Research Article

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Debrief and its Quality Influence Team Culture

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Abstract

Background

Theatre debrief is a key aspect of WHO surgical checklist. It promotes safety, communication, and teamwork. We aimed to establish the impact of debrief on work culture and engagement.

Materials and Methods

A questionnaire-based study examining the impact of debrief on Culture of Care Barometer, team / hospital promoter scores, and engagement at work questionnaires.

Results

Fifty staff from a variety of professions, based in ENT and Ophthalmology, including theatre, clinic and administration areas took part. Being exposed to debrief led to higher scores on the Culture of Care Barometer. Additionally, our staff found structured, coaching and manager-led meetings to be more effective, useful and engaging than debriefs consisting of quick comments or informal discussion only.

Conclusion

Debrief could foster positive culture and engagement changes. Future focus should be on effective debrief implementation and high quality debrief styles.

Keywords: Operating Theatre, Who Checklist, Debrief, Culture, Staff, Coaching, Burnout, Engagement, Culture of Care, Barometer, Surgery

1. Introduction

Debrief is a group reflective activity to discuss shared experiences, key in the Surgical Safety Checklist designed to reduce morbidity and mortality [1]. Debrief promotes communication and teamwork, both leading factors in theatre incidents and it can decompress and improve emotional reactions[2-4]. Supportive and developmental workplace culture enhances staff engagement and wellbeing, reduces burnout and fosters safe and compassionate patient care [5,6]. Debrief improves teamwork and safety, but there is less evidence of its impact on work culture. Using a questionnaire-based survey, we aimed to determine the impact of debrief on culture of care and on the likelihood that staff would recommend their team / hospital as a place to work; we hypothesised that debrief, especially high-quality debrief, will have a positive effect.

2. Materials and Methods

We undertook an anonymous, voluntary survey at one institution, inviting all nursing staff in ENT and ophthalmology theatres, plus nursing, admin and medical staff in ENT admin and clinics (estimated 128 staff). These areas were chosen to cover a range of staff groups and settings. Participants completed the following questionnaires:

• Debrief experience. Debrief was defined as "Team discussion about the day's events, for example at the end of a theatre list, at the end of a project, or at the end of another session / event." We asked if staff had a debrief, what style (see below), and "how effective, useful and engaging" each debrief style was for them.
• Culture of Care Barometer (CCB) assesses work culture within the NHS
• including organisational values, team support, relationships with colleagues and job constraints [7]. It consists of 30 questions, with participants asked to indicate how much they agree with statements on a scale of 1 to 5.
• Work promoter scores. Participants were asked how likely they would recommend their team and hospital as a place to work (10 point Likert scale, categorising 9-10 as promoters, 7-8 as passives, and 0-6 as detractors).

2.1. Debrief Types were Described as Follows

• quick comments (e.g. yes or no question)
• informal discussion (i.e. no specific structure)
• structured discussion (based on a framework or a checklist)

2.2. Debrief and Its Quality Influence Team Culture.

• coaching style (e.g. with cards or team games)
• team meetings led by a team leader / manager

3. Questionnaires Were Piloted in Advance.

Statistical analyses were performed using SPSS Statistics 24 software. In the case of CCB and promoter scores the outcomes could not be attributed to one specific debrief type because the staff were exposed to many different types. Standards for Quality Improvement Reporting Excellence (SQUIRE 2.0) was followed in this study.

4. Results

4.1. Description of Staff Taking Part

Fifty participants took part, giving an estimated response rate of 39.1%. Table 1 shows the responders' characteristics. ENT doctors who work across the three different areas were grouped with theatre staff because that is where most debrief occurred.

	N/total respondents (%)
Female English as first language Disability Part-time employment	30/37 (81.1) 36/43 (83.7) 2/43 (4.7) 10/44 (22.7)
Ethnicity White Asian Black Mixed Other	27/37 (73.0) 3/37(8.1) 2/37 (5.4) 1/37 (2.7) 4/37 (10.8)
Age group <30 years 31-40 years 41-50 years 51-60 years 61-70 years	2/25 (8.0) 7/25 (28.0) 4/25 (16.0) 8/25 (32.0) 4/25 (16.0)
Staff Group Nurse Admin Healthcare assistant Other theatre professional	14/43 (32.6) 13/43 (30.2) 6/43 (14.0) 5/43 (11.6)
Doctor Other clinic professionals Student in theatre	3/43 (7.0) 1/43 (2.3) 1/43 (2.3)
Work setting Theatre Clinic Admin	25/49 (51.0) 13/49 (26.5) 11/49 (22.4)
Pay band 2 3 4 5 6 Doctors	7/37 (18.9) 2/37 (5.4) 8/37 (21.6) 14/37 (37.8) 3/37 (8.1) 3/37 (8.1)

Debrief experience	33/50 (66.0) 17/50 (34.0)
Experienced debrief	24/25 (96.0)
Did not experience debrief	5/13 (38.5)
Theatre staff experiencing debrief	4/11 (36.4)
Clinic staff experiencing debrief	
Admin staff experiencing debrief	

Table 1: Characteristics of Staff taking part. Not all 50 Participants Completed Every Question; Denominators are Shown.

