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# The Effects of Debriefing on Nurse Distress after Perinatal Loss

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# The Effects of Debriefing on Nurse Distress after Perinatal Loss

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## Abstract

Labor and delivery nurses are the first-line caregivers for women suffering a perinatal loss which involves miscarriage, stillbirth, and infant death. This loss of life can cause nurses' distress. This project proposes using the PEARLS healthcare debriefing tool as an intervention to decrease distress and improve nurse satisfaction. Before and after the debriefing intervention, a survey allowed the nurse to rate their distress from zero to ten using the distress thermometer and answer questions about job satisfaction. The data analyzed shows that the debriefing intervention decreased nurse distress after perinatal loss compared to the prior practice of no debriefing after each loss. The pre- and post-survey results suggest that years of nurse employment, history of personal perinatal loss, and nurse satisfaction are risk factors for increased nurse distress. This project implies that a mandatory policy of nurse debriefing after perinatal loss may decrease nurse distress and improve employee satisfaction.

## The Effects of Debriefing on Nurse Distress

One of the most frequent pregnancy complications is stillbirth, which is the birth of a fetus at 20 weeks gestation and greater in which there is no heartbeat (American College of Obstetrics and Gynecologists, 2020). Around 24,000 babies are stillborn in the United States every year, which amounts to 1 in 100 pregnancies (Centers for Disease Control and Prevention (CDC), 2020). Nurses who care for patients after a perinatal loss can experience negative outcomes, including nurse distress (Hutti et al., 2016).

The concept of nurse distress refers to the nursing professions' emotional, physical, spiritual, and psychological effects when caring for patients during death (Wahlberg et al., 2016). Shingler-Nace et al. (2018) report a lack of support for nurses' psychological well-being when their specialty area frequently encounters death. This lack of support and recognition can increase distress and decrease the nurses' quality of life, leading to reduced nursing satisfaction. Healthcare providers' distress can lead to compassion fatigue, decreased nurse satisfaction, and decreased patient quality of care (Wahlberg et al., 2016).

This project was implemented on a labor and delivery unit where debriefing was used as a strategy to support nurses after caring for patients experiencing perinatal loss. The nurses were guided through the process using the *Promoting Excellence and Reflective Learning in Simulation* (PEARLS) Healthcare Debriefing Tool developed by Eppich & Cheng (Bajaj et al., 2018). Distress levels were documented through a pre- and post-survey to determine whether this intervention would impact nurse distress. This project is essential because nurse distress can adversely affect nursing satisfaction and patient care.

## Background

Nurses need to understand that they are at risk for compassion fatigue, emotional and physical distress arising from the care of someone during a traumatic event and can lead to a loss of connection to the patient (Shingler-Nace et al., 2018). The well-being of nurses can be affected because of the close relationship between nurse and patient on the obstetric unit and the complicated emotions during loss (Verdon & deMontigny, 2021). Nurses experience distress during perinatal loss and report feeling incompetent, overwhelmed, and that they feel they will remember these experiences forever (Hutti et al, 2016).

Debriefing is an intervention that can help nurses talk through the emotional response of caring for a patient during death (Harder et al., 2020). The labor and delivery unit where the project was conducted is at a 508-bed hospital in central South Carolina that delivers approximately 4,000 babies per year. According to the nurse manager, they currently use debriefing only after a maternal or full-term neonatal death of an unexpected nature. Such events occur once every couple of years. They do not currently use mandatory debriefing after the average of 50 perinatal losses per year on the unit.

This project uses the PEARLS debriefing tool to debrief with nurses after all fetal losses. The use of debriefing can decrease distress and adverse psychological effects when a nurse cares for a patient whose baby has died (Harder et al., 2020). If feelings are not addressed early, the patient quality of care will decrease, and loss of wages and turnover could occur (Shingler-Nace et al., 2018).

## Problem Statement

There is an average of 50 fetal losses per year at the project site, and the nurses report distress and lack of support after perinatal loss. The nurses complain that they immediately

receive a new patient assignment after transferring a grieving mother to the postpartum unit. They also report the need for more training for newly hired nurses to cope with fetal death. Support for the nurses caring for this population is essential to decrease nurse distress and improve nurse satisfaction. The PICOT question for this project is, “Among labor and delivery nurses, how does the use of informal debriefing sessions, as oppose to no sessions, impact nurse distress over three months?”

## Review of Literature

Literature search involved using EBSCOhost, an online research platform, and Google Scholar. Many techniques were used, including a combination of different keywords such as debriefing, death, healthcare, perinatal loss, and distress. Dates range from five to two years to minimize results. The results for debriefing in healthcare yielded over 20,000 articles, and the search for fifteen quality articles was rigorous.

