and performance in the workplace (WHO). If an individual is unable to develop strategies to cope with stressors, burnout may result (Andolhe, Barbosa, Oliveira, Costa, & Padhilha, 2015).

The term "burnout" was first defined by the American psychologist Herbert Freudenberger in 1974. He used the term to describe the negative consequences that are experienced by individuals working in high-stress occupations. Burnout can affect anyone and the symptoms range from physical to emotional problems. Common symptoms include exhaustion, negativity towards the workplace, and reduced job performance (Institute for Quality and Efficiency in Health Care, 2013). Overall, burnout diminishes the quality of life of those affected. Additionally, burnout can cause economic losses for employers due to turnover rates and absenteeism of employees (Adriaenssens, Gucht, & Maes, 2014).

Burnout is a common problem in healthcare. Specifically, when compared to other occupations, nurses are known to be at higher risk for developing burnout. Research shows that nurses continue to report high levels of work-related stress and up to 30-50% reach clinical levels of burnout (Adriaenssens et al.). Working in the emergency department (ED) is stressful, due to the chaotic environment. Patients being cared for in

the ED suffer from traumatic injuries, acute illnesses and can be violent. Consequently, ED nurses commonly experience high levels of stress with resultant emotional and physical exhaustion. When considering all areas of nursing, ED nurses experience a higher level of burnout (Adriaenssens, Gucht, & Maes, 2013). Due to higher levels of traumatic events and turnover among ED nurses, strategies to improve and manage stress are important. One strategy to help ED staff manage their emotions in response to work-related stress is to introduce debriefing sessions. Debriefing after traumatic events can help reduce potential negative reactions from ED staff (Healy & Tyrrell, 2013).

TeamSTEPPS is an evidence-based program, designed to improve communication and teamwork skills among health care professionals. Debriefing is used as a team communication tool, taught in the TeamSTEPPS curriculum and is recommended by the Agency for Healthcare Research and Quality (AHRQ), (2016). Debriefings are useful for members of the healthcare team, because they provide the opportunity to reflect on performance, identify errors, and consider areas for improvement (Berg, Hervey, Basham-Saif, Parsons, Acuna, & Lippoldt, 2014).

Including debriefings into a trauma program is a relatively new idea. It can be difficult to get all members of the trauma team together for a debriefing session after a traumatic event. These challenges may require organizational change (Berg et al.). A study conducted by Healy & Tyrrell found that nurses and doctors recognized a need for debriefing sessions to improve the emotional and physical well-being of staff. Most departments do not have such policies in place. The purpose of this study was to explore ED nurses' opinions of debriefing sessions in the ED.

Literature Review

The research engines used to conduct this literature review included Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Medline with the following keywords: nursing morale; organizational stress; stress in nursing; burnout in nursing; debriefing sessions; debriefing in healthcare; debriefing in the emergency department; debriefing after adverse events; and debriefing after traumatic events. Inclusion dates were 2005-present.

A Healthy Work Environment

The World Health Organization (2017) defines a healthy work environment as an absence of unsafe conditions, and a wealth of health promoting activities. Furthermore, a healthy workplace entails an appropriate amount of workload in relation to the employee's capabilities. Parsons, Cornett, & Burns (2005) investigated the components of a healthy work environment in the ED setting. The study was conducted at three EDs from the Methodist Healthcare System in San Antonio Texas. Data were collected during conferences with staff from the units, with the goal of developing actions plans in order to create a healthy work environment. A total of 57 staff members participated in the study. The participants were mostly RNs but also included several physicians, medical director, and assistant chief of emergency medicine. The study found seven key components that contribute to a healthy ED environment: excellence in patient care; excellence in patient care processes and systems; workable and safe facility environment; effective provider staffing systems; inter-professional relationships and collaboration; educational development; and teamwork and behavioral norms (Parsons et al.). The

findings can be utilized by staff and enforced by nurse leaders in creating and maintaining healthy ED environments.

A longitudinal study by Adriaenssens et al. (2013) examined changes in job characteristics over time, in relation to job satisfaction and turnover rates in ED nurses. The researchers surveyed 254 nurses initially and then 18 months later. They discovered that ED nurses considered autonomy and rewards as positive aspects of the work environment which can lead to increased commitment to an organization. The study revealed a need for an appreciation system for positive efforts and achievements. The researchers stated that a reward does not have to be financial, but rather a recognition of the employee for his/her efforts, appreciation, and affording opportunities for growth. Additionally, there should be a healthy balance between the employee's contribution to organization and the organization's support for the goals and welfare of the employee (Adriaenssens et al.).

A systematic review by Adriaenssens et al (2014) investigated the degree of burnout in ED nurses, and identified causes that lead to burnout in ED nurses. Seventeen studies were included in the review. Demographic variables, personality characteristics and coping strategies were predictive of burnout. Younger age was related to a higher risk of burnout. Van der Ploeg and Kleber (2001) reported significant positive correlations between avoidance behaviors and emotional exhaustion (Adriaenssens, et al.). The overall results of the review concluded that a good working environment can aide in the prevention of burnout. More specifically, the results of the systematic review emphasized the importance of a good fit between the employee and work environment. From the results of the review, the researchers then formulated implications to retain

nurses working in the ED. Several strategies identified to prevent burnout included the promotion of professional autonomy, increasing peer support and teamwork, ensure supportive leadership from nursing supervisors, reducing time exposed to traumatic events, and offering counseling to those ED nurses who are exposed to traumatic events (Adriaenssens et a, 2014).

