

The Impact of Critical Incident Stress Debriefing on Staff Well-being

Gordon M. Gartrell PhDc, RN, NEA-BC, CENP, CEN, CCRN, CPEN, TCRN
&
Colbie Baird BSN, RN, CCRN-P

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Disclosures

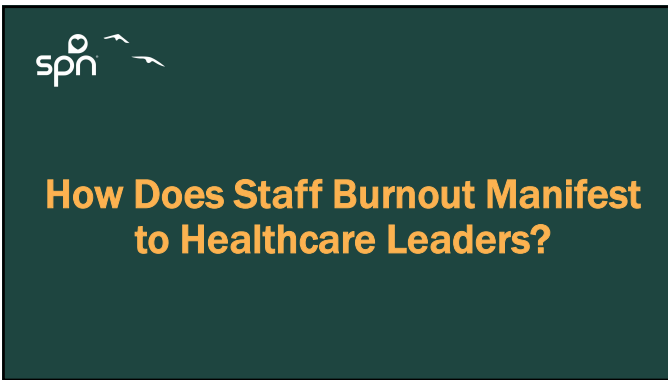
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What Does Staff Burnout Look Like?

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Background and Significance



- High-Stress Pediatric Environment
 - Pediatric acute care areas expose healthcare professionals to frequent traumatic and emotionally charged events, including unexpected deaths and ethical dilemmas.
- Impact on Staff Well-being
 - Repeated exposure to these events increases the risk of anxiety, depressive symptoms, burnout, moral distress, and secondary traumatic stress.
- Workforce and Organizational Implications
 - Psychological distress contributes to reduced job satisfaction, increased absenteeism, and high staff turnover, affecting team stability and continuity of care.
- Need for Structured Support
 - Despite the recognized emotional burden, formalized, evidence-based support mechanisms for healthcare staff are not consistently implemented across pediatric settings.

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What is Critical Incident Stress Debriefing?

Critical Incident Stress Debriefing (CISD) is a facilitated, time-limited group discussion that occurs after exposure to a traumatic event, aiming to:

- Reduce acute psychological distress
- Promote emotional processing
- Enhance coping and resilience
- Identify individuals who may need additional mental health support

CISD is a core component of the broader **Critical Incident Stress Management (CISM)** framework.

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Why CISD In the Pediatric Setting?

- High emotional burden of caring for critically ill children
- Frequent exposure to traumatic and ethically complex events
- Increased risk of burnout, compassion fatigue, and turnover
- Supports resilience, team cohesion, and staff retention
- Enhances patient safety and quality of care

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Theoretical Framework



Stress and Coping Theory

- Proposes that psychological stress results from an individual's appraisal of a stressor and their perceived ability to cope.

Professional Quality of Life (ProQOL) Framework

- Explains the balance between the positive and negative effects of helping professions.

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Research Aims:



To evaluate the impact of a Critical Incident Stress Debriefing (CISD) protocol on healthcare employees' professional quality of life, workplace-associated anxiety, and self-reported depressive symptoms.

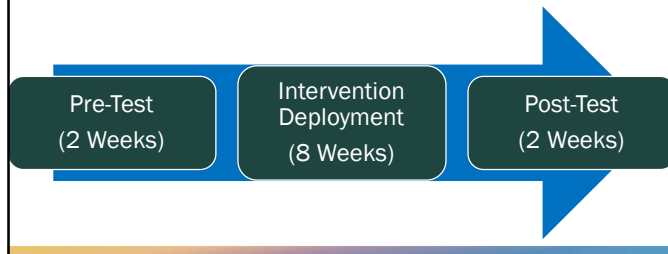
- Professional Quality of Life
- Workplace Associated Anxiety
- Self-reported Level of Depression

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Research Methodology



Longitudinal, Quasi-Experimental Design



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Sample/Recruitment

- **Setting:** Urban academic children's hospital – Perioperative Units
- **Participants:** Multidisciplinary clinical staff
- **Sampling:** Convenience sampling via email and unit announcements
- **Eligibility:** Direct patient care staff employed during study period
- **Consent:** Voluntary (waiver) with electronic informed consent
- **Retention:** Reminder emails to support pre/post survey completion

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The Intervention:

COM CRITICAL INCIDENT STRESS DEBRIEFING TOOL

PURPOSE: To provide a confidential, voluntary and educative process following critical events in a safe, non-judgmental, collaborative & confidential setting designed for event review, emotional processing, support, discussion of potential stress reactions & self care recommendations.

