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Healthcare professionals' perceptions of post-cardiac arrest debriefing in an emergency department

Percepção dos profissionais de saúde sobre o debriefing pós-parada cardiorrespiratória em um serviço de emergência

Percepción de profesionales de salud sobre el debriefing post-paro cardiorrespiratorio en un servicio de emergencia

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Abstract

Objective: to investigate healthcare professionals' perceptions of debriefing following the management of cardiac arrest cases in an emergency department. **Methods:** a descriptive, qualitative study conducted between November 2023 and January 2024 with 12 health professionals working in the emergency department of a hospital located in the northern region of Ceará State, Brazil. Data were collected through semi-structured interviews and analyzed using thematic content analysis. **Results:** the findings were organized into two thematic categories: knowledge of debriefing and experiences within the service; and challenges, strengths, and opportunities for improvement. The professionals perceived debriefing as an important tool for improving the quality of care, strengthening team communication, and promoting learning based on experiences in the context of cardiac arrest. However, its implementation was found to be incipient and poorly systematized within the service. The main challenges identified included inadequate communication, excessive workload, and the lack of standardized procedures. Suggested improvements included conducting debriefing more frequently, increasing team participation, and adopting standardized instruments. **Conclusion:** health professionals perceive debriefing as a relevant strategy for reflection, feedback, and learning. However, its incorporation into routine practice remains limited by organizational barriers and the lack of standardization.

Descriptors:
Thinking Skills. Cardiac Arrest. Emergency Service. Health Professionals.

Whats is already known on this?
A debriefing is a post-incident reflection that promotes the analysis of actions and attitudes, aiming to enhance individual and team performance, as well as improve the quality of care provided

What this study adds?
It contributed by highlighting how the multidisciplinary team perceived post-CPR debriefing, what obstacles it identified to its implementation, and what strategies it considered feasible for its integration into clinical practice.

Resumo

Objetivo: *conhecer a percepção dos profissionais de saúde sobre o debriefing*

após os atendimentos à parada cardiorrespiratória em um serviço de emergência. ***Métodos:*** *estudo descritivo, qualitativo, realizado entre novembro de 2023 e janeiro de 2024, com 12 profissionais de saúde atuantes na emergência de um hospital localizado na Região Norte do Estado do Ceará. A coleta de dados foi realizada por meio de entrevistas semiestruturadas, analisadas por conteúdo temático.* ***Resultados:*** *os achados foram organizados em duas categorias temáticas: conhecimento sobre o debriefing e experiências no serviço; e desafios, potencialidades e melhorias. Os profissionais perceberam o debriefing como uma ferramenta importante para qualificar a assistência, fortalecer a comunicação da equipe e promover o aprendizado a partir das vivências no contexto da parada cardiorrespiratória. Contudo, sua realização mostrou-se incipiente e pouco sistematizada no serviço. Entre os principais desafios, destacaram-se a comunicação inadequada, a sobrecarga de trabalho e a ausência de padronização. Como propostas de melhoria, foram sugeridos maior frequência de realização, ampliação da participação da equipe e a adoção de instrumentos padronizados.* ***Conclusão:*** *os profissionais percebem o debriefing como uma estratégia relevante de reflexão, de feedback e de aprendizagem. Entretanto, sua incorporação à rotina ainda é limitada por barreiras organizacionais e pela ausência de padronização.*

Descritores:
Habilidades de Pensamento. Parada Cardiorrespiratória. Serviço de Emergência. Profissionais de Saúde.