Workplace Stress and Job Satisfaction

There are many occupations that have a high level of stress in the workplace. Workplace stress is defined as the harmful physical and emotional effects that employees experience in relation to a lack of resources and unmet needs in their organization (Das & Baby, 2013). Workplace stress has physiological and psychological impacts. Physiologic stress can cause symptoms such as headaches, abdominal pain, chest pain, fatigue, and muscle aches. This type of stress can also affect one's eating, drinking and sleep patterns, as well as social habits such as smoking and alcohol use (Das & Baby). Psychologic stressors include anxiety, irritability, and depression (Portero & Vaquero, 2015). Workplace stress is the cause of many health problems. In addition to stress in the workplace, individuals may also be experiencing stress from their home life, concurrently (Jennings, 2008).

Workplace stress is a common theme in healthcare. The nursing profession has been regarded as a stressful occupation due to the physical requirements, long hours and, oftentimes, short-staffing (Jennings). Researchers in Boston, Massachusetts (Traeger et al., 2013) conducted a study to investigate perceived workplace stressors experienced by oncology nurses, in order to create a training program for dealing with stress. In the first phase, 26 nurses and social workers completed a questionnaire regarding positive and

negative experiences, and coping strategies. The staff also attended focus groups aimed to identify psychosocial challenges in the workplace. The researchers identified four key themes that contributed to the nurse's level of workplace stress: patient attributes that interfered with their psychological care; family dynamics and needs; end of life care; and dealing with their own emotions during difficult situations. Based on their findings, the researchers then developed strategies the nurses can utilize when dealing with stressful issues in the workplace (Traeger et al., 2013)

Nurses working in critical care settings experience a high level of stress. Researchers conducted an observational cross-sectional study in eight ICUs in Sao Paulo, Brazil (Andolhe, Barbosa, de Oliveira, Costa, & Padhilha, 2015). Nursing staff in the ICUs were given the Scale of Occupational Stress, Scale of Occupational Coping, List of Signs and Symptoms of stress and the Maslach Burnout Inventory questionnaires. Of the 287 respondents in this study, 74.47% (n = 212) experienced moderate levels of stress, while 12.24% (n = 34) exhibited high levels. The researchers also found that stress among the nursing staff was strongly related to inadequate working conditions and lack of sleep (Andolhe et al.).

Increasing levels of stress in the workplace contribute to decreased job satisfaction. Hospitals around the world are implementing measures in order to reduce costs. These changes may result in hospital closure, layoffs and a higher workload. Cutbacks and increasing demands result in higher stress levels and decreased job satisfaction for nurses (Das & Baby, 2013). Das and Baby investigated a possible relationship between organizational role stress and job satisfaction. The researchers surveyed 50 registered nurses (RNs) in a hospital in Bhubaneswar, Odisha, using a

modified organizational stress scale and a job satisfaction scale. The researchers

discovered that 76% (n = 38) of the surveyed RN's experienced a mild to moderate level

of stress, and the remaining 24% (n = 12) experienced severe stress. In addition, 28% (n

= 14) of RNs were not satisfied at all with their job, while the remaining 72% (n = 36)

were satisfied. The researchers suggested that hospital organizations should make every

attempt to reduce stress on the nursing staff and increase nursing job satisfaction. These

efforts would encourage nurses to remain in their role, thus reducing job turnover (Das &

Baby, 2013).

Researchers in Spain also investigated the relation of work-related stress, burnout

and job satisfaction in the nursing profession (Portero & Vaquero, 2015). The

researchers conducted an observational, descriptive cross-sectional study at tertiary

hospital in the Public Health System in Andalucía. A sample of 258 nurses were

surveyed using the Nursing Stress Scale, the Maslach Burnout Inventory and the Font-

Roja questionnaire. Stress level was significantly related to burnout (p =0.003). The

mean work-related stress score was 44.23 out of 49 points. The researchers found a

reduced level of job satisfaction was related to the emotional impact of the nurses' work

and work relations in their organization. The researchers suggested that hospital

management implement an action plan in order to control the levels of stress, burnout and

job satisfaction and enhance the communication between nursing staff and management

(Portero & Vaquero).

Workplace Stress in the ED

Researchers in Australia (Ross-Adjie, Leslie & Gillman, 2007) determined what

ED nurses attributed to creating significant job stress. A cross-sectional, descriptive

study took place at various metropolitan and rural emergency departments throughout

Australia. A three–part questionnaire to 156 nurses working in EDs, asked them to rank

stressors in the workplace. Violence against staff was ranked as the number one

workplace stressor, followed by a heavy workload, mass casualty events, the death of a

child and high acuity patients. Additional stressors included lack of or outdated

equipment, working the night shift, patient's family members in triage, balancing family

and work, mental health patients and inadequate training for ED nurses (Ross-Adjie et al.,

2007).

Workplace stress experienced by doctors and nurses was investigated at three EDs

in Ireland. The researchers surveyed 103 doctors and nurses on their attitudes and

experiences of stress in the workplace and how they cope. Overall, 52% (n = 53) of those

surveyed experienced stress at work "frequently" or "very frequently", while 37% (n =

38) experienced stress occasionally. The staff rated that the greatest stressor was related

to the working environment, including short staffing, difficult workloads, staff conflicts

and poor management skills. The second greatest stressor was dealing with violent

patients, followed by death or resuscitation of a child. Caring for critically ill patients

was identified at the fourth greatest stressor for the nurses and doctors working in these

ED's (Healy &Tyrrell, 2011).

