

Well-Being Debriefings for Health Care Workers:

An Evidence-Based Method for
Improving Well-Being

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FACILITATOR TRAINING MANUAL

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1. Introduction

It is natural—even expected—for those working with people who are seriously ill to experience a variety of emotions related to the work, including sadness, frustration, grief, guilt, or isolation. The fast pace of health care often leads us to compartmentalize: to put our reactions aside and manage them later. Health care workers in all disciplines and health institutions face daily emotional demands in this relational work. Research has confirmed that the impact of ongoing stress and distress affects clinical practice, leads to compassion fatigue, increases rates of burnout, and can result in a desire to leave the field.¹



Well-being debriefings for health care workers offer a powerful strategy that should be standard practice in health care institutions. These types of debriefings are informal, peer-facilitated, small-group meetings where participants have an opportunity to give voice to the difficult nature of their work and discuss issues that impact their well-being.



Debriefings address core issues that contribute to the emotional impact of the work on the workforce. They foster a supportive culture among colleagues, with the goals of:

- **Validating and normalizing the emotional impact of working in health care**
- **Increasing social support and decreasing feelings of isolation²**
- **Sharing coping strategies, self-awareness techniques, and sustainability tools with peers**

Well-being debriefings are reflective sessions that are not usually focused on a particular incident, though they might involve discussion of a recent case. They help to normalize expected behavioral and emotional reactions to complex, emotionally draining work. To learn more about the effectiveness and impact of well-being debriefings, read this article from CAPC's blog: [Let's Make Staff Well-Being Debriefings Part of the Health Care Culture](#)

These sessions are not therapy, and they differ from formal mental health support groups. Well-being debriefings also differ from interventions that surround a critical incident, where trained facilitators address the immediate psychological needs of health care workers involved in a traumatic event.

Well-being debriefings occur in health care institutions because the institution, and its leaders, recognize individuals need emotional support. Debriefings often start in one unit, sometimes as a pilot program, and spread as staff and leaders recognize the benefits.

Peer facilitators guide the debriefing process. This Facilitator's Manual provides the training individuals need to successfully offer well-being debriefings in their institutions. The goals of Facilitator Training are to help individuals:

- Understand the importance of debriefings, and make the case for debriefings in their health care settings
- Learn the structure of well-being debriefings
- Understand the facilitator's role
- Understand the logistics involved in initiating debriefings
- Learn how to facilitate an informal group



"The positive impact of the debriefing sessions cannot be overestimated among the MICU house staff....To have a time and a safe space in which to talk through their experiences, feelings, and emotions is invaluable."

Dr. Chris Cox, Director, Medical Intensive Care Unit, Duke University Hospital

2. The Structure of Well-Being Debriefings Within a Health Care Organization

Debriefings provide an opportunity for health care workers to give voice to the difficult nature of their work, and this purpose guides their structure.

Timing

Sessions are generally scheduled for a minimum of 30 minutes and up to a maximum of one hour, depending on the type, and are most impactful when offered as a series.

Participants

Debriefings are appropriate for any health care worker. The optimal number of participants in a debriefing session ranges from four to ten. Participants may represent the same disciplines or clinical teams, or may cut across professions or settings. Unlike support groups that have consistent attendees, the participants in debriefings will often vary based on their need or their work schedule at a particular time.

Types

Debriefings are adaptable to a variety of types and locations. The most common are listed below.

Regularly scheduled well-being debriefings as a resource to staff

This is a series of debriefing sessions offered at a dedicated time each month (or more frequently). The consistency and frequency of regularly scheduled debriefings helps reinforce the institution's commitment to the staff's emotional health.³

Predictable scheduling allows participants to plan their attendance, and it engenders a culture of moral caring and trust.

The length of a series of debriefing sessions varies. Debriefing sessions can take place during emotionally stressful situations. Some institutions launch a series of well-being debriefings as a pilot project for several months, and then assess whether to continue. It is optimal to have debriefings available on an ongoing basis as a reliable strategy for distress.

Regularly scheduled debriefings may be either open-topic or topic-focused sessions.