EBSCOhost and the term debriefing gave 364 results narrowed down to three quality articles. The following search engine used is Google Scholar, using death and debriefing since 2016, resulting in 20,200 articles. The keywords debriefing and perinatal loss 2019 to present yield 1,960 results, and debriefing and distress 2016 to present produced 19,100 articles. Death and debriefing 2015 to present resulted in 17,300 articles. Debriefing in healthcare after 2020 showed 1,900 results. Other important keywords in the literature search are perinatal nurses, death, debriefing, grief, education, healthcare workers. Many articles were repeated through many searches.

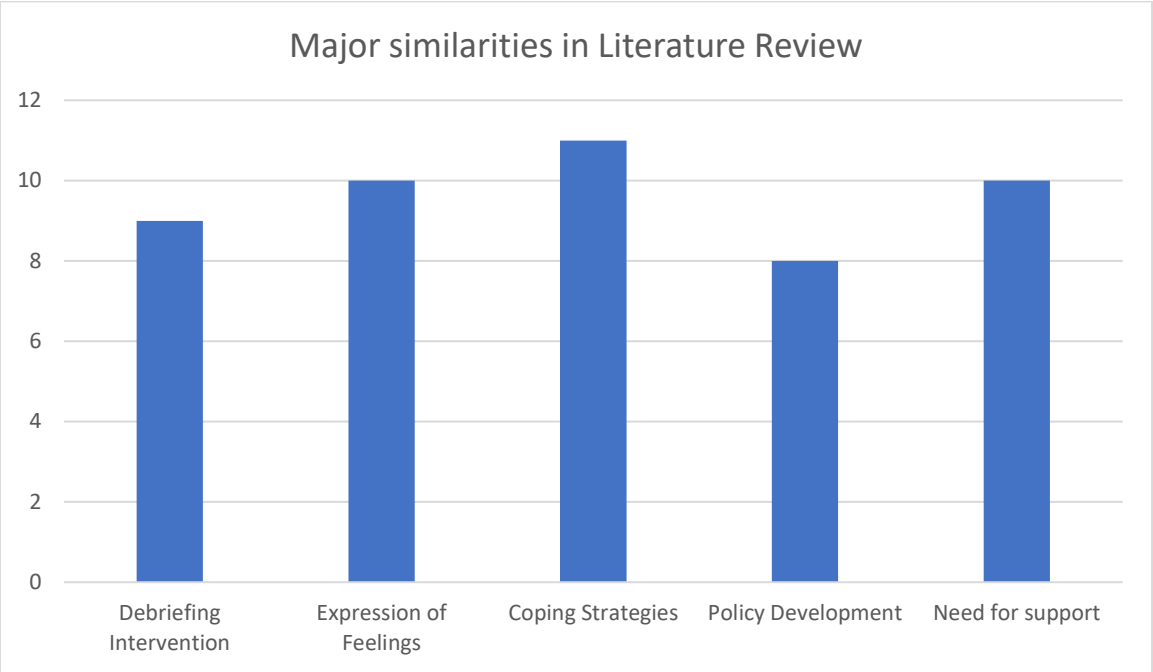
The literature review involved analyzing 15 publications that mentioned the use of debriefing as an intervention after death. Browning and Cruz (2018) used reflective debriefing to study relationships between moral distress and death in the ICU setting. Eng et al. (2015)

developed a debriefing model for oncology residents with a pocket card to debrief themselves after a patient's death. Gandino et al. (2019) performed a meta-analysis of 213 articles to determine the psychological impact of loss on healthcare professionals and recommended debriefing as an essential intervention after death. Greer et al. (2019) created perinatal drills that used debriefing to increase safety compliance during emergency care. Another meta-analysis analyzed coping mechanisms of nurses and the need for support after death, with debriefing being the most common intervention in the studies (Zheng et al., 2018). One study used debriefing after every death in an emergency department and reported that communication helps staff express their feelings and cope with the death (Kauer & Keeley, 2019). McNamara et al. (2017) used a questionnaire with physicians and midwives regarding intrapartum death and determined a need for support and debriefing. Sikstrom et al. (2019) examined 37 articles on grief and reported nearly half mentioning debriefing as an intervention to improve care. Harder et al. (2020) reviewed 18 papers on debriefing frameworks and determined that this intervention can decrease distress, but the appropriate framework needs to match the setting. One study was conducted with doctors and social workers and recommended a policy on debriefing to provide support and discussion of feelings (Leff et al., 2017). McDermott et al. (2017) worked with pediatric residents using peer debriefing to allow the expression of feelings after adverse events. Morrison & Madrigal (2020) worked with pediatric events and a debriefing model to increase coping skills. Rajwani (2019) studied debriefing use in critical care after every adverse event to improve documentation and the process of care. Zajac et al. (2017) determined that compassion satisfaction scores were higher in those that participated in debriefing. Wahlberg et al. (2016) used a coping questionnaire as an intervention after death and measured distress scores pre- and post-intervention. Chart 1 demonstrates the common themes in the articles. Nine of the studies

used debriefing as the primary intervention, and many studies mentioned expression of feelings, coping strategies, policy development, and the need for support after death.