5. Effect of debrief on Culture of Care Barometer

Higher CCB represents a better culture of care. Amongst 47 completing the CCB, scores were higher in those who experienced debrief compared to those who did not (113.2 vs 99.7; two-tailed t test p=0.012). Effect of debrief on promoter scores Effect of debrief on staff recommending a team / hospital as a place to work is shown in Figure 1. Differences were not statistically significant.

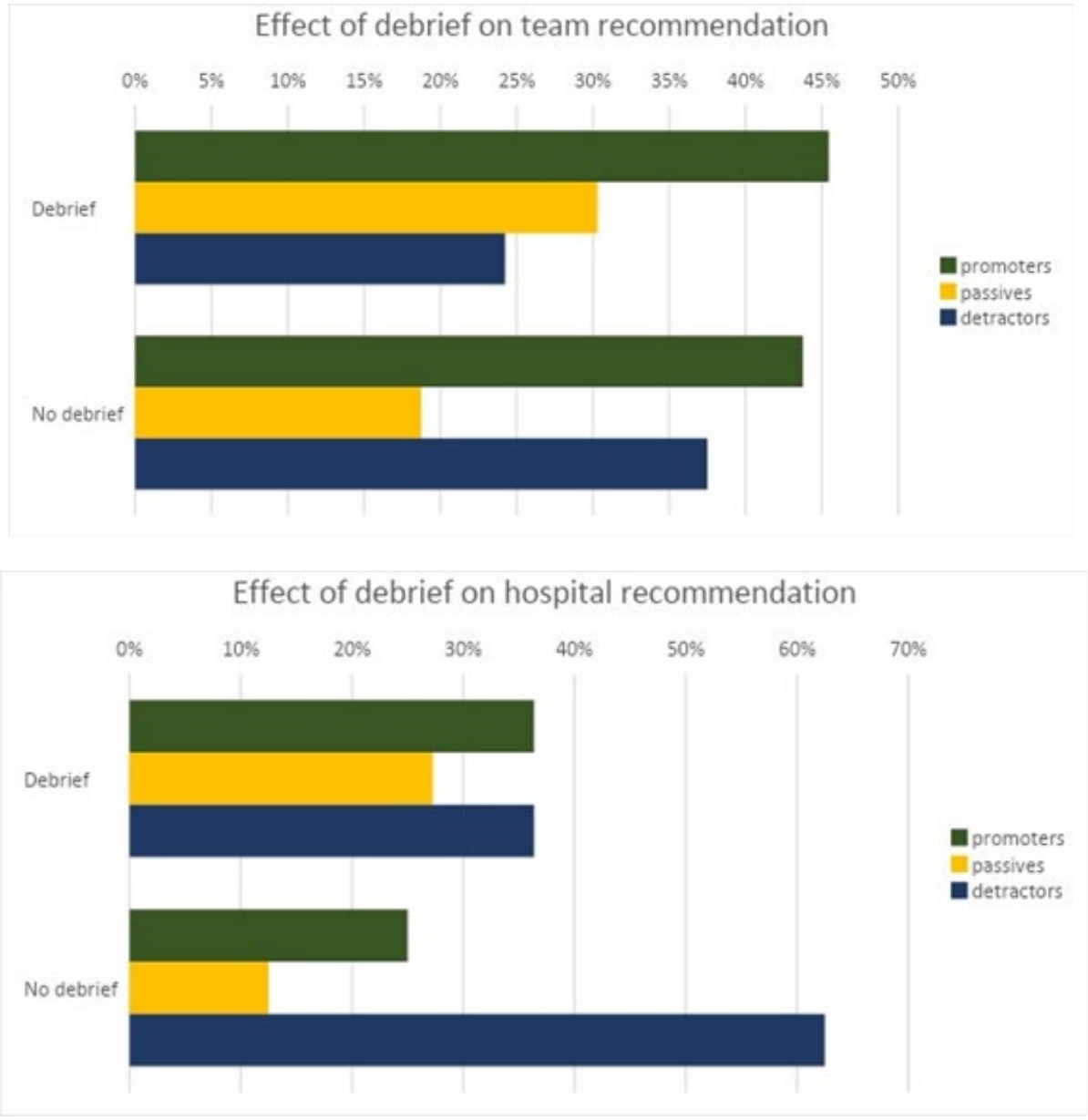

Figure 1: Effect of Debrief on how Likely Staff would be to Recommend their Team (top) and Hospital (bottom) as a Place to work, Split into Promoters (scores 9-10), passives (scores 7-8), and detractors (scores 0-6).

6. Debrief Experience

The frequency at which different types of debrief was experienced by the 33 staff is shown in Table 2.

Debrief Type	once	%	monthly	%	weekly	%	daily	%
Quick comments	0	0%	3	9%	18	55%	9	27%
Informal discussion	5	15%	6	18%	17	52%	4	12%
Structured discussion	2	6%	9	27%	9	27%	5	15%
Coaching style	3	9%	6	18%	6	18%	0	0%
Manager-led meeting	1	3%	13	39%	2	6%	9	27%

Table 2: Frequency of Debrief types. Percentages Refer to the Proportion of the 33 Staff who experienced that Particular type of Debrief at that Particular Frequency.