- Open-topic debriefings focus on general discussions on the emotional impact of the work, without a set agenda or topic. They are particularly well suited for a relatively homogenous group of co-workers (i.e., floor unit, clinic staff, or by discipline). Themes that typically arise include: sadness around patients' declining health or deaths; finding a balance between work and home life; using colleagues for social support and validation; sharing strategies that work and don't work to mitigate stress.

- Topic-focused debriefings center the group's discussion on a particular issue such as grief, moral distress, or compassion fatigue. The facilitator usually introduces the topic with a brief 2-5 minute overview at the start of the session to ensure participants are using the same definition and construct. For instance, the facilitator might say:

"We know that working with people with serious illness will cause us to feel grief sometimes, but not always. What do we do with those feelings? Are we entitled to have those reactions? Are they different from personal experiences with grief and loss?"

Having a set topic can be helpful, particularly when debriefings are new in a setting.

- Participants may feel safer convening around a specific topic because they know what will be discussed.
- Using a general theme provides predictability and sets expectations clearly.
- Providers and staff who are hesitant to attend a meeting without a specific agenda may be more likely to attend.

Issue-related debriefings

Often there are cases or situations involving intense emotions, ethics, and/or difficult communication that can benefit from a timely discussion among team or unit members. Sometimes these are labeled as Ethics Debriefings. While a particular case or issue may be discussed as part of an ongoing debriefing series, issue-related debriefings can be done at any time and more often happen "in-the-moment." Issue-related debriefings apply the same concepts and structure of a regularly scheduled debriefing to an immediate situation. The structure transforms what is often an informal conversation about an issue into a focused discussion held in an atmosphere of safety and community.

These issue-related debriefings are not the same as a Critical Incident Debriefing (which is usually done after a traumatic event in an agency, institution, clinic, or unit), nor do they supplant an M&M conference. Rather, they are based on the concept of taking a "pause" after a difficult situation to allow health care workers to simply acknowledge the event and speak to how it made them feel. This fosters validation and immediate social support, which can mitigate further distress.³⁻⁵

To capture the opportunity to reduce stress, an issue-related debriefing should be done quickly after a concern is raised. For example, they may happen immediately after a code or death, or within 24 to 48 hours of a challenging situation. These facilitator-led debriefings can be as short as a few minutes and up to 10-15 minutes.

Be sure to invite everyone who participated in the situation (medical students, interns, residents, fellow, attending, nurses aides, nurses, social workers, chaplains, respiratory therapists, unit managers, dietary and environmental services, etc.). Be clear that the purpose is to discuss the emotional dimensions of the work. Introduce the debriefing with words such as: *"We are going to meet here for just five minutes. I hope you can stay. I think it's important to spend a few minutes giving voice to what just happened."*

3. The Facilitator's Role

A peer facilitator is central to the success of a well-being debriefing. The facilitator is generally a champion of the debriefing concept who recognizes a need, and educates others about the evidence of the effectiveness of debriefings. In some cases, a champion who has received approval to initiate debriefings may approach a colleague to serve as facilitator of the process.

These reflective debriefings work best when led by a peer who understands the work environment. Examples include:

- Palliative care social worker in a hospital setting who understands the culture of specific units or specialties and is trusted by the workers
- Hospice case manager who has clinical experience working with home hospice
- Nurse from general medicine who understands the work demands on a surgical floor
- Physician who teaches and works with house staff
- Nurse practitioner who leads a primary care clinic

Trust is required between the peer facilitator and debriefing participants. Participants need an atmosphere of collegiality, understanding, and equality to comfortably share emotions and concerns in a group setting. Therefore, a facilitator who is in a supervisory position to the participants might be intimidating, which could diminish opportunities for honest conversation.

A person interested in serving as a peer facilitator should have the ability to listen, an appreciation for process, and time to devote to the debriefings.

Helpful Skills

A peer facilitator is the "keeper of the process" for the debriefings and is not responsible for clinical interventions or insights. Using an analogy, the facilitator serves as the bumper guards in the bowling alley, assuring that the rolling ball stays on course, rather than serving as an instructor teaching bowlers how to improve their game.