Resumen

Objetivo: *conocer la percepción de profesionales de salud acerca del debriefing después de las atenciones al paro cardiorrespiratorio en un servicio de emergencia.* ***Métodos:*** *estudio descriptivo, cualitativo, realizado entre noviembre de 2023 y enero de 2024, con 12 profesionales de salud actuantes en la emergencia de un hospital localizado en la Región Norte del Estado de Ceará. La recolección de datos fue realizada por medio de entrevistas semiestructuradas, analizadas por análisis de contenido temático.* ***Resultados:*** *los hallazgos fueron organizados en dos categorías temáticas: conocimiento sobre el debriefing y experiencias en el servicio y desafíos, potencialidades y mejoras. Los profesionales percibieron el debriefing como una herramienta importante para calificar la asistencia, fortalecer la comunicación del equipo y promover el aprendizaje a partir de las vivencias en el contexto del paro cardiorrespiratorio. Sin embargo, su realización se mostró incipiente y poco sistematizada en el servicio. Entre los principales desafíos, se destacaron la comunicación inadecuada, la sobrecarga de trabajo y la ausencia de estandarización. Como propuestas de mejora, fueron sugeridas una mayor frecuencia de realización, la ampliación de la participación del equipo y la adopción de instrumentos estandarizados.* ***Conclusión:*** *los profesionales perciben el debriefing como estrategia relevante de reflexión, feedback y aprendizaje. Sin embargo, su incorporación a la rutina aún es limitada por barreras organizacionales y ausencia de estandarización.*

Descriptores:
Habilidades de pensamiento. Paro Cardiorrespiratorio. Servicio de Emergencia. Profesionales de la salud.

INTRODUCTION

The emergency department is responsible for managing critical conditions that require prompt assessment and rapid decision-making. Consequently, situations involving Cardiac Arrest (CA) are common and are considered one of the leading public health concerns worldwide.[1-2]

According to the American Heart Association (AHA), CA is characterized by the sudden cessation of cardiac activity, unresponsiveness to stimuli, apnea or agonal breathing, as evidenced by the absence of a palpable pulse and the lack of respiratory movements.[3] Therefore, in an effort to achieve the patient's

return of spontaneous circulation, Cardiopulmonary Resuscitation (CPR) should be performed in accordance with the Basic Life Support (BLS) and Advanced Life Support (ALS) guidelines.

The complexity of CA management requires the multidisciplinary team to act promptly, in a coordinated manner, and with a high level of technical competence, since clinical outcomes depend not only on the correct execution of procedures but also on effective communication, clear role definition, and coordination among the professionals involved.[4] In this context, tools that promote critical reflection on team performance following critical clinical events have been recognized as important for improving clinical practice, patient safety, and the quality of care.[5]

Aligned with this perspective, debriefing is a valuable strategy for optimizing the care provided to patients experiencing CA. It is considered a central component of education, involving reflection and knowledge acquisition based on lived experiences.[6] Furthermore, in the healthcare setting, its purpose is to encourage reflection, facilitate discussion of actions taken, and promote the adoption of behaviors that are more appropriate for clinical practice.[7]

In addition to its educational role, debriefing has the potential to enhance care in highly complex settings, such as urgent and emergency care services, by contributing to the identification of weaknesses in work processes, improving communication among healthcare professionals, reviewing clinical practices, and strengthening collaborative performance in critical situations.[6-7]

From this perspective, its use is also aligned with principles related to quality of care and patient safety, particularly with regard to the continuous improvement of care processes and the enhancement of team performance.

The latest AHA update[3] reinforces the importance of debriefing following CPR events, highlighting its potential benefits for team performance, healthcare professionals' well-being, and the quality of care provided. However, despite its recognition in the literature and international guidelines, its incorporation into routine practice remains limited and is often informal or poorly structured within healthcare services.

In this context, understanding health professionals' perceptions of post-CA debriefing is important, as it makes it possible to identify how this strategy is perceived in routine clinical practice, which barriers interfere with its implementation, and which opportunities are recognized for its incorporation into healthcare services. This knowledge may support institutional initiatives aimed at strengthening reflective practices, improving work processes, and enhancing the quality of care in critical settings.

Accordingly, this study was guided by the following research question: How do healthcare professionals perceive debriefing following the management of CA in an emergency department?

Thus, this study's overall objective was to explore healthcare professionals' perceptions of debriefing following the management of CA in an emergency department.

METHODS

This was a descriptive study with a qualitative approach, conducted in the emergency department of a hospital located in the northern region of Ceará State, Brazil, specifically in the red zone designated for the care of critically ill patients. Data were collected between November 2023 and January 2024.

The study setting was selected because it is a referral center for urgent and emergency care, where critical events, including CA, occur frequently. In this context, debriefing was considered a potentially relevant strategy for improving clinical practice and teamwork.