GOAL: To support team communication, quality improvement, and a healthy / healing work environment that stabilizes the team & promotes resiliency following unusually high levels of stress related to critical events.

Complete this form as soon as possible, but no later than 32 hours after any critical event/incident.

Identify need for CISD and designate all appropriate participants for the debriefing.

Debrief Facilitator Completing Form:

- Designate all participants and event completion/learning factors.
- All viewpoints are important and everyone is encouraged to speak. No one forced to participate.
- Focus on Self-Reflection (SR), Quality and Process Improvement (QPI).
- Focus on SR/QPI resources are critical to work.
- Facilitate all concerns to unit/department leadership.
- Submit completed form to designated staff.

MRN: _____

Briefly Describe Incident:

TYPE OF CRITICAL INCIDENT EVENT:

<input type="checkbox"/> Rapid Response	<input type="checkbox"/> Withdrawal	<input type="checkbox"/> Other
<input type="checkbox"/> Code 1	<input type="checkbox"/> Near-Accidental Trauma/Abuse	_____
<input type="checkbox"/> In Unit Code	<input type="checkbox"/> Employee Crisis	_____
<input type="checkbox"/> Emergent ECMO Circulation	<input type="checkbox"/> Anesthesia/Equipment Failure	_____
<input type="checkbox"/> Workforce Violence Incident	<input type="checkbox"/> Ongoing Event	_____
<input type="checkbox"/> Brain Death Testing	<input type="checkbox"/> MORA/Honor Walk	_____

PARTICIPANTS:

Charge Nurse Bedside RN Resp. Therapist ECMO Staff Attending Physician Nurse Practitioner Fellow Resident(s)

Child Life Specialist Pharmacist Hospital Tech Chaplain House Sup.

MRN: _____

What did we do really well as a team?

<input type="checkbox"/> Communication was effective	<input type="checkbox"/> Leadership clear/engaged	<input type="checkbox"/> Roles clearly defined	<input type="checkbox"/> Urgency/identification prompt
<input type="checkbox"/> Operated as a Team	<input type="checkbox"/> Patients/family support provided	<input type="checkbox"/> All equipment/supplies available	<input type="checkbox"/> No educational barriers

TEAM SUMMARY:

As you look back on the incident, are there any prevention thoughts that come up for you?
 Is there anything else the organization/department should consider when dealing with similar situations?

STRESS RESOURCES:

People respond to critical events differently and reactions or "emotional aftereffects" can vary over time. It may be one significant event or the cumulative effect of multiple events over time that set off emotional responses so it is important to be aware of your own reactions and coping and

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DEBRIEFING PROCESS STEPS

INTRODUCTION

- Remind the group "these debriefings are confidential and intended for those directly involved in this event as caregivers or support. If anyone was not involved please reach out to me and we can discuss your concerns after the debriefing."
- Encourage those involved in incident to attend
- State purpose / describe process: education, quality improvement, emotional processing & support
- Set ground rules
 - Stress confidentiality
 - Not investigative or blaming session
 - No one forced to speak
 - All viewpoints are welcome & important
 - No hierarchy

EXPLORATION

- Ask for or provide brief description of event
- What went well?
- What could have gone differently?
- Ask clarifying questions
- Group members share experiences of the event only as much as wish
- Look for themes/concerns
- Encourage as necessary
- Be aware of team members that may need more support

INFORMATION

- Acknowledge / summarize the discussion and exploration of group members
- Normalize experiences and/or reactions
- Review Self-Monitoring Guide
 - Common stress reactions
 - Key stress management skills / Self-Care Guide
 - Review additional help such as CAP, Grief and Trauma Consultation, Suicide Prevention resources

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Data Collection Strategy

Design:

- REDCap for secure, HIPAA-compliant electronic survey administration
- **Time Points:** Baseline (pre-CISD) and 12-week post-intervention
- **Measures:** Validated self-report instruments assessing ProQOL perceived anxiety, and depressive symptoms.
- **Data Management:** Matched pre/post responses using unique identifiers; de-identified data exported to SPSS for analysis.

