Intensive & Critical Care Nursing 47 (2018) 78–84

Contents lists available at ScienceDirect

Intensive & Critical Care Nursing

journal homepage: www.elsevier.com/iccn

Research article

The professional and personal debriefing needs of ward based nurses after involvement in a cardiac arrest: An explorative qualitative pilot study

Ruth Clark [a,*], Chris McLean [b]

[a] University Hospital Southampton, NHS Foundation Trust, Tremona Road, Southampton, Hampshire SO16 6YD, United Kingdom
[b] University of Southampton, Faculty of Health Sciences, Southampton, Hampshire SO17 1BJ, United Kingdom

ARTICLE INFO

Article history:
Accepted 30 March 2018

Keywords:
Cardiac arrest
Cardiopulmonary resuscitation
Critical incident
Debrief*
Hospital ward
Nurse perceptions

ABSTRACT

Background: Current research demonstrates that debriefing staff post cardiac arrest in clinical practice is rare, with little evidence of effectiveness.
Objectives: The aim of this pilot study was to identify the needs of ward based nurses for debriefing after involvement in a cardiac arrest and to identify any barriers to participating in debriefing.
Methodology: An explorative qualitative study was undertaken with a purposive sample of seven nurses working on acute adult wards in a United Kingdom hospital. Data were collected by audio-recorded interviews and analysed using framework analysis.
Findings: Two key themes emerged relating to the nurses debriefing needs post a cardiac arrest. Nurses expressed '*professional needs*' to use the experience as an opportunity to learn and improve practice, and '*personal needs*' for reassurance and validation. Nurses identified barriers to engaging in debriefing including lack of awareness and uncertainty about the role of a debrief, identifying time for debriefing and the lack of clear guidance from organisational protocols.
Conclusion: Nurses make a distinction between '*professional*' and '*personal needs*' which may be met through debriefing. Debriefing is an untapped opportunity, which has the potential to be capitalised on after every cardiac arrest in order to improve care of patients and nurses.

Implications for Clinical Practice

- After involvement in a cardiac arrest, ward based nurses have '*professional*' and '*personal needs*' which may benefit from debriefing.
- Ward based nurses may not have a clear understanding of how a debrief may help to meet their 'professional' and 'personal needs'.
- Barriers to debriefing exist which need to be acknowledged and addressed in practice to enable opportunities for debriefing.
- Debriefing is an untapped opportunity, which has the potential to be capitalised on after every cardiac arrest to improve care of patients and nurses.

Introduction

Approximately 35,000 patients experience a cardiac arrest in United Kingdom (UK) hospitals every year, of whom fewer than

* Corresponding author at: University Hospital Southampton, NHS Foundation Trust, Tremona Road, Southampton, Hampshire SO16 6YD, United Kingdom.
E-mail address: rc5e10@southamptonalumni.ac.uk (R. Clark).

https://doi.org/10.1016/j.iccn.2018.03.009
0964-3397/

20% survive to leave hospital (Couper et al., 2016; Nolan et al., 2014). The majority of these cardiac arrests (56.6%) occur on general hospital wards (Nolan et al., 2014), with ward based nurses playing a key role in many cardiopulmonary resuscitation (CPR) attempts. The value of debriefing staff after their involvement in a critical incident is widely acknowledged (Couper et al., 2013; Gwinnutt et al., 2015; Maloney, 2012; Mitchell et al., 2003), yet provision of debriefing after a critical incident, such as a cardiac arrest, is often rare in clinical practice (Healy and Tyrrell, 2013; Ross-Adjie et al., 2007; Sandhu et al., 2014), with little evidence of effectiveness (Ireland et al., 2008; Magyar and Theophilos, 2010). Although resuscitation attempts involve the wider multidisciplinary team (MDT) this pilot study specifically examines the needs and attitudes of ward based nurses in relation to debriefing after a cardiac arrest.

Background

Debriefing refers to structured opportunities for staff to gain support and the chance to reflect so to improve performance and delivery of care (Couper et al., 2013; Gardner, 2013; Maloney, 2012). The value of debriefing is widely recognised in other sectors such as the military and aviation industry (Gardner, 2013) and enhances our understanding of the potential role of debriefing in healthcare. There has been a significant shift in utilising simulation training as an educational tool and statistics show that audiovisual feedback and debriefing after simulated cardiac arrests are powerful tools to improve CPR performance, patient outcomes and team dynamics (Dine et al., 2008; Kim et al., 2017; Seethala et al., 2010).