The study included 12 members of the multidisciplinary team working in the emergency department, comprising eight nurses, one physical therapist, and three physicians. These professional categories were selected because of their direct involvement in the CA management, including their participation in clinical management, decision-making, and patient care during critical events.

The inclusion criteria were as follows: being a nurse, physical therapist, or physician; working in the red zone of the emergency department; and having been employed in the department for at least six months. The exclusion criteria included professionals who were on vacation, medical leave, or absent for other reasons, as well as those who reported having no prior knowledge of debriefing at the time of the invitation and initial interview. This criterion was adopted considering the study objective, which was to explore the perceptions of professionals with some conceptual or experiential familiarity with the topic. It should be noted that this familiarity did not require previous participation in formal debriefing sessions but rather some recognition of the term or its purpose within the clinical setting.

Participants were selected through purposive sampling by identifying eligible professionals working in the department during the data collection period. Potential participants were approached in person by the researcher within the service during appropriate moments in the routine workflow, when they were invited to participate in the study and informed about its objectives, procedures, and ethical aspects.

Data collection was conducted after authorization had been obtained from the healthcare institution and approval had been granted by the Research Ethics Committee (REC). After participants agreed to take part in the study, they were provided with two copies of the Free and Informed Consent Term (FICT). Data collection took place from Monday to Friday during the afternoon and/or evening shifts, according to the availability of both the participants and the researcher.

Data were obtained through individual semi-structured interviews guided by an interview script previously developed by the researcher based on the literature on debriefing in healthcare, teamwork, CA management, and reflective practices in urgent and emergency care.

The interview guide consisted of five guiding questions designed to explore participants' understanding of debriefing, previous experiences related to the practice, perceptions of its applicability in the CA context, barriers to its implementation, and its potential contributions to patient care and teamwork.

The interviews were conducted in a private area within the department, selected because it provided adequate privacy, low foot traffic, and minimal background noise, thereby facilitating attentive listening and allowing participants to express themselves freely. The interviews lasted approximately 30 minutes on average, although their duration varied according to participants' availability and the depth of their responses. The interviews were not necessarily conducted immediately after CA events but rather according to the availability of the professionals during the data collection period.

It should be noted that the interviews were audio-recorded, transcribed verbatim, and stored in Google Cloud with the participants' consent to ensure the accuracy of the statements and the security of the data.

Theoretical saturation sampling was adopted, defined as the point at which the inclusion of new participants was discontinued because the data began to show repetition of content, with no substantial addition of new analytical elements relevant to the study objectives.[8] Sample adequacy was determined concurrently with data collection and the preliminary analysis of the interviews, taking into account the recurrence of emerging themes.

The data obtained from the interviews were organized, analyzed, and discussed using the Thematic Analysis proposed by Minayo,[9] which was conducted manually without the use of qualitative data analysis software. Initially, a thorough reading of the interview transcripts was performed, followed by the identification of meaning units related to the study objective. Subsequently, these units were grouped according to thematic and interpretative similarities based on their recurrence, convergence of meanings, and relationship to the research objectives, allowing the development of the analytical categories. Accordingly, the study findings and discussion are presented in two thematic categories.

For a more robust theoretical foundation, Thematic Analysis was operationalized in three stages, as proposed by Minayo:[9] the first stage—pre-analysis—consisted of selecting the documents to be analyzed and revisiting the initial research objectives; the second stage—material exploration—involved an in-depth examination of the data; and the third stage—results' treatment and interpretation—consisted of organizing, analyzing, and interpreting the findings.

To preserved participants' anonymity, the interview excerpts were identified using alphanumeric codes, with "N" representing nurses, "PT" the physical therapist, and "P" physicians, followed by sequential numbering (N1 to N8, PT9, and P10 to P12).

The responses provided by the participants constituted the primary data for this study, which was reported in accordance with the Consolidated Criteria for Reporting Qualitative Research (COREQ).[10]

All ethical and legal principles governing research involving human participants were observed in accordance with the recommendations of Resolution No. 466/2012 of the Brazilian National Health Council (CNS).[11] This study was submitted to the Research Ethics Committee (REC) through Plataforma Brasil and was approved under opinion No. 6,317,451.