**Chart 1**

**Similarities noted in literature between studies analyzed.**




## Project Design

### Theoretical Framework

The Organizational Empowerment (OE) Theory focuses on empowering organizations to increase knowledge of social issues that affect the health of those in the system (Francescato, & Aber, 2015). This theory can guide the debriefing sessions that give the nurses time to empower and support the unit. This theory best supports the PICOT question because the need to decrease distress after perinatal loss is not an individual problem; instead, it is a problem that impacts the entire organization. An example of this theory in use is organizations using psychologists to implement stress reduction programs so employees can talk about negative and positive issues in

their organization (Francescato, & Aber, 2015). The focus on empowerment is inspirational and can help nurses' feel that they have control over their professional health.

Research supports the idea that sessions focused on improving nurses' psychological health will improve overall well-being, including care given to others (Gandino et al., 2019). Having supportive leaders and healthy employees reduces absenteeism in an organization (Ticharwa et al., 2019). The use of the Organizational Empowerment Theory can guide the intervention. The assumption is that data from the distress thermometer should reflect a decrease in nurse distress over time. This decrease in distress will demonstrate the effectiveness of the quality improvement project implementation on the unit.

## Aim of Project

This quality improvement project aims to test an evidence-based debriefing activity to mitigate the distress felt by nurses who deal with adverse perinatal outcomes. Debriefing after any stressful event positively affects the nurse's psychological well-being (Harder et al., 2019). A secondary aim is to show that debriefing is an intervention that should continue after all fetal losses.

### Objectives

The objectives for this project are as follows:

1. Create a pre- and post-survey using the Distress Thermometer, which uses a 0 to 10 scale to allow the nurse to give a rating of their distress level (National Comprehensive Cancer Network, 2020).
2. Survey at least 75% of the nursing staff before and after project implementation.
3. Use the PEARLS Healthcare Debriefing Tool to complete debriefing sessions after each perinatal loss (Bajaj et al., 2018).

4. Give nurses a pocket card for ready access to the debriefing questions throughout the project implementation period.

5. Assemble data on demographics and nursing satisfaction during the pre- and post-survey.

**Expected Outcomes**

1. At least 75% of staff nurses on Labor and Delivery will complete the project's pre- and post-surveys.

2. The nurses will carry a pocket card with the debriefing questions throughout the project's implementation phase.

3. PEARLS Healthcare Debriefing sessions are completed after each perinatal loss.

4. Analysis of data from the Distress Thermometer will demonstrate a decrease in nurse distress after implementing the debriefing sessions.

5. The nursing satisfaction scores for the nurses surveyed will improve after the implementation of the project.

**Population and Setting**

The setting is a 508-bed community hospital where over 85,000 patients are treated each year, including 4,000 deliveries in the hospital's Birth Center. This site boasts the awards for being the best place to have a baby, the best hospital, and one of the top 25 best healthcare employers. Labor and Delivery nurses are mainly female nurses caring for women before, during, and after childbirth (Hutti et al., 2016). The participants are from an estimate of 76 nurses who work to keep the unit running 24 hours a day.

## Timeline and Resources

The debriefing sessions were implemented over twelve weeks with a pre and post-survey. The resources used were the survey, participants, debriefing outline, time, and upper

management support. Research Electronic Data Capture (REDcap) is a survey instrument that is free and easy to use through the University and was used to gather data pre- and post- debriefing. The costs associated with this project was to the organization itself because the nurses were clocked in during the survey and debriefing sessions.

## Approvals

This project received approval through Institutional Review Board for the hospital and University of South Carolina. Every participant voluntarily completed a consent for participation before the project initiation. The distress thermometer and PEARLS debriefing tools are both publicly available and do not require permission (NCCN, 2020) (Bajaj et al., 2018).