Demographic Variables Collected:

- Professional Discipline
- Age Group
- Gender
- Years of Clinical Experience
- Primary Clinical Unit
- Employment Status
- Shift Worked

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Data Collection

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ED #: _____ DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check "0" to indicate your answer)

Over the last two weeks, how often have you been bothered by the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid, as if something awful might happen	0	1	2	3

Over the last 2 weeks, how often have you been bothered by any of the following problems? (check "0" to indicate your answer)	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or sleeping, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite - being so busy or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

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Data Collection

Pro QOL

Professional Quality of Life

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Data Collection & Management



- **Pre/Post-Intervention Design**
 - Longitudinal pretest–posttest evaluation over 12 weeks
 - Matched responses from the same participants
- **REDCap Utilization**
 - Secure, HIPAA-compliant electronic survey platform
 - Standardized administration of baseline and follow-up surveys
 - Automated data validation and de-identified data export
 - Unique identifiers used to match pre/post responses

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Statistical Analysis



- IBM SPSS Statistics used for all analyses
- Primary Statistical Test: Paired-Samples t-Test
- Compared mean differences between pre- and post-intervention scores
- Appropriate for within-subject repeated measures
- Outcomes analyzed:
 - Professional Quality of Life (ProQOL)
 - Perceived Anxiety
 - Depressive Symptoms

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Pilot Study Outcomes



- Results:**
- 36 multidisciplinary inpatient participants enrolled
 - ProQOL: Statistically significant improvement ($p < 0.01$)
 - Significant effect primarily in nursing providers
 - No significant change in support staff ProQOL
 - GAD-7: No statistically significant change
 - PHQ-9: No statistically significant change

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Pilot Study Outcomes



Interpretation:

- CISD may have strongest impact on nursing emotional well-being
- Limited effect observed in non-nursing support roles
- Improvements in ProQOL may reflect enhanced compassion satisfaction rather than symptom reduction
- Anxiety and depression scores suggest CISD is not sufficient as a standalone mental health intervention
- Findings support CISD as a targeted supportive strategy, not a universal psychological treatment

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Limitations of CISD Research



- Small sample sizes and single-site studies
- Quasi-Experimental Study Design
- Inconsistent CISD definitions
- Short-term follow-up; limited longitudinal data
- Reliance on self-reported measures (bias risk)
- Variability in facilitator training/skill level
- Confounding factors (workload, staffing, acuity)
- Limited generalizability across specialty units

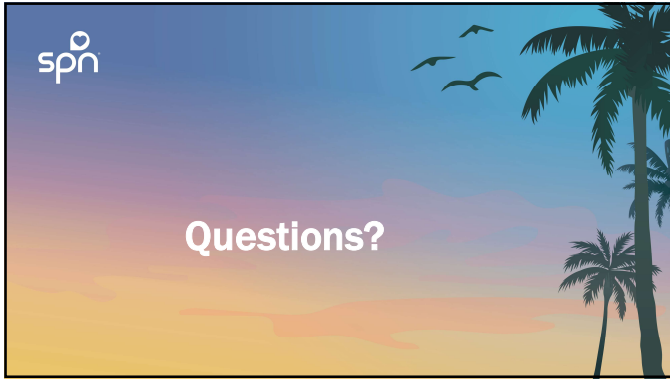
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Future of (CISD) Research



- Shift from “does it work” to who benefits
- Standardize protocols and implementation fidelity
- Expand outcomes: PTSD, ProQOL, retention
- Conduct longitudinal, multi-site studies
- Compare with alternative interventions
- Strengthen implementation science focus
- Explore digital / hybrid CISD models
- Link to organizational outcomes (turnover, safety)

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