Skills helpful to facilitation and often familiar to health care workers are:

- Empathy
- Emotional intelligence and regulation
- Good boundaries around personal issues
- Ability to listen
- Interest in steering a group, not leading one

Time Commitment

Peer facilitation requires time to arrange logistics, prepare, and lead the session. A general rule is to roughly double the amount of a session's time to estimate the total time needed per session (i.e., a 45-minute session per month requires a 90-minute monthly commitment from the facilitator).

The facilitator's primary role is to guide the session's process and create a safe, neutral environment so participants feel comfortable sharing thoughts and emotions. This occurs by setting the tone and establishing expectations of confidentiality and respect.

The facilitator's role includes:

1. Setting expectations

Be clear about the goal and purpose of the debriefing when you publicize it. When advertising, reinforce that well-being debriefings are:

- An opportunity for participants to safely express thoughts on the difficult nature of their work and discuss issues that negatively affect resiliency
- A place where all participants have an equal voice
- A reflective session and not a support group, a critical incident debriefing, or a forum to complain about the behaviors of others, including managers and co-workers
- Open to all
- Confidential

Reiterate these expectations at the start of each meeting to provide reassurance and build trust. When opening the meeting, you may say something like:

"As a reminder, please know that anything said in this session is confidential. I hope you will feel comfortable talking about how this difficult work impacts you, and how you deal with that. We can learn from each other and support each other."

2. Maintaining boundaries within the group meeting

Steer the conversation as opposed to leading it. Remind the group of the session's focus, then let the group lead the way.

In an open-topic debriefing, you might lead with words like:

"How have things been going for you here?" "What's been happening on the unit / with your work lately?"

In a topic-related debriefing, it can be helpful to provide a guiding question such as:

"We wanted to talk about moral distress today, and briefly review what that may look like. Do folks have some examples they would like to share?"

Or,

"These types of situations can be really challenging. How do you deal with them? What do you do?"

The facilitator's job is to help participants have confidence that they understand the focus/purpose of the group. This creates safety and predictability. If the topic shifts to something unrelated, which commonly happens, gently redirect the group back to the purpose of the session, saying something like:

"That is a really important subject/issue. I wonder if we can put a pin in that and come back to talking about what helps you be able to do this work over the long haul?"

Use the technique of "nudging the topic" to get more information from group members. Ask participants to expand or give an example, such as:

"You mentioned that sometimes the only way to deal with this is to compartmentalize everything. Can you tell me more about what you mean, or provide an example?"

Sometimes one or two people dominate a group. They may be comfortable sharing their opinions or may be really stressed and need to "unload". While it's important to allow participants time to speak about their concerns, you also want to invite others to weigh in. One strategy is gently re-directing the conversation, encouraging participation by invitation:

"Thanks so much for sharing that story. I'm wondering if others have stories they'd like to share as well?"

Or, you may need to be a bit more direct, acknowledging the speaker's comment, while reminding the group everyone is welcome to participate:

"Thanks, Cheryl, for your insight. I'm going to switch gears a bit and ask if there are others who want to tell us about how they cope with this work."

3. Identifying opportunities for emotional and cognitive reflection

Model behaviors that help participants express their feelings, thoughts, and emotions. One method is to ask participants open-ended questions that encourage engagement and reflection, such as:

"Sue just mentioned she doesn't talk with her husband about work. What do others do?"

Or, use yourself directly in the conversation to model the direction of the topic and help participants find the language to make a comment. Remember this is a way to encourage participation, not to discuss your own worries in detail. Here's an example:

"I know that I have trouble talking with my spouse about work; he tells me it's too sad. What about others?"

Be careful about sharing. As a peer, it is challenging to avoid "participating" in the meeting. You are welcome to reflect on your own experiences with the intent of encouraging conversation, focusing the group, and keeping participants on track. Ask yourself before you share, "In whose interest am I sharing?" If the answer is that you want to model a reaction or normalize a feeling, please share. However, if it feels more like "I have a need to share this story," then pause, and invite others to share instead.

4. Normalizing reactions

It's important for people to know their feelings about their work are normal and expectable. We may react to complex or sad situations differently, but we all react. Sometimes health care workers disregard their emotions or feel they aren't entitled to feel sad given a patient's situation. These strategies aren't conducive to emotional health, and a debriefing offers an important and unique opportunity for health professionals to know their reactions are normal, expected, and can be mitigated.