## Implementation

This project involved implementing a debriefing model and used a pre- and post-survey to analyze distress levels before and after the debriefing sessions. The survey included demographic data for all the nurses involved in the sessions. The demographics used by Wahlberg et al. (2016) are modified to include age, years' experience as a nurse, years' experience as a Labor and Delivery nurse, use of faith, certification, and the highest level of education. The distress thermometer allows the participant to rate the response from zero to ten, with ten being the most distress and zero being no distress (NCCN, 2020). This tool works because of its subjective simplicity, validation in many studies, and the ability to adapt to many different situations (Wahlberg et al., 2016). The surveys are displayed in Appendix C, and D. Nurses participated and received correspondence through email, unit meetings, and signs located on the unit with information. Three weeks were used for pre-implementation recruitment and survey.

Once the pre-survey process was complete, the debriefing sessions began, which involved meetings with nurses individually in person or by phone after each loss that occurred on the unit. The PEARLS Healthcare Debriefing Tool was used to conduct the debriefing sessions with a total of 43 nurses. This tool is a standardized and validated way to debrief healthcare providers while maintaining a secure knowledge-sharing environment. Debriefing is an intervention to decrease death's psychological impact in many studies across all different specialties (Harder et al., 2019). The debriefing tool outline included stating the session's goal, asking about initial reactions to the event, allowing the person to summarize what happened, analyzing the information given, and summarizing what was discussed (Bajaj et al., 2018). These questions appear on the PEARLS pocket card that the nurses kept attached to their badge, where they could mark the number of sessions they attended. Appendix E lists the exact questions that were asked to each nurse during the debriefing sessions.

The goal was to have each nurse attend a debriefing session after caring for a patient with a perinatal loss. The debriefing sessions were conducted on the unit and by phone whenever it was convenient for the nurse. After the twelve weeks were completed, the post-survey period started. The post-survey questions included their current distress level, the number of sessions attended, the follow-up nursing satisfaction questions, and whether they feel there is support on the unit for nurses who cared for a family experiencing perinatal loss. The data was collected and analyzed using Intellectus Statistics Software.

Another essential part of the project was to examine the National Database of Nursing Quality Indicators (NDNQI) Nursing Satisfaction Survey scores before and after the project focusing on the Job Enjoyment Scale (a measurement within the NDNQI Survey) responses from nurses on this unit. The two questions that were included in the pre- and post-survey were: 1) As

RN's we are fairly well satisfied with our jobs on the unit, and 2) I have to force myself to come to work much of the time.

The timeline for the project is displayed as a Gantt Chart in Appendix A. Monitoring was necessary for this project so that the nurses stayed motivated to participate, and communication was essential to success (Moran et al., 2017).

## Measures and Tools

The Distress Thermometer is a tool developed by the National Comprehensive Cancer Network (NCCN) as a single item tool using a 0-10 Likert Scale with 0 being no distress and 10 being extreme distress (NCCN, 2020). The tool is like a thermometer which makes it simple to use for screening of distress levels (Geske & Johnson, 2020). This measure has been translated into many languages and shown to be valid and reliable for use with patients (Ownby, 2019) and nurses (Wahlberg et al., 2016). For this project, the distress levels were measured before and after project implementation which is a total of three months between the REDcap surveys. The surveys were created, nurses were recruited and consented, and the results were analyzed. The first objective of the project was to create the survey using the distress thermometer which is a process measure used in this project to improve the quality of patient care and nurse quality of life.

The Distress Thermometer was used because it is a subjective measure that allows the nurse to rate their level of distress on a zero to ten scale that is simple to understand. One of the goals was to survey at least 75% of the nurses before and after the intervention and the final sample size was 43 which met that goal. Another goal was to have at least 20 nurses participate in the PEARLS healthcare debriefing sessions and there were 17 of which 3 did multiple sessions. A paired t-test was used to compare the results before and after the intervention.

Demographics were analyzed and there were also nursing satisfaction questions that were in the surveys and the data was analyzed with descriptive analysis. There is no baseline data available on this measure and the nurse satisfaction questions have not been administered to this unit for comparison. A study of oncology nurses shows a baseline of 8.06 on the Distress Thermometer scale which is in the severe level (Wahlberg et al., 2016). The average score for needing further intervention is 4 on the 0-10 scale (Ownby, 2019). The goal for the scoring was to see a 10% decrease in nurse distress levels after the intervention.

## Budget & Resource Requirements

This project does have a financial implication on the organization as resources are needed to meet the outcomes. Nurses were debriefing and completing the pre- and post-surveys during their paid work hours. The goal was to have 75% participation from the nursing staff, an estimated 40 nurses. It takes an average of two hour each minimum of involvement, and the average hourly pay for nurses in South Carolina is $31.17 (Nurse.org, 2020). Based on these estimates the total value of nurse participation is $2,494.