RESULTS

Participant Profile

The study included 12 members of the multidisciplinary team working in the emergency department, comprising eight nurses, one physical therapist, and three physicians. Regarding postgraduate training, most participants held a specialization in Urgent and Emergency Care.

Participants were characterized according to the following variables: professional category, area of specialization, years of professional experience since graduation, and length of experience in the emergency department/Intensive Care Unit (ICU). These characteristics were described to provide context for the qualitative findings presented below.

Table 1. Participant Profile. Sobral, Ceará, Brazil, 2026.

Variables	n	%
Occupation		
Nurses	8	66,67
Physicians	1	8,33
Physical Therapists	3	25
Specialization		
Urgency and Emergency Care	7	58,33
ICU and Urgency and Emergency Care	2	16,67
None	3	25

Source: Prepared by the authors (2026).

Regarding length of professional experience since graduation and length of experience in the emergency department/ICU, these data are presented in the table below.

Table 1. Length of Professional Experience. Sobral, Ceará, Brazil, 2026.

Experience	After training		Urgent and Emergency Care / ICU	
Occupation	**Minimum time**	**Maximum time**	**Minimum time**	**Maximum time**
Nurses	2 years	15 years	2 years	9 years
Physical Therapists	10 years	10 years	6 years	6 years
Physicians	9 months	3 years	9 months	3 years

Source: Prepared by the authors (2026).

Based on the analysis of the interviews, the findings were organized into two thematic categories: 1) Knowledge of debriefing and experiences in the emergency department; 2) Challenges, strengths, and proposed improvements for the implementation of debriefing in the emergency department.

1) Knowledge of debriefing and experiences in the emergency department

The participants demonstrated conceptual familiarity with debriefing, as illustrated by the following statements:

> *It's an evaluation of a team's performance during a given activity, for example, during CPR. (N4)*

> *It's a tool where the team leader and the other professionals get together to discuss the case, usually a CA, and look for ways to improve patient care. (P12)*

Furthermore, some professionals described debriefing as a method for providing feedback, evaluating performance, and reviewing mistakes, successes, strengths, and weaknesses during patient care, as illustrated below:

> *According to the AHA, it's a moment for feedback among the professionals about how the care was provided, looking at what went well, what didn't, and correcting failures in patient care. (N8)*

> *The team's feedback about the procedures performed, the medications, the post-CA time, either in writing or verbally. (P10)*

> *It's a continuous improvement method that involves reviewing the mistakes and successes during CPR management to identify areas for improvement. (P11)*

Still regarding the participants' knowledge, one interviewee emphasized that debriefing is still something new in clinical practice and that her knowledge of the tool is limited to the theoretical level.

> *Even though it's still something new to me in practice, I know, in theory, that it's a meeting held after a CA where professionals discuss ways to improve the service afterward. (N5)*

Regarding the participants' experiences, when asked whether they had ever taken part in a debriefing session, as well as how and where it was conducted, it was found that they had participated and that there was no designated location for this purpose. Debriefings were usually conducted in physicians' offices or in the red zone itself after critical events. Furthermore, participants emphasized that these sessions were held mainly after CA events.

> *Yes. It's done in the department after the patient has been stabilized or after death has been declared. (N2)*

> *Yes. It's done after the patient has been treated, with guidance and self-evaluation, right there in the red zone. (N3)*

Moreover, some professionals reported having participated in only a few debriefing sessions, or even just one, indicating that this practice is not yet routine and is not consistently adopted by all professionals during their shifts.

> *Yes, I participated. It was done once after a team managed a CA case in the emergency department. (N4)*

> *Yes. In the physician's office, immediately after the CA, but not after every critical event. (P11)*

> *Yes. Whenever possible, in one of the offices, only with the team that took part in the CA care. (P12)*

Regarding the participants' experiences, two distinct situations were identified:

> *No, I've never participated. (N5)*

> *Yes, but only for documentation purposes, basically to go over what happened so we could complete the patient's progress notes in the system. (P10)*

2) Challenges, strengths, and proposed improvements for debriefing in the emergency department

Regarding the strengths of debriefing, participants associated it with improving the quality of care, enhancing teamwork, organizing team performance during CA, and identifying opportunities for improvement.