You can use yourself as an example to normalize the fact that we all have reactions to situations and to patients, saying something like:

"As someone who has worked in this field for a while, I know I have also had these feelings. I think they are really normal."

You can also use the technique of naming an emotion that someone is struggling to define. This is a method of reflection that checks in with the person to make sure they are being heard and gives them a chance to correct or validate. It models a non-judgmental approach for other participants to witness. For example:

"It sounds like that was really frustrating for you. Does that sound right?"

5. Opening and closing the meeting

It is the facilitator's responsibility to adhere to the schedule and start/close the debriefing on time. This respects participants' time and assures them that the session's boundaries are upheld.

When you notice you have about five minutes remaining, find a space in the conversation to say something like:

"I just wanted to let folks know we will be ending in about five minutes."

Participants may ignore you and continue on, but it's important to provide this boundary to reinforce the safety of the group by letting them know that someone is steering the conversation.

At the end of the debriefing, summarize the themes that emerged in the discussion, saying something like:

"We talked about a lot of really important themes today, including talking with friends about work, the importance of your colleagues, and just how hard this work really is!"

If time allows, provide encouragement for the way participants are coping, noting their strength, and normalizing their reactions. Say something like:

"I'm so impressed with the way you all handle this difficult, challenging work. You lean on each other and have excellent awareness of your own feelings. I appreciate you taking the time to attend."

Even if participants didn't overtly talk about their own reactions to their work, the debriefing session provides a way for them to think about their reactions and the impact on patients.

A word about support for facilitators:

Debriefings can be emotionally overwhelming for a facilitator. Listening to distress among your peers can trigger your own emotional response. It can be hard to sit with suffering and to resist the urge to "fix it". Facilitators need a space to normalize their reactions, problem solve, and receive support.

Whenever possible, a facilitator should have a designated support person to rely on—perhaps another facilitator or whomever is organizing the debriefings. Just as health care workers have emotional and behavioral reactions to working with patients and families, so too do facilitators who listen to colleagues' distress. Similarly, just as clinicians use self-awareness to identify personal issues and avoid them spilling over into patient interactions, the peer facilitator needs to continuously take stock of their own reactions and emotions during a debriefing.⁶⁻⁷

"We must be both **participant and observer**, willing ourselves to be drawn into the patient's experience, while simultaneously remaining sufficiently separate so we can monitor and more objectively understand what is happening."⁸

4. Getting Started

Getting started begins with identifying a need or an indication that health care workers are interested in attending a debriefing. Some facilitators do a quick survey of a unit or group to gauge interest, making sure to be clear about the purpose and format of debriefings. Others learn anecdotally that staff members need the support a debriefing provides. Listen to colleagues about the stress of their work, and ask how they are coping to elicit good information.

A key to successfully identifying the right participants, unit, or location is to “dig where the ground is soft,” offering the debriefings where the need is great and interest is high. Ask yourself at the onset:

- Have you identified a need in a particular clinic, department, or among a certain profession?
- Are you being asked to provide the debriefings on a particular unit or clinic?
- Where do you think there is most interest?

Once you have decided where to start, use these steps to implement well-being debriefings:

1. Secure leadership and management approval and support
2. Address time, compensation, and scheduling
3. Market the idea to potential participants

1. Secure leadership and management approval and support

It is important to speak with stakeholders prior to starting debriefings, to make the case and receive the necessary institutional and management support. Start by identifying who has authority over the individuals or unit that are interested in debriefings. This may include the manager of a unit, director of a program, or hospital administrator.

An example: A palliative care social worker in the ICU and familiar with the debriefing process notices that the ICU staff is depleted and exhibiting signs of emotional stress. The social worker approaches the head of the ICU and requests a meeting to explain her observations and offer debriefings as a strategy to help the ICU staff address their emotions.