The preceptor who assisted with the project was a Maternal-Fetal Medicine (MFM) Physician with an advanced degree that makes his time valuable. It is anticipated that the physician has spent approximately 20 hours participating in the implementation phase of this project. The average salary for an MFM is $215 per hour (Salary.com, 2020) for a total cost of $4,300. The survey tools were available in the public domain at no cost. There were minimal costs for printing materials, including a pocket card for the nurses to count the number of sessions attended. This was estimated at $50.

One goal of the project was to increase nurse satisfaction and retention. Harder et al. (2020) found that the project implementation of debriefing is a method that can improve the mental health of healthcare professionals leading to increased nurse quality of life.

Debriefing provides the support needed to continue working in the labor and delivery setting that can be emotionally challenging (Willis, 2019). The estimated cost to replace one registered nurse is between $22,000 and $64,000 (Robert Wood Johnson Foundation, 2018). The cost analysis provided in Appendix B demonstrates that this project's benefit is worth the costs if the result is retaining at least one registered nurse.

## Results

Intellectus statistics software was used to summarize the demographics and the mean and standard deviation of the distress thermometer (DT) scores. A total of 43 Labor and Delivery nurses participated in the entire project. The demographic characteristics of the sample are shown in Table 1. The distress thermometer pre and post survey scores were compared, and the result of the two-tailed paired samples t-test was not significant based on an alpha value of 0.05, $t(42) = -0.20$, $p = .841$. This data means that there was no difference between the pre- and post-survey distress levels. The result was either an increase in distress, decrease or it stayed the same and that average overall demonstrated the same overall distress scores pre and post intervention. Despite this result, 67% of respondents' distress levels decreased or stayed the same during the project time frame.

**Table 1**

*Two-Tailed Paired Samples t-Test for the Difference Between DT_Pre and DT_Post*

| DT_Pre | | DT_Post | | | | |
|---|---|---|---|---|---|---|
| *M* | *SD* | *M* | *SD* | *t* | *p* | *d* |
| 4.93 | 2.10 | 5.00 | 1.77 | -0.20 | .841 | 0.03 |

*Note.* N = 43. Degrees of Freedom for the *t*-statistic = 42. *d* represents Cohen's *d.*

Although not statistically significant, Table 3 shows that the group of nurses over 40 years old had higher overall distress scores than those of childbearing age. The overall distress scores for both groups were over four indicating moderate distress. Eighty percent of the Nurses have more than 5 years' experience and the higher distress scores were in the greater than 20-year experience group. Seventy seven percent of the nurses have more than 5 years of Labor and Delivery experience and the <5 years' experience group had higher distress levels. Sixty three percent of the nurses have a BSN or higher education. The lower educated nurses had a higher level of distress. Sixty percent of the nurses were certified in obstetrics and the distress levels were lower for the certified nurses. Twenty percent of the nurses had experienced a personal Perinatal loss and their distress levels were higher than the group that had never had a personal loss. Ninety five percent of the nurses claim that faith helps them deal with distress and the group that chose Very Much had a lower distress level than the group that chose Somewhat. The nurses that chose Not at all had a lower distress level than the rest. Twenty-seven of the nurses were day shift and sixteen were night shift. The night shift workers had higher overall distress scores than the day shift nurses.

**Table 2**

**This table represents the Demographic Characteristics of the Sample (n = 43).**

*Frequency Table for Nominal and Ordinal Variables*

| **Variable** | ***n*** | ***%*** |
|---|---|---|
| **Age** | | |
| < 40 years old | 30 | 69.77 |
| >40 Years old | 13 | 30.23 |
| **Years_Nurse** | | |
| <5 Years | 6 | 13.95 |

| **Variable** | ***n*** | ***%*** |
|---|---|---|
| >20 Years | 9 | 20.93 |
| 6-10 Years | 16 | 37.21 |
| 11-19 Years | 12 | 27.91 |
| **Years_L_D** | | |
| <5 Years | 10 | 23.26 |
| >20 Years | 7 | 16.28 |
| 6-10 Years | 16 | 37.21 |
| 11-19 Years | 10 | 23.26 |
| **Education** | | |
| BSN | 24 | 55.81 |
| MSN | 3 | 6.98 |
| ADN | 15 | 34.88 |
| Diploma | 1 | 2.33 |
| Certification | | |
| No | 17 | 39.53 |
| Yes | 26 | 60.47 |
| **Personal History of PL** | | |
| No | 33 | 76.74 |
| Yes | 10 | 23.26 |
| **Faith** | | |
| Yes | 41 | 95.35 |
| No | 2 | 4.65 |

*Note.* Due to rounding errors, percentages may not equal 100%.