ED nurses may experience a higher level of workplace stress due to traumatic

events, death and violence in the workplace (Adriaenssens et al, 2013). A longitudinal

research study conducted by Adriaenssens et al. examined the effects of changes over

time in relation to job satisfaction, emotional exhaustion and turnover in ED nurses from

15 emergency departments in Belgium. Researchers surveyed 170 ED nurses at the

initiation of the study and again 18 months later. The researchers found that changes in job demands (n = 34; 20.5%) and social support (n = 62; 36.7%) over time correlated with the nurses' job satisfaction (n = 47; 28%) and emotional exhaustion (n = 46; 27.3%). The researchers also discovered a turnover rate of almost 20% during the study's 18-month duration. The highest turnover rates were at two hospitals undergoing a restructuring of upper management. Due to the significant changes over time and resulting workplace stress in the ED nurses, the researchers recommended implementing interventions to improve work conditions, thus reducing stress and turnover rates (Adriaenssens et al., 2013).

Burnout in Healthcare

Staff burnout is unfortunately a common occurrence in the healthcare industry. A research study by Rugless and Taylor (2010) examined the psychological aspects of working environments and sick leave among hospital staff. The study was an observational, cross sectional study that took place in a tertiary hospital ED. Surveys were distributed to 158 emergency department staff including doctors, nurses and support staff. Of those surveyed, 15 respondents (9%) reported they took sick leave often and very often for work related stressors. Nurses (n = 93) had the highest rates of sick leave at a rate of 11.5%. More specifically, the sick leave rate of nurses was almost double that of pharmacists (n = 5; 3.3%) and ED support staff (n= 4; 3.1%), and three times more than the doctors surveyed (1.3-1.9%). Nurses had significantly higher psychologically challenging work conditions and less supervisor support than doctors. In relation to the psychological job demand scale with a maximum score of 48 points, nurses scored 38.8, while doctors scored 35.3. Nurses scored 11.5 out of 16 on the supervisor support scale,

while doctors scored 12.6. The researchers suggested that perhaps the nurses

psychological work conditions are not satisfactory, making them more likely to become

ill, which could be related to the ED nurses higher rate of sick leave (Rugless & Taylor,

2010).

There are many consequences associated with burnout. A systematic review

published by Adriaenssens et al. (2014) explored the prevalence and causes of burnout in

ED nurses. The review examined 17 quantitative research studies published from 1987-

2012. The researchers compiled and categorized the findings from all the studies, with a

focus on the prevalence of burnout in ED nurses and the causes of burnout. Factors that

predicted burnout included individual coping strategies, demographics and personality

traits. In relation to demographic data, younger age and a higher level of education was

related to a higher risk of burnout. Nurses working in the ED frequently deal with

traumatic events, including life-threatening injuries, death, and suicide. Several studies

in the systematic review discovered that continued exposure to such traumatic events

correlated to the development of post- traumatic stress syndrome (PTSD) and burnout.

On average, 26% (n = 525) of the ED nurses suffered from burnout. In addition to

traumatic events, the systematic review determined that organizational factors and job

characteristics led to burnout. Furthermore, results from the review suggest that a good

working environment can aide in the prevention of burnout (Adriaenssens et al.).

Debriefing Sessions

Debriefing defined and impact. The definition of debriefing is "to meet with

someone who had undergone a traumatic or stressful experience, especially for

therapeutic or diagnostic purposes" (Debrief, 2017.). Debriefing sessions were

developed in order to reduce stress in those working in traumatic situations (Keene, Hutton, Hall, & Rushton, 2010). Debriefing first originated in the military (Rivera-Chiauzzi, Lee, & Goffman, 2016). Military personnel returning home from war were sent to a designated camp before arriving home. These camps provided the members with an opportunity to unwind and debrief their experiences with psychologists. This service is intended to help the military adapt better to life at home, and allows the psychologist to identify those in need of emotional support (Shore, 2014). The police force also has implemented set criteria for events that require a debrief. The police force addresses certain processes including management and the entire process of responding to an incident. During these debriefings, the force addresses communication issues and any ethical dilemmas pertaining to the incident (Shore). Formal debriefing processes allow staff to discuss feelings and emotions following stressful incidents, which improves morale. Additionally, debriefing sessions allows staff to ask questions following the incident, which encourages acceptance, and closure of the incident (Shore).

Debriefing sessions are also beneficial in healthcare. The purpose of debriefing in healthcare is to initiate a discussion targeted at actions, thought processes, and to reflect on the event (Kessler, Cheng, & Mullan, 2014). Huggard (2013) explored the various processes of debriefing and how such methods can be adopted into practice. Debriefing sessions are described as a valuable way to discuss unexpected events, challenging situations and unexpected or traumatic deaths. Medical emergencies and stressful events can happen unexpectedly and affect one's ability to cope. Therefore, a debriefing after such events allows everyone involved to discuss, listen, and process what happened. Another positive aspect of debriefing is that it allows the team to come together and show

support for one another (Huggard, 2013). Debriefing helps to "reduce the possibility of psychological harm by talking about the event, which in turn gives validation to the experience" (p. 212). Team debriefings can improve communication and strengthen the team as a whole (Huggard).

Debriefing sessions are important after traumatic events, including post-resuscitation. A study by Sjoberg, Schonnin and Salzman-Erikson (2015) explored the experiences of nurses performing cardiopulmonary resuscitation (CPR). The study used a qualitative descriptive design and was conducted in an intensive care unit (ICU) in a hospital in Sweden. The researchers interviewed eight nurses from the ICU on their experiences surrounding CPR events. In the interviews, the nurses discussed the importance of talking about troubling events so that they "did not bring adverse feelings home with them" (p. 2526). Additionally, the nurses also attested that debriefing sessions allowed them to develop both in their role as a nurse and as a team member.

The researchers found there was a greater need to debrief following CPR of younger patients. One nurse reported grief lasted for a year following a traumatic CPR event and attributed it to the lack of a debriefing. All of the participants believed that debriefings were critical in order to avoid leaving the workplace with unresolved feelings following difficult events. Although debriefing events were not routinely practiced, the need for debriefing was so important that they had informal discussions to achieve similar benefits. The researchers stated that a lack of debriefing post-CPR can induce negative feelings which can result in adverse effects on both the professional and personal lives of the nurses. Furthermore, the researchers suggested that clinical leaders implement debriefing sessions as part of standard clinical practice (Sjoberg, et al).