Topics to cover in an introductory meeting with the manager or stakeholder may include:

- Describe what debriefings are, and the data that supports their use.
- Identify the problem the debriefings are designed to address (overall well-being, burnout, distress, etc.) and why debriefings are an appropriate strategy.
- Depending on the structure and culture of your organization, suggest the debriefings as a Quality Improvement (QI) project (for example, a response to turnover or burnout rates, or subjective feelings of compassion fatigue).
- Review well-being efforts that are already underway, and discuss how adding debriefings to the options can be helpful, building on what already works.

- Discuss measures to evaluate the effectiveness of the debriefings in relation to the goals.
- Discuss realistic ways to schedule the debriefings in light of busy staff schedules, and clarify parameters for participation; for example, ask the supervisor:
 - *"Are there regularly scheduled staff meetings, or team meetings to attach the debriefings to?"*
 - *"What about holding the debriefing about 20 minutes before shift change?"*
 - *"Do you think participants would come in during their off-time?"*
- Describe your interest: *"I've been reading evidence-based articles on the efficacy of debriefings in managing distress among health care workers (or nurses, etc.). Can I share those with you? I think this would be an easy intervention to implement that could have a large impact."*

If you sense hesitancy, suggest starting the debriefing as a pilot project with a specific evaluation period. For instance, launch a pilot of three debriefings, and then assess the success and value, making adjustments as needed to better address the group's needs.

2. Address time, compensation, and scheduling

Health care workers are very busy in normal situations and have extraordinary demands on their time. Finding the time for health care workers to attend well-being debriefings and for a facilitator to lead the sessions is a challenge that benefits from input from many sources. Leadership support can be very influential here and can determine whether someone has the permission and support to attend a debriefing.

When promoting the debriefings, it is helpful to identify the barriers immediately. *"We know from experience that finding the time to offer the debriefings is difficult; everyone is so busy. There are some things that have worked at other places (hospitals, clinics) that we can think about. For instance, we can have the debriefing just before change of shift, allowing staff to do their handoffs, adding just 25-30 minutes for some reflective time around a particular issue affecting your staff (lots of grief, moral distress, etc.)."* Adding that it is important to make the time for debriefings and prioritizing staff wellness can help inform the conversations about scheduling.

- **Time considerations for facilitators:** Facilitators need to determine whether they have the available time to run the sessions and to clarify their supervisor's support and expectations. Determine whether the facilitator will be:
 - *Paid or have compensated time to lead the sessions*
 - *Afforded some administrative time related to the debriefings*
- **Time considerations for participants:** Institutional support is key. Know your organization's structure and follow the chain of command. Working in tandem with leaders and managers to address their concerns about scheduling or compensation helps establish a partnership and supportive relationship.

Moving forward with debriefings often necessitates leaders and managers to approve time for the staff to attend. Speak with these stakeholders prior to launching the debriefings to determine not only if staff will be able to attend, but how. Clarify whether:

- Participants will need to attend on their off hours or will be allowed to participate during work hours
- Participants will use paid time to attend
- Supervisors will schedule extra workers on the day of the debriefing for coverage while others attend
- The facilitator will hold the debriefings before/after shifts or at a different time

Success rests on thinking through these challenges ahead of time, and working with stakeholders to find the right setup for the specific health care workers you are serving. There is not one strategy. Decisions about the best way to move forward depend on multiple factors, including the unique culture of the department or organization. The answers determine the schedule for the debriefings and allow you to clearly communicate the information that people need in order to decide whether to attend. Holding a debriefing that no one has the time or support to attend only adds to stress and frustration.

3. Market the idea to potential participants

It is the facilitator's responsibility to identify how the debriefings will be advertised and to provide accurate information for the advertisement. There are a variety of ways to invite and encourage participation:

- Email the invited group with information about the debriefing, and mention management's support (if it has been secured); send reminders often.
- Set out posters in the area where the participants gather with easy-to-read highlights about the debriefings: when, where, why.
- Place an article in an agency publication.
- Use word-of-mouth to help demystify apprehension or presumptions.

Of course, food traditionally entices participation in meetings! Bring snacks, if possible, or have a department sponsor the debriefing with breakfast or lunch.



"As a provider, my participation in debriefing has helped me develop better relationships with the nursing staff both by understanding how I can support the nurses, but also by being a part of us all sharing our common experiences on the unit."