**Table 3**

**This table represents the Distress Thermometer (DT) Scores by Demographic Characteristics.**

| | | **N** | **Mean DT** | **SD** |
|---|---|---|---|---|
| **Age** | | | | |
| <40 Year | | 30 | 4.87 | 1.62 |
| >40 Years | | 13 | 5.19 | 1.37 |
| **Nursing Experience (Years)** | | | | |
| <5 Years | | 6 | 5.00 | 2.29 |
| 6-10 Years | | 16 | 5.06 | 1.41 |

| | | | |
|---|---|---|---|
| 11-19 Years | 12 | 4.54 | 0.97 |
| >20 Years | 9 | 5.33 | 1.70 |
| **L&D Nursing Experience (Years)** | | | |
| <5 Years | 10 | 5.35 | 1.90 |
| 6-10 Years | 16 | 5.06 | 1.41 |
| 11-19 Years | 10 | 4.55 | 0.82 |
| >20 Years | 7 | 4.79 | 1.92 |
| **Highest Level of Education Completed** | | | |
| Diploma | 1 | 7.00 | 0.00 |
| ADN | 15 | 5.20 | 1.96 |
| BSN | 24 | 4.75 | 1.29 |
| MSN | 3 | 4.83 | 0.24 |
| **Certification in Obstetrics (RNC)** | | | |
| Yes | 26 | 4.87 | 1.24 |
| No | 17 | 5.12 | 1.93 |
| **Personal History of Perinatal Loss** | | | |
| Yes | 10 | 5.20 | 1.54 |
| No | 33 | 4.89 | 1.56 |
| **Does Faith help you deal with distress?** | | | |
| Not at all | 2 | 3.00 | 2.00 |
| Somewhat | 11 | 5.77 | 1.34 |
| Very Much | 30 | 4.80 | 1.42 |

Nursing satisfaction was measured using two questions from the NDNQI survey, and Table 4 shows the results. The results were not statistically significant when compared to debriefing.

For the first question, the nurses were asked if they were satisfied with their job on the unit, and 80% agreed. However, the results decreased in satisfaction from the pre to post-survey, showing decreased nursing satisfaction. That decrease in satisfaction occurred in the group that did not receive the debriefing intervention. The one nurse that disagreed was the same pre- and post-survey and did not receive debriefing.

The second question asked if the nurses felt that they had to force themselves to come to work. This measure showed an improvement in the scores between the pre and post-survey. Two of the nurses who agreed that they have to force themselves to come to work most of the time

were the same nurses who did not receive debriefing. The lowest nurse satisfaction on this question was in the group that did not receive debriefing.

**Table 4**

**This table represents the Nursing Satisfaction Question results.**

| **Variable** | ***n*** | ***%*** |
|---|---|---|
| Pre: "As RN's, we are fairly well satisfied with our jobs on the unit." | | |
| Agree | 31 | 72.09 |
| Strongly agree | 7 | 16.28 |
| Neither agree nor disagree | 4 | 9.30 |
| Disagree | 1 | 2.33 |
| Post: "As RN's, we are fairly well satisfied with our jobs on the unit." | | |
| Agree | 29 | 67.44 |
| Strongly agree | 5 | 11.63 |
| Neither agree nor disagree | 8 | 18.60 |
| Disagree | 1 | 2.33 |
| Pre: "I have to force myself to come to work much of the time." | | |
| Disagree | 21 | 48.84 |
| Strongly disagree | 9 | 20.93 |
| Neither agree nor disagree | 11 | 25.58 |
| Agree | 2 | 4.65 |
| Post: "I have to force myself to come to work much of the time." | | |
| Disagree | 24 | 55.81 |
| Strongly disagree | 8 | 18.60 |
| Neither agree nor disagree | 8 | 18.60 |
| Agree | 3 | 6.98 |

Finally, there was a question on the pre and post survey asking the nurses whether they felt that they had adequate support for Perinatal loss on the unit. These results are shown in Table 5. The results show that more than 80% of the nurses felt during the project that there was support for the nurses caring for patients during perinatal loss.