When to Debrief. Determining the appropriate events to debrief and finding time can be difficult. Kessler, Cheng & Mullan (2014) reviewed the evidence that supports debriefing and ways to implement sessions in the ED. Ultimately, each department should implement structured debriefing guidelines, including what type of events must be followed by debriefing. This would allow for staff to anticipate a debriefing, establish department objectives and increase the use of debriefings. Selecting which clinical events to debrief should be based on the department needs and concerns. Overall, events that are debriefed must be important to the staff members (Kessler et al.).

Finding time to debrief in busy departments may be challenging. It may be important to debrief during difficult times rather than waiting until the end of the shift to have a debrief (Huggard, 2013). A "hot" debrief is performed immediately following the incident, when the details are fresh and all staff members involved are present (Shore, 2014). Ideally, a debriefing should take place as soon as possible following the event to gather as much information as possible and review any systems issues surrounding the incident (Rivera-Chiauzzi et al., 2016). Advantages of hot debriefings are that all staff are available, recall of information is less biased, and important issues can be dealt with. Disadvantages of a hot debrief are potentially limited time and space during a shift and the fact that some staff may not be emotionally ready to discuss the event (Kessler et al.).

A "cold" debriefing takes place several days following the event. The benefit of a cold debriefing is that it allows staff to reflect on details of the event and process their emotions. In this way, staff may be more open to the debriefing process (Shore, 2014). Another advantage to cold debriefing is the availability of quantitative data, patient information and the ability to include staff who were not involved in the incident (Kessler

et al., 2014). However, a disadvantage of a cold debriefing is ability to get all the involved staff to meet at a convenient time (Shore). It may also be difficult for administrators to organize a cold debrief. Typically, a cold debrief takes approximately one hour or more, whereas a hot debrief takes about 10 minutes (Kessler et al.). Overall, regardless of timing, it is imperative that debriefings take place in a safe place where staff feel comfortable to discuss the event (Rivera-Chiauzzi et al., 2016).

It is also important to allow staff who work "off-shifts" such as evenings, nights and weekends to attend debriefings. Offering pay to staff coming in to attend a debriefing when they're not scheduled to work relays a message, that they are appreciated and cared for. When an in-person meeting is not available for some staff, it is important to offer debriefings via telephone (Huggard, 2013).

Debriefing Facilitator. In the initial stages of implementing debriefing sessions, a trained facilitator should be available to guide staff and ensure appropriate activities. A written debriefing guide may also be used to assist staff (Rivera-Chiauzzi, et al.). When leading a debriefing session, it is helpful if the facilitator has training regarding group processes in order to be able to assist in the flow of the discussions. A trained facilitator may help staff to feel more comfortable to express their thoughts and emotions in what can be a vulnerable environment. A facilitator who is knowledgeable in the areas of grief and loss is also beneficial (Huggard). Another benefit of a trained facilitator is the ability to identify complications of grief and form therapeutic relationships with those affected. The facilitator can create a safe and trustworthy environment which will allow staff to participate openly and honestly (Keene, Hutton, Hall, & Rushton, 2010).

Most commonly, the debriefing facilitator is the physician, team leader or charge nurse. However, their involvement in the incident may lead to a bias in the discussion. Therefore, it may be helpful to initiate a "co-debriefer" such as a staff member who was not involved in the incident. Social workers and psychologists may also be a suitable choice as a facilitator because they have experience in leading discussions. It is also important that a facilitator of the debriefing is familiar with medicine (Kessler, et al., 2014).

In the research study conducted by Berg et al. (2014), 58 members from the trauma team were surveyed initially and then again at three months regarding the use and acceptability of debriefing sessions. The debriefing sessions were facilitated by physicians, mid-level practitioners, and nurses and were rotated weekly. The assigned facilitator followed a specific guide while leading the debriefing. During the study period, a total of 105 debriefing sessions were held. Pre-survey results revealed that 44 members felt as if they were a valued member of the trauma team. However, after the induction of debriefing sessions, post-survey results revealed that 41 members felt valued. Based on these results, the researchers suggest that throughout the debriefing, the facilitator should emphasize the importance of the session and praise the efforts of staff who attended (Berg et al.).

Barriers to Debriefing. Debriefing has been implemented in some areas of health care; however, its use is not standardized in many organizations. Debriefing sessions are a valuable tool for healthcare professionals, yet they are not practiced enough (Rivera-Chiauzzi et al., 2016). The majority of healthcare providers acknowledge the importance of debriefing sessions but the lack of trained facilitators, time and inadequate

settings are some barriers to implementation (Kessler et al). A review of the literature by Kessler et al. found that the second most common barrier to debriefing sessions was the lack of a trained or qualified facilitator.

The research study by Ross-Adjie, et al. (2007) revealed that the need for qualified debriefing facilitators was the most common barrier to debriefing sessions in these EDs. Furthermore, several respondents in the study stated that the nurse coordinators were unprepared to lead a debriefing session. For this reason, these respondents felt that debriefing sessions were either not helpful or not as helpful as they could have been. The ED nurses preferred individual debriefing, rather than in groups. Several respondents in the study reported that they preferred to express their emotions privately, away from their peers. Another barrier identified in this research study was the fact that ED nurses could not attend debriefing sessions because they were unable to be relieved from their duties. The nurses stated that if the debriefing sessions were not done at the time, or end of the shift, it became too difficult to gather staff and was impractical. In this study, 59% (n = 92) of ED nurses reported debriefing sessions were not routinely offered. Eight respondents (5%) reported that debriefings were either not offered, non-existent or inadequate. One respondent stated that because working in the ED is stressful, debriefing was only offered after major, catastrophic events (Ross-Adjie et al.).