Although debriefing can improve team performance, it can also be of value to individual practitioners. Newman (1996) identified that practitioners can have four primary debriefing needs after a critical incident: talking about the incident, validation of the decision-making process, seeking personal reassurance and reaffirmation of professional competence. Ireland et al. (2008) conducted a UK wide survey of practitioners' views of hospital policy, practice and experience of debriefing after failed paediatric resuscitation and concluded that psychological needs as well as medical issues should be fully addressed during debriefing.

Couper and Perkins (2013) review of the effectiveness of debriefing interventions distinguished two approaches to debriefing based on the timing of delivery. 'Hot' debriefing (taking place directly after the incident) tends to focus on reactions to the event and issues such as team performance, speed of resuscitation team arrival and equipment availability. 'Cold' debriefing (provided some time after the event) typically reviews objective performance data, such as defibrillator recordings and focuses on improving performance and patient outcomes. 'Hot' and 'cold' debriefing appear to address different timing and performance needs. Couper and Perkins (2013) note that a wide range of approaches may be taken in order to meet debriefing needs, yet this lack of standardisation limits the extent to which the value and effectiveness of debriefing can be evaluated.

The majority of evidence relating to debriefing after a cardiac arrest has been undertaken in emergency departments and paediatric areas (Ireland et al., 2008; Sandhu et al., 2014; Theophilos et al., 2009) and little is known about the attitudes and needs of ward based staff, which may be different to those of critical care specialists. In a study involving three emergency departments in Ireland, Healy and Tyrrell (2013) undertook a survey of 90 nurses and 13 doctors and concluded that debriefing is more highly valued by staff who have greater exposure to critical incidents. Conversely, staff who have less experience of involvement in cardiac arrests are wary of disclosure for fear of being labelled as not coping (Healy and Tyrrell, 2013; Page and Meerabeau, 1996). Whilst staff within critical care environments, such as emergency departments, often express very positive views towards the need for debriefing (Theophilos et al., 2009), the attitudes of ward based nurses towards debriefing are not known.

Despite positive attitudes by staff in critical care areas towards debriefing, debriefing is not consistently offered. In a study of the experiences of nurses in Western Australian emergency departments, Ross-Adjie et al. (2007) found that 59% of the 156 nurses reported that debriefing is not routinely offered and could be inadequate or non-existent. The lack of opportunities for debriefing in clinical practice may reflect barriers to the implementation of debriefing. Salas et al. (2008) note that there is often insufficient time within busy acute areas to participate in lengthy debriefs post critical incidents and a lack of clear guidance and policy may be a further barrier. Studies have found that 72% of practitioners from UK emergency and paediatric departments (Ireland et al., 2008) and 69% of practitioners from 13 paediatric emergency departments in Australia and New Zealand (Theophilos et al., 2009) reported no formal debriefing policy or guidelines. When debriefing does occur, it is often undertaken on an ad hoc basis, in the absence of formal guidelines and with little evidence of effectiveness (Ireland et al., 2008; Magyar and Theophilos, 2010). Little evidence examines the specific barriers to implementing debriefing after cardiac arrests on ward environments.

Study aim

This pilot study aimed to:

1. Explore the needs of ward nurses in relation to debriefing after their involvement in a cardiac arrest
2. Examine any barriers perceived by ward nurses to participating in debriefing

Methods

An explorative qualitative study was undertaken with nurses working on acute adult wards in a UK hospital, to gain insights into nurses' perceived needs for debriefing and perceived barriers to debriefing post cardiac arrests. By capturing thoughts, attitudes and experiences, explorative research allows the generation of ideas and theories to gain rich meaningful data on an area in which little or no formal research has been conducted (Labaree, 2013).

Recruitment

Purposeful sampling recruited participants over a five month period between September 2014 and January 2015. Inclusion criteria restricted the sample to registered nurses working on an adult hospital ward, who had been involved in or witnessed an adult cardiac arrest with CPR attempts. All other health care professionals and nurses working in critical care units, paediatrics and emergency departments were excluded from the study.

Notices were displayed on 26 adult wards, including medical, elderly, surgery, cardiovascular and thoracic, orthopaedic and cancer wards. The notices invited nurses to participate in a research study about debriefing post cardiac arrests and provided contact details for more information and to register interest. The researcher approached nurses and attended ward meetings to explain the purpose of the research. A participant information sheet was given prior to the interview, with the opportunity to ask questions provided. To minimise non-attendance, email reminders were sent out to participants prior to their interview.