**Table 5**

**This table represents the Perinatal loss support results.**

| **Variable** | ***n*** | ***%*** |
|---|---|---|
| Pre_support | | |
| Somewhat | 25 | 58.14 |
| Very Much | 11 | 25.58 |
| Not at all | 7 | 16.28 |
| Post_support | | |
| Somewhat | 23 | 53.49 |
| Very Much | 12 | 27.91 |
| Not at all | 8 | 18.60 |

## Discussion

This sample of labor and delivery nurses reported mean distress levels of 5. A level of greater than four on the distress thermometer (DT) is considered moderate and recommends further evaluation and possible follow-up with a healthcare professional (Wahlberg, Nirenberg, & Capezuti, 2016). The nurses used the DT to report the highest amount of distress they have felt in the last week. The results show that the nurses on this unit are experiencing high levels of distress, and there is a need to examine the reasons further. Although the DT results were not statistically significant, 67% of the nurse's distress levels decreased or stayed the same. The average distress level for the group that did participate in debriefing (4.64) was lower than those that did not participate (5.17). Of the 17 nurses who received a debriefing, 8 had a decrease or stability of their score at 47%. Of the 26 nurses that did not receive the debriefing, 21 decreased or stayed the same at 80%. The participants who did not receive the intervention still experienced a decrease or stability of their distress.

The nursing satisfaction on the unit is positive, and there were only three nurses that were not satisfied, and they had distress scores from 5-7 range, indicating moderate distress. The

results did not show that nurse satisfaction was related to perinatal loss at all. The addition of open-ended questions or other survey questions could examine this further.

Many of the nurses reported that they had perinatal loss support on the unit. There were around 7-8 nurses that did not feel there was support. There was no connection to debriefing or distress levels. Open-ended questions would have been good to ask why they feel supported and what they believe would help with support.

## Limitations

Some limitations are the small sample, voluntary participation, similar demographics of the nurses, and outside factors causing the distress. This project was conducted during the Delta variant of SARS-COV-2, COVID-19 Pandemic. This unit was treating pregnant patients with the virus for the first time since the pandemic started. The American College of Obstetrics and Gynecology (ACOG, 2021) recommendation for vaccination during pregnancy was initiated into practice during the project, so many pregnant patients had not received vaccines. The FDA approval occurred during the project timeline (U.S. Food and Drug Administration, 2021). Many nurses were also unvaccinated until the FDA approval and a surge of infection in young people, including pregnant women. Many nurses were out on medical leave during the project with the virus.

The sample size of 43 is a limitation. Seventeen nurses could not participate in the project due to maternity leave, orientation, or medical leave. Sixteen nurses chose not to participate for personal reasons. Four consented and started the study but did not finish due to resignation or medical leave. Another important note is that the project was implemented at one low-risk hospital that delivers babies over 32 weeks. It would improve the data to have a larger sample at different levels of care.

Another limitation is that only one debriefing tool was used when there were many other tools, and research has shown that the tool makes a difference in the debriefing results (Harder et al., 2020). Many of the studies analyzed did not discuss the expertise of the person performing the debriefing. That is a limitation as I am not a trained psychologist, and the expertise could change the results.

## Conclusions

Many studies have shown the association between psychological distress nurses experience related to patient death (Harder et al., 2020). A baby's death is unnatural, and caring for the grieving mother adds another dimension of grief. Support is vital to show nurses that they are not alone in their distress and the tools available.

Debriefing is a tool that allows nurses to verbalize emotions related to unfavorable events. Debriefing sessions enable peers to discuss a perinatal loss event and what could have made the experience better. The data collected through this project shows that debriefing is an intervention that can decrease nurse distress after caring for a patient experiencing perinatal loss. This intervention could be appropriate for use throughout the hospital system for the physicians and other staff who also care for patients during death.

This quality improvement project demonstrates the need for debriefing after death, and the results show that using this intervention can decrease nurse distress. This facility should adopt an evidence-based debriefing model and train management staff to complete this intervention after every patient or fetal death. The support for nursing staff can decrease their distress and increase the quality of patient care. This report will be provided to the Institutional Review Board at the facility and discussed with the management team.

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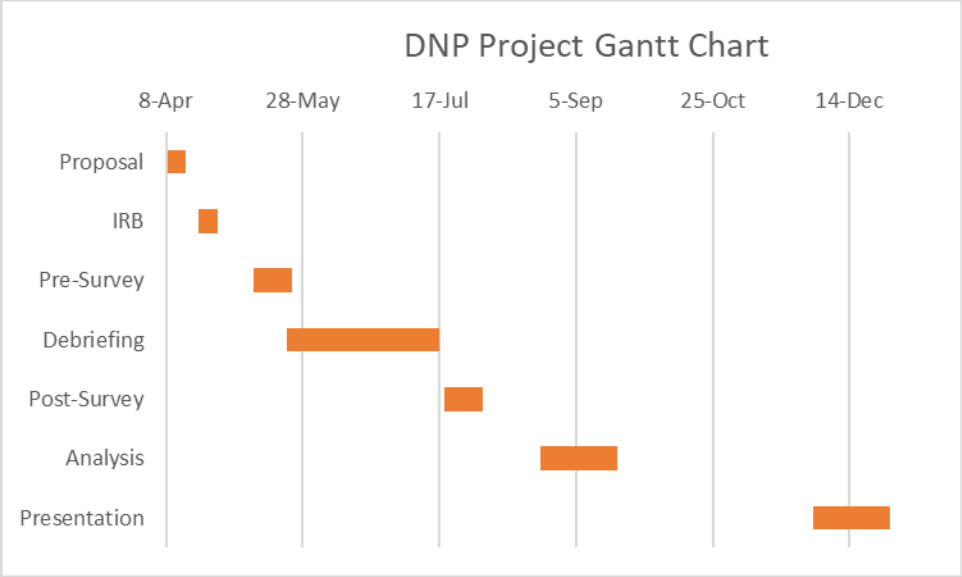
# Appendix A