Another potential barrier to debriefing may be staff reluctance. Some staff members may think that debriefing sessions are not beneficial. Staff who are unfamiliar with debriefings may be fearful of what is involved and others may not be comfortable in opening up to their colleagues and showing emotion (Shore, 2014). Time constraint is also a barrier to debriefing sessions. Getting all the staff together in the same room at the

same time can be a difficult process (Shore). A literature review by Healy & Tyrrell

(2013) identified a lack of guidelines, conflict among staff, heavy workloads, and poor

management as potential barriers to debriefing sessions.

      Debriefing in the ED. The timing of critical incidents are unpredictable in the

ED, which can be challenging to attempts to hold debriefing sessions. Both individuals

and teams benefit from the debriefing sessions. These sessions allow for reflection on

knowledge, skills, and teamwork behaviors during clinical events. Though underutilized,

strategies to improve the debriefing process in the ED can be implemented. Debriefing

sessions not only allow ED staff to express their feelings and emotions, but can also

suggest ways to improve future performance (Kessler et al., 2014).

      Berg et al. (2014) surveyed 58 members of a trauma team who participated in

debriefings following trauma resuscitations. The research team proposed incorporating

structured debriefings after trauma resuscitations, requiring participation from all trauma

team members. The purpose of the study was to assess team members' acceptability of

the proposed change after a three-month trial and to compare pre/post perceptions

regarding their role on the trauma team. Structured debriefings were held on a weekly

basis. Surveys were administered before and after a three-month trial following

implementation of the structured debriefings. The trauma staff were surveyed on their

acceptability of the structured debriefing sessions, based on a Likert scale survey. The

researchers found that overall, the trauma team members accepted the structured

debriefing sessions. Of the respondents, 82% (n = 47) reported structured debriefings

allowed the team to identify and resolve problems and improved communication. Also,

76% (n = 44) of those surveyed believed debriefing sessions are valuable. Researchers

also found that 82% (n = 47) of respondents believed debriefing sessions strengthened the trauma team and 71% (n = 41) thought they should be continued (Berg et al., 2014).

Working in the ED is stressful and strategies to maintain a healthy work environment for staff members is important. The research study by Healy and Tyrrell (2013) revealed that 87 participants (84%) rated debriefing sessions after critical events in the ED as "important" or "very important". The researchers concluded that it is important to reduce the stress experienced by ED staff by implementing strategies to assist with negative feelings and emotions after traumatic events. The researchers suggested the use of debriefing sessions to assist with such events and recommended implementing formal debriefing guidelines or policies in all EDs (Healy & Tyrrell).

A cross-sectional research study was conducted by Ross-Adjie et al. (2007) to identify workplace stressors and the use of debriefing sessions in the ED. Of those surveyed in the study, 71 nurses commented on debriefing sessions. Five nurses (3%) reported that debriefings should be mandated following CPR and traumatic events. Four nurses (2%) reported that debriefings sessions should be ongoing, to follow up with those affected from event. The researchers concluded that ED nurses in Australia found debriefing sessions beneficial. Respondents felt that debriefing is a valuable tool, and is helpful when dealing with emotions after critical incidents in the ED (Ross-Adjie et al.).

Theoretical Framework

The theoretical framework used to guide this project is Conti-O'Hare's, *Nurse as Wounded Healer* (2002). Conti-O'Hare stated that nurses become wounded healers after identifying and living through the pain of trauma in their lives. The way nurses cope with trauma affects patient care. For nurses, trauma may be experienced personally, professionally, or both. Trauma that is experienced cannot be resolved without an intervention. Conti-O'Hare's theory suggests that wounded individuals have the capability of becoming a wounded healer. Nurses as wounded healers are then able to use themselves therapeutically to help others.

Nurses experience trauma with resultant physical, psychological, or emotional, effects. Whatever the source, traumatic events can profoundly affect the individual and have long-term consequences (Conti-O'Hare). As healthcare providers, nurses must be prepared to examine the issues surrounding trauma and wounding. Health care professionals are exposed to difficult situations, which can result in negative emotional consequences. The risk for addiction is higher in those with unresolved trauma, which may also increase suicidal behavior. Traumatized individuals often suffer in silence, and require support to resolve their problems. Nursing is a wounded profession that requires healing to survive (Conti-O'Hare).

Oftentimes, nurses find it difficult to also identify themselves as a victim. Conti-O'Hare stated that "At the organizational level, their struggle to professionalize over the years has created marked wounding leading to an inability to deal with the stressors that continually plague the field" (p. 57). Nurses may deny that they have been wounded, and working in a stressful healthcare environment may reinforce the suffering.

Stress places a heavy toll on caregivers even under the best circumstances. Conti-O'Hare stated:

"A wound that persists can fester and lead to serious repercussions such as burnout and traumatic stress. Burnout has been characterized as being caused by a constant focus on others, a perceived lack of control over one's circumstances, and the inability to participate in major work decisions" (2002, p. 57).

In healthcare, stress from trauma develops in the setting of negative feelings and behaviors, which can produce more severe symptoms. However, individuals may avoid such negative consequences, if they accept their feelings. Conti- O'Hare described the use of reflective practice. "Reflection–in–action" focuses on behaviors as they occur. In situations using reflection-in-action, or a "reflective conversation with the situation", healthcare professionals analyze knowledge, with great understanding. A reflective conversation uses both self-talk and shared dialogue with others. Reflective practice is being used more frequently, and is becoming popular in the nursing community. Conti-O'Hare stated: "In addition to applying it to improve practice, it can be used as an effective tool for beginning trauma integration to foster self-examination" (p. 76). Using reflective practice has allowed nurses to "see themselves and others as distinct human beings meeting at given points in time to engage in therapeutic relationships" (p. 77).