Hospitalist APP, PA, Duke University Hospital

5. Tips and Troubleshooting a Debriefing Session

Here are general suggestions to help your debriefing session run smoothly:

- Arrive early for the meeting.
- Double check that the set location (or virtual meeting link) is available.
- Try to start on time.
- Be present; put away your phone/pager to model attention.
- If participants don't know each other, suggest brief introductions, and start with yourself.
- In an effort to equalize the playing field, consider using everyone's first name in introductions or comments.

Virtual meetings require some additional considerations:

- Make sure to send the link to everyone you are inviting.
- Review virtual meeting decorum, just as you review guidelines with an in-person group.
- You can invite people to keep their microphones on and use the chat function. If you use the chat function, it is your responsibility to share the comments and questions.
- Allow for a bit of extra silent time for participants to add to a discussion.
- Acknowledge the possible awkwardness of meeting virtually for such a difficult topic/work.

It is inevitable that glitches will occur when facilitating a debriefing session. Below are solutions to common situations.

What if staff members are hesitant to attend?

There may be hesitation among providers to attend a meeting without a set agenda or topic. A solution is to structure the debriefing around an issue such as moral distress, compassion fatigue, or grief so participants know there is a particular focus of the meeting.

What if no one shows up?

That's ok. Touch base with your contact person (the supervisor in the unit or a colleague). Perhaps it was a really busy day. Ask what might be going on and whether people knew about the meeting. Carry on and schedule another debriefing session. Don't take it personally.

If the session was using an open-topic format, consider whether it would help to advertise the debriefing with a topic. This may boost attendance.

Hang out for about 15 minutes before leaving, in case people are late.

What if a small number of participants show up?

Move forward with the session. Ask those who came how things are going, and be flexible with the format. You don't need to spend the full amount of time allocated for the debriefing.

How do I get the participants "out of the weeds" during a discussion?

Well-being debriefings may be a new type of meeting for some health care workers. Clinicians may be accustomed to providing detailed medical data to discuss a case but not exploring the emotional impact of their work. While some information about a situation can be helpful to the discussion, clinicians may be prone to get lost in the data rather than to talk about reactions or emotions.

To help redirect the conversation towards how the individual coped with the emotional aspect of a situation, ask:

"You've told us a good amount about the details of the case. I have a different question: What did you do when you got home that day?"

What if red flags arise about a participant's mental health during a debriefing?

It is very unlikely that you will encounter a mental health emergency when you are facilitating a debriefing session. However, if you feel a participant needs immediate attention, please stop the group and get their supervisor immediately. These debriefings are NOT meant to substitute for urgent mental health interventions.

If you are worried:

There may be participants you are worried about, but not sure why. For instance, you may notice an individual being very quiet, and maybe their mood is very down or sullen. Or, maybe you notice someone who is really angry about a situation and isn't able to be redirected. While these are not urgent situations, they may worry you. There are several things you can do:

- Privately reach out to the individual after the meeting. You could say something like: "You seemed upset during the meeting, is there something I can do to help?"
- Suggest to the person that they approach their supervisor or manager if they have

Debriefing Dos and Don'ts:



DO be ok with silence.

DO know that it may feel nerve-wracking the first few times you facilitate.

DO use humor; it helps people feel relaxed, at ease, and increases social interaction.

DO take responsibility for running the group.

DON'T be afraid to make mistakes!

We all do; it's how we best learn.

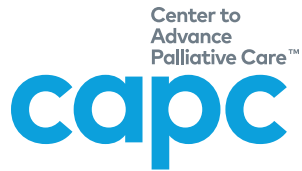
DON'T feel as if you have to "fix" a situation. It is much more powerful when a group comes up with a solution themselves.

DON'T share too much of your own experience. Use this as a springboard to ask questions or clarify.

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Center to Advance Palliative Care

The Center to Advance Palliative Care (CAPC) is a national organization dedicated to increasing the availability of quality health care for people living with a serious illness. As the nation's leading resource in its field, CAPC provides health care professionals and organizations with the training, tools, and technical assistance necessary to effectively meet this need. CAPC is funded through organizational membership and the generous support of foundations and private philanthropy. It is part of the Icahn School of Medicine at Mount Sinai, in New York City.

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