## Timeline for Quality Improvement Project



## Appendix B

### Income Statement for the Budgeted Project Requirements

# Income Statement

| | | | |
|---|---|---|---|
| **Name: Quality Improvement Project Proposal** | | | |
| **Time Period: April – Dec 2021** | | | |
| Financial Statements in U.S. Dollars | | | |
| **Revenue** | | | |
| Turnover of 1 RN | | $22,000 | |
| **Net Revenue** | | | $22,000 |
| | | | |
| | | | |
| **Expenses** | | | |
| Advertising | | $0 | |
| Labor (80 hours of Nursing participation) | | $2,494 | |
| Office Expense (printing) | | $50 | |
| Labor (MFM) | | $4,300 | |
| **Total Expenses** | | | $6,844 |
| | | | |
| **Net Income (Loss)** | | | $15,156 |
| | | | |

## Appendix C

## Pre-Debriefing Survey

**Survey Disclaimer:**

Enter the last 5 numbers of your phone number: _____

Choose your temperature: Choose a number from 0 to 10 that represents the amount of distress you have felt the last week including today.

____

Choose one of the following questions for your age:

1. <25 years old
2. 26-40 years old
3. >41 years old

Choose one of the following answers regarding your years as a nurse in all specialty areas:

1. <1 Year
2. 1-5 Years
3. 6-10 Years
4. 11-19 Years
5. >20 Years

Choose one of the following regarding your years as a Labor and Delivery nurse:

1. <1 Year
2. 1-5 Years
3. 6-10 Years
4. 11-19 Years
5. >20 Years

Choose one regarding your education level.

1. RN, ADN
2. RN, BSN
3. RN, MSN

Are you certified in Obstetrics (RNC)?

1. Yes
2. No

Do you have a history of a Perinatal Loss yourself?

1. Yes
2. No

How does your faith help you deal with distress?

1. N/A
2. Not at all
3. Somewhat
4. Very Much

As RN's, we are fairly well satisfied with our jobs on the unit.

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

I have to force myself to come to work much of the time.

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

Do you feel like there is enough support on the unit for nurses when caring for patients experiencing Perinatal Loss?

1. N/A
2. Not at all
3. Somewhat
4. Very Much

## Appendix D

## Post-Debriefing Survey

Keyword: _____

Choose your temperature: Choose a number from 0 to 10 that represents the amount of distress you have felt the last week including today.

____

Please choose one of the following that represents the number of debriefing sessions you attended:

1. None
2. 1 session
3. 2 sessions
4. >3 sessions

As RN's, we are fairly well satisfied with our jobs on the unit.

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

I have to force myself to come to work much of the time.

1. Strongly agree
2. Agree
3. Neither agree nor disagree
4. Disagree
5. Strongly disagree

Do you feel like there is enough support on the unit for nurses when caring for patients experiencing Perinatal Loss?

1. N/A
2. Not at all
3. Somewhat
4. Very Much

# Appendix E

## Debriefing Questions Based on PEARLS Debriefing Tool

### Setting the Scene

1. "Let's spend a couple of minutes debriefing. Our goal is to improve how we work together and care for our patients."

### Reactions

2. "Any initial reactions related to your recent patient experience with Perinatal Loss?"
3. "How are you feeling"

### Description

4. "Can you please share a short summary of the patient situation?"

### Analysis

5. "At this point, I'd like to spend some time talking about your experience. What aspects were managed well and why?"
6. "What aspects do you think could be improved and why?"

### Advocacy

7. "I think it sounds like you gave great care to the patient given the circumstances."

### Provide Information

8. "Next time, you could try…because…" (specific to nurse responses)

### Application/Summary

9. **"**What are some take-aways from this discussion for our clinical practice?"
10. "The key learning points for the case were…" (specific to nurse responses)