Reflection is a valuable tool when helping someone overcome a traumatic event. Conti-O'Hare stated that positive support from family, friends and coworkers can hinder the negative emotions of an event. Individuals who are affected by a negative or traumatic event may be asked to: "Explore their emotional and physical responses in a

trusting environment, exposing them openly and decreasing the sense of isolation. The process can be especially helpful in showing the incongruity between past emotions and present circumstances" (Conti-O'Hare, 2002, p. 81).

After understanding the nature and effect of a traumatic event, an individual becomes a wounded healer. The transformation from walking wounded to wounded healer can have a positive impact on the healthcare system, society, and the nursing profession. This framework was chosen to demonstrate the potential for emergency room nurses to reflect on negative or traumatic events that they experience in their practice. Debriefing sessions offer this reflective process. Through debriefing and reflection, nurses are able to discuss the traumatic events, and their emotions with others. Therefore, debriefing sessions may assist in overcoming fear and negative emotions related to these events, and allow affected nurses to heal.

Method

Purpose

      The purpose of this study was to explore ED nurses' opinions of debriefing

sessions in the ED.

Design

      This study used a qualitative design.

Site

      The site for the study was at Newport Hospital, 129-bed community hospital in

Newport, Rhode Island. This ED has a capacity of 25 beds. The ED is a certified stroke

center, and does receive trauma patients. The ED currently holds debriefing sessions.

Sample

      The sample was derived from 35 registered nurses working in the ED at Newport

Hospital in Newport, Rhode Island. Travel nurses and float nurses were excluded due to

underutilization of them in the department. Physicians were excluded from the sample

because they generally lead the debriefings. Support staff including certified nursing

assistants, secretaries, and ED technicians were also excluded.

Procedures

      Approval from the Lifespan IRB was obtained on July 27th, 2017. Approval from

the Rhode Island College IRB was obtained August 18th, 2017.

      An IRB approved informational email was sent to the ED RNs (Appendix A)

explaining the purpose of the study. E-mail addresses were obtained from the nursing

director of the ED. Three days following the email, six open-ended questions (Appendix

B), along with the IRB approved informational letter (Appendix C) were distributed to each RN's mailbox.

The questions were voluntary and anonymous. A locked box with a slot was located in the staff break room for one week for nurses to submit the completed answers to the questions. After one week, the answers to the questions were collected and each answer was recorded. A compilation of answers were combined in a narrative format.

Measurement

The measurement (Appendix B) consisted of six open-ended questions regarding the use and effectiveness of debriefings sessions following traumatic events in the emergency department. The questions were adapted from Healy & Tyrrell's (2013) 16 question survey, which was used in their research study about debriefing sessions in the ED. The 16 questions were not tested for reliability and validity. The six questions were selected based on the relevance to this proposal and the fact that they solicited open ended responses. The measurement was piloted to an ED RN who did not work in this department.

Data Analysis

Answers to the six open-ended questions were written into a narrative. Using qualitative content analysis, the contents of the narrative data identified themes and patterns in relation to the questions. The themes provided a concise way of conveying what has been learned from the responses to the questions. The themes were categorized by identifying commonalities within the responses to identify patterns.

Ethical Concerns

One ethical concern for this project was the use of human subjects. The nurses had the right to not participate, right to ask questions, and the survey was confidential. A potential ethical dilemma was that the study was conducted in the facility in which the researcher is employed. This was addressed by the fact that the study was beneficial to the whole department, not just the researcher. Justice was also an ethical concern because not all staff members of the ED participated in the study. The RN's of the department were the only staff questioned. The measurement excluded physicians and ancillary staff because RN's were the target of the study. There were no diversity concerns in this study as demographics were not obtained or evaluated, thus making the study anonymous.

Organizational Factors

Organizational factors were considered for this project. A meeting with the Director of Nursing, Assistant Clinical Manager, and the Medical Director of the emergency department at Newport Hospital took place to grant permission prior to initiating the study. After the meeting, written consent was obtained from the Chief Nursing Officer at Newport Hospital. Also, IRB approval from both Lifespan and Rhode Island College were obtained. Participation by the RN's at Newport Hospital was necessary for the completion of this project. Potential barriers included non-approval from the IRB, resistance from hospital directors, and lack of RN participation.

Results

A total of 21 out of 35 RN's (60%) completed and submitted surveys. The first question of the survey asked: "What do you believe is the purpose of debriefing"? Many responses included that debriefings help identify and discuss positive and negative aspects of a difficult situation and to make improvements for the future. Another theme identified was that respondents felt debriefings are purposeful for discussion, venting of feelings/emotions and support for staff involved in a traumatic event. Some responses are as follows:

> "To be able to talk about your feelings of a situation with people who have shared the same experience as you. It is a way to cope with a situation or share ideas on how things can improve".

> "The purpose of a debriefing is a review of events through individuals sharing and discussing what went well, what can be done differently during a trauma event in order to improve skills and patient care".

> "I believe there are several purposes for debriefing: to aid staff in coping/dealing with their emotions. To talk about what measures could've been taken for better outcomes. To recognize/ applaud staff for their hard work".

The second question of the survey asked: "In your opinion, how important is debriefing after a stressful incident?" Nearly all respondents stated that debriefings are "very" or "extremely" important. Several responses included that debriefings are particularly important for "newer" staff. One respondent stated that they felt debriefings have the potential to "re-open healing wounds and may extend one's recovery". Some

respondents added that debriefings are important for staff to discuss emotions in order to move forward and allows for closure. Several examples are as follows:

"Very important due to influx of new staff, but all staff should be debriefed".