7. Different Debrief Styles

The proportions of staff who found a particular style very or extremely effective, useful and engaging is shown in Table 3. The staff found structured, coaching and manager-led meetings to be more effective, useful and engaging than debriefs consisting of quick comments or informal discussion (38/62 experiences (61.3%) vs 10/59 experiences (16.9%); Chi squared $p<0.001$).

Debrief style	How many staff found it very or extremely effective, useful and engaging. N/those experiencing it and replying (%)
Quick comments	4/29 (13.8)
Informal discussion	6/30 (20.0)
Structured discussion	15/25 (60.0)
Coaching style	8/14 (57.1)
Manager-led team meeting	15/23 (65.2)

Table 3: Staff Opinion on Debrief Styles.

8. Discussion

Being exposed to debrief was associated with better Culture of Care Barometer scores. However, the differences in relation to recommending team / hospital as a place to work, were not statistically significant. Staff found structured, coaching and manager-led meetings to be more effective, useful and engaging than debriefs consisting of quick comments or informal discussion only.

9. Impact of Debrief

There is overwhelming evidence that organisations with engaged staff achieve better outcomes: better patient experience, fewer errors, lower infection and mortality rates, better financial management, less work absence, and less burnout [9]. Our findings that debrief is associated with higher CCB scores suggests that debrief may play a role wider than just the daily session itself. Whilst we observed differences in relation to recommending team / hospital as a place to work, these were not statistically significant, and the study underpowered for that outcome. It is disappointing that over a third of our staff did not have access to debrief. Previous research has identified theatre debrief to be an important part of a comprehensive quality improvement programme, but its implementation is not straightforward. Leadership engagement and commitment are notable driving factors, in addition to meaningful and early debriefing feedback. On the other hand, loss of institutional commitment, resources and personnel might have a negative effect [10]. It is important that there is a culture of openness, trust, and a willingness to explore challenges in a supportive and non-judgemental fashion, but this is not easy to achieve. Some staff may be reluctant to engage as debrief can identify their perceived failure and may feel uncomfortable to share their feelings with others; having a culture of learning and psychological safety is therefore key.

10. Different Debrief Styles

We divided debrief into different styles based on what is commonly practised in our departments. Debrief in theatres is mandatory although often is just quick comments with everyone rushing to leave or a discussion without a structure or purpose. Some debrief are checklist-based, with questions that the team works through. Some team leaders have daily or weekly team meetings led by the leader, where recent events (as well as forward planning) are discussed. One of the authors (MD) uses coaching-style debrief utilising coaching tools and principles (recognised by the team because cards, games or activities are often used). Coaching has the potential to increase self-efficacy and determination to counterbalance burnouts and improve personal resilience; these are vital qualities in the healthcare professions [8]. There is a wide variety of debrief styles used just in our unit, and there is no one right way of doing debrief. There is limited evidence on which is best, particularly when each team has unique needs or goals. Moreover, it is important that debrief is responsive to team needs, team culture, and leadership style, as different teams can achieve the same high quality outcomes using quite different ways of working. It was clear that quick comments and informal discussion were most frequently encountered debrief styles, yet our staff found them less effective than the other styles. Thus, quality of debrief matters, although the exact style may be less important than its quality.

11. Should Everyone Undertake Debriefing?

We recognise that in many units, timetabling of staff activities has developed over decades, and finding a slot for debriefing may not be possible nor appropriate. We are not suggesting that every team should start daily debriefing. It is quite possible to develop great teams using methods other than debrief. But if a

team / leader is looking to change and develop team culture, then debrief could be one of the ways that this could be achieved.

12. Limitations

We report what staff thought, and examine associations between debrief and outcomes. However, debrief does not happen in isolation from the rest of teamwork, culture and leadership, and it is therefore not possible to claim that debrief is the cause of better culture scores. The problem of associations and apportioning effect is common in workplace culture studies, where it is (usually) not possible to conduct experiments in controlled circumstances and changing just one variable at a time. A large proportion of our respondents worked in theatres, which may have affected the results. Future studies could include a larger number of staff from a wider clinical setting; however, studying this in a wider context may be more difficult if the researchers do not understand in detail what kind of debrief takes place. A larger study could also have the ability to test specific constructs/ questions, with sufficient power to demonstrate a statistical difference. We used a limited number of outcomes, and this, together with use of composite outcomes, is also a limitation. CCB is a published tool that examines different attributes of NHS organisational culture, whilst the promoter scores capture work engagement from a different angle. There are a myriad of possible outcomes that could be used, with resultant increase in complexity. Nevertheless, our simple and practical approach suggests that debrief, and its quality, matter.

13. Conclusion

Being exposed to debrief led to higher Culture of Care Barometer scores. Additionally, our staff found structured, coaching and manager-led meetings to be more effective, useful and engaging than debriefs consisting of quick comments or informal discussion only. Having a team debrief matters.

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