"Very important for staff to discuss thought and feelings of the stressful event. Healthcare workers especially ED staff have a tendency to put aside immediate thoughts/feelings during events to remain focused on patient care. However, we are all human and still mentally and emotionally have to process the event".

"Very important. It helps the staff to have closure".

The third question of the survey asked: "What incidents currently initiate a debriefing session in your emergency department?" The most frequently cited events included traumatic codes, especially those involving children/young persons. Other situations that were mentioned included fires, suicides, plane crash, and situations with multiple casualties. Three respondents stated that they either have "not been involved in a debriefing in this department" or "haven't been offered one in a long time". Some responses are as follows:

"Notably traumatic codes and codes/traumas involving infants/children".

"Major traumatic events, sudden unexpected death of a young person".

"Traumatic loss of a young life. It is NOT done enough at all".

The fourth question on the survey asked: "When debriefing is provided, how long on average after a stressful incident would it occur?" The answers to this questions were quite varied, with responses ranging from "immediately following the event" to "several days". Many respondents included that debriefings should occur as soon as possible

following an incident, and that do not happen as often as they should in this department. Several responses are as follows:

"Within immediate conclusion of an event to a couple of days. In my opinion, the sooner the better".

"IF it occurs it could take a week. However, I've never sat in a formal debrief in more than ten years".

"In my opinion, it should be ASAP. I have not been invited to one although I have been involved in a few traumas that I would have benefitted from a debriefing."

The fifth questions of the survey asked: "What barriers do you believe prevent debriefing from occurring in your department?" Staffing issues, a busy department, and lack of time were the most common barriers cited. Many respondents mentioned administration and management issues and lack of trained staff to lead debriefings prevents their occurrence. Several respondents stated that those working off shifts, busy personal schedules and difficult to attend on a day off. Some responses are as follows:

"Staffing, time, peer support services, lack of administration support of debriefings, lack of designated representative that facilitates debriefings".

"The time of day it happens, not having enough staff to cover the department to have debriefing, management not offering debriefing".

"Shortage of staff members to cover for members involved to attend a debriefing. Busy personal lives of staff members make it difficult to attend a debriefing on a day off".

The sixth question of the survey asked: "How important do you feel are hospital guidelines on debriefing?" All respondents replied that they believe guidelines are important. Many respondents added that debriefings should take place more often in the department, and having guidelines may lead to an increase in their occurrence. Many RN's also responded that debriefing guidelines, a policy, or committee would be important to navigate through a session, and increase their use in the department. Some examples of responses are as follows:

> "I think there should be a basic guideline on debriefing to assist in discussion and allow staff the support to debrief on incidents they feel need debriefing. Each case will be individualized".

> "Very important. If there were guidelines maybe the debriefings would be offered more".

> "Very important. Policies/guidelines should be in place to ensure debriefings".

Summary and Conclusions

Workplace stress and burnout is a problem in many occupations, especially in healthcare. Work-related stress is the result of an inequality of work demands and one's knowledge and skill set, thus affecting their ability to cope (WHO, 2017). If an individual is unable to develop strategies to cope with stressors, burnout may result (Andolhe, et al., 2015). "Burnout", a term first defined by Herbert Freudenberger in 1974, can impact an individual both physically and emotionally. Furthermore, burnout may result in economic losses for employers due to turnover rates and absenteeism of employees (Adriaenssens, et al., 2014).

Research shows that in the nursing profession, a reduced level of job satisfaction is related to the emotional impact of nursing duties and work relations in the healthcare organizations (Portero & Vaquero, 2015). Furthermore, nurses continue to report high levels of work-related stress and up to 30-50% reach clinical levels of burnout (Adriaenssens et al.). ED nurses may experience a higher level of workplace stress due to traumatic events, death and violence in the workplace (Adriaenssens et al, 2013).

Results from the literature review suggests that hospital management implement an action plan in order to control the levels of stress, burnout, and job satisfaction and enhance the communication between nursing staff and management (Portero & Vaquero). One strategy to help ED staff manage their emotions in response to work-related stress is to introduce debriefing sessions. The literature shows that while the majority of nurses and healthcare workers find debriefings sessions a useful tool, they are often underutilized. Furthermore, while debriefings have been implemented in some areas of health care, their use is not standardized in many organizations (Rivera-Chiauzzi et al.,

2016). A number of barriers to debriefing sessions were identified in the literature, which include lack of time, staffing and scheduling issues, and lack of a trained debriefing facilitator.

The purpose of this study was to explore ED nurses' opinions of debriefing sessions in the ED. The study took place at Newport Hospital. The sample was derived from 35 registered nurses working in the ED. A survey consisting of six open-ended questions regarding the use and effectiveness of debriefings sessions in the ED were distributed to each RN's mailbox.

Results of the survey revealed that ED RN's have a good understanding of the purpose of debriefing sessions, and believe that they are very important following stressful events. Traumatic events and codes, especially those involving children and young patients, were the most common situations debriefed in this ED. While respondents find debriefings important and useful, many believed they are underutilized in this department. Furthermore, respondents believe hospital guidelines on debriefing sessions are essential and may lead to an increase in their use in the future.

There were several limitations identified in this study. First, the sample size (n=21) only represents the opinions of 60% of RN's in this ED. The survey was voluntary so 14 RN's chose not to participate. Second, the survey used for this project was adapted from the original (Healy & Tyrrell, 2013), which was not tested for validity and reliability. Third, several respondents said that they had either never participated in a debriefing or have not had one in a long time which may negatively affect the findings. Lastly, the survey was anonymous, therefore no demographic data was collected in this project. It may have been useful to include years of experience and the length of

employment in this department. This information may more accurately portray the years of practice of the nurse to the knowledge and experience with debriefing sessions.

In conclusion, the results of this study found that overall, nurses working in this ED have a clear understanding of the purpose of debriefing sessions and believe they are a valuable tool. While results varied, most nurses would prefer a debriefing to occur as soon as possible after a stressful event. The nurses believe that debriefing sessions are underutilized in this department, and identified various barriers to their use. Furthermore, implementing hospital guidelines on debriefing sessions may increase their use in this department in the future.

Recommendations and Implications for Advanced Nursing Practice

The findings from this project, and a review of the literature demonstrate the importance of debriefing sessions in healthcare, especially in the emergency department (ED). Nurses find debriefing sessions useful following stressful events, as they allow for venting of emotions, reflection, and discussion of events that occurred. Unfortunately, ED RN's believe debriefings are underutilized, or not offered at all. This study identified common barriers to debriefings which include staffing issues, a busy department and lack of trained facilitators. These findings are consistent with the findings from the study by Kessler, Cheng, & Mullan, (2014), and implicate a need for change at the leadership and management level. APRN's are not only effective debriefing facilitators but also can assist to identify and train staff members who may be interested in becoming a facilitator. Additionally, staff trained in grief and loss counseling are often trained in leading similar discussions, and should be identified as potential facilitators in healthcare departments and institutions.

Staffing issues can be managed with the use of float and per diem nurses, to cover the department and allow for permanent staff to attend a debriefing. Other strategies APRN's can implement include leading debriefings via telephone or "conference calls", in an attempt to include team members who are unable to attend debriefings in person.

Another strategy that may assist in the facilitation of a debriefing is the development of a written debriefing "guide". The APRN can create such a tool to be used by a team member who is comfortable leading debriefings but may not be a formal debriefing facilitator. Such a tool would increase the likelihood of a debriefing taking place and not be delayed is a trained debriefing facilitator is unavailable.

In addition to the development of a debriefing guide, it is recommended that APRN's implement formal hospital guidelines pertaining to debriefing sessions. The results from this study find that such guidelines may be beneficial in order to identify what incidents staff believe should be debriefed. Ultimately, formal hospital guidelines may lead to an increase in the use of debriefing sessions. The findings from this study revealed that ED nurses prefer to have debriefing sessions immediately following events as deemed possible. These finding are consistent with the study by Rivera-Chiauzzi, Lee & Goffman, (2016). Although this study focused on the ED setting, debriefings can be instituted and have shown of same value in other departments of healthcare.

These results of this study will be disseminated in order to convey the importance of debriefings sessions in healthcare. The findings from this project will be presented to the nursing staff, nurse manager, and the medical director of the ED at the monthly staff meeting at Newport Hospital. Additionally, a poster board including all components of the project will be present at Rhode Island College. Further research and education on the importance of debriefings sessions in healthcare should be continued in an effort to increase their implementation in the future.

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Appendix A

Informational E-mail

To ED RN's at Newport Hospital,

I am asking for your participation regarding debriefing sessions in the emergency department. In healthcare, debriefing sessions can be used to improve communication and teamwork among staff members. Debriefing sessions are typically held following traumatic events. If you decide to participate in the study, you will be asked to complete a survey consisting of six questions regarding debriefing sessions. Three days from now you will receive an informational letter and survey in your mailbox. A lock box will be kept in the staff breakroom for one week for the submission of completed surveys. The survey is completely anonymous and participation is voluntary.

Thank You,

Faithe Weathers, RN, BSN
Masters of Science Nursing Student
Rhode Island College

Appendix B

Debriefing in the Emergency Department

1. What do you believe is the purpose of debriefing?

2. In your opinion, how important is debriefing after a stressful incident?

3. What incidents currently initiate a debriefing session in your emergency department?

4. When debriefing is provided, how long on average after a stressful incident would it occur?

5. What barriers do you believe prevent debriefing from occurring in your department?

6. How important do you feel are hospital guidelines on debriefing?

Appendix C

Informed Consent Letter

To ED RN's at Newport Hospital,

You are being asked to participate in a master's project regarding debriefing sessions in the emergency department (ED). Many of you have participated in debriefing sessions in the ED following traumatic events or resuscitations. The purpose of the study is to explore your opinions of debriefing sessions in the ED.

Participation in this study is voluntary. Should you choose to participate, you will have one week to complete the attached survey and submit your answers in a lock box, located in the staff break room. There is no compensation for participating. Your participation is valued and appreciated.

How your information will be protected:
The survey is completely anonymous. The information will be kept in a lock box and will only be reviewed by the researcher, Faithe Weathers. Additionally, the Rhode Island College institutional review board is responsible for protecting participants in this study. The information will be properly disposed of following the completion of the study.

Contact information:
If you have questions or concerns, you can contact myself, Faithe Weathers at fweathers_5469@ric.edu or 401-829-3677. You may also contact Marie A. Wilks, DNP, RN-BC, CRNI at 401-456-6362 or mwilks@ric.edu. You may also contact Cynthia Padula, Chair of IRB, RIC at 456-9720. In addition, if you have any questions about your rights as a participant please feel free to contact the Lifespan Institutional Review Board at 401-444-5843.

Statement of Consent:
I have read and understand the information above. I am choosing to be in the study "Debriefing Sessions in the ED". I may elect to remove myself from the study at any time. I have been provided the answers to the questions I asked, or I can contact the researcher with any questions at any time.

Thank You,
Faithe Weathers, RN, BSN
Masters of Science Nursing Student
Rhode Island College