> *It helps the team correct patient care practices during CA. (N1)*

> *Better team organization, greater agility, paying attention to commands, closed-loop communication, teamwork, and greater confidence when carrying out tasks. (N6)*

> *It's a great learning opportunity that helps prevent mistakes and makes future patient care easier. (N7)*

> *It's a moment that promotes learning and improves the quality of care. (PT9)*

> *It makes it easier to identify mistakes and improves the quality of care more quickly and effectively. (P11)*

> *It's a tool for continuous learning that helps professionals receive training and become qualified more quickly within the service. (P12)*

In addition to these strengths, one participant's statement drew attention by highlighting the absence, or lack of formal recognition, of debriefing within the service, even though the participant acknowledged its relevance to clinical practice.

> *We don't have debriefing in this service, at least I've never taken part in one. But I think this tool can help improve patients' survival. (N5)*

Regarding the challenges related to teamwork and patient care associated with debriefing, participants reported the following:

> *One challenge is still improving communication during patient care. (N1)*

> *There are random conversations and inappropriate jokes. (N2)*

> *We still need to improve response time with all technicians, especially those who aren't in the red zone but work on the wards, so they can recognize and know how to perform CPR. (N6)*

Based on these findings, it was possible to identify that the participants emphasized the need to improve communication, strengthen technical and scientific knowledge about CA, and increase the implementation of debriefing sessions. They also stressed the importance of training all professionals working in the emergency department-not only those assigned to the red zone-since CA events may occur throughout all areas of the service. Other challenges identified by the participants included:

> *Difficulty accepting criticism, focusing more on mistakes than on successes, and low team engagement. (P11)*

Another issue highlighted in the participants' responses was excessive workload and emergency department overcrowding.

> *The challenges are overcrowding and having one CA after another, which doesn't leave us enough time to have a debriefing. (N5)*

> *Most of the time, there's no time for this because the department is always overcrowded. (PT9)*

> *We often have one critical event right after another, which doesn't allow us to have a debriefing. (P12)*

Finally, opportunities for improvement were identified, encompassing the professionals' positive comments, criticisms, and suggestions regarding the implementation of debriefing in the department. The main positive comments included:

> *It helps improve the team's knowledge, as well as the way we work together when providing patient care. (N1)*
>
> *It's an extremely important moment that has a direct impact on both patient and professional safety. (N3)*
>
> *Keeping these sessions going helps prepare the team to provide better patient care. (N7)*

Participants also offered suggestions and criticisms, reporting that:

> *It should be mandatory and used to help build a consistent team throughout the month. (N2)*
>
> *All professionals, not just those working in the red zone, should take part in these sessions because CA can happen anywhere. (N8)*
>
> *It should be carried out more often because it helps professionals become better prepared. (PT9)*

Some participants also highlighted the importance of having a structured instrument to guide the debriefing process.

> *It has only been done a few times, and team participation has been low. Feedback given during the CA is well received by the team, but it's less effective in the long run. A debriefing tool would increase overall participation. (P11)*
>
> *It should be implemented throughout the hospital, and there should be a tool to make the debriefing process easier. (P12)*

DISCUSSION

The study's findings showed that debriefing was recognized by healthcare professionals as a relevant strategy in the post-CA setting, particularly because of its potential to promote reflection on clinical practice, collective learning, and improved team communication. However, despite this largely positive perception, its incorporation into routine clinical practice remains limited, poorly systematized, and strongly influenced by the organizational dynamics of the healthcare service.

The participants' multidisciplinary composition reinforces the importance of understanding debriefing as a practice that extends beyond individual professional categories and is embedded within a collaborative care process. Teamwork in emergency services requires the integration of different areas of expertise and coordinated action among healthcare professionals to ensure comprehensive patient care.[12] From this perspective, discussing debriefing from the standpoint of the multidisciplinary team broadens the understanding of this tool, viewing it not only as an opportunity for technical review but also as a mechanism for interprofessional collaboration.

The predominance of nursing professionals among participants reflects the organizational structure of healthcare services, in which this professional category generally constitutes the largest proportion of the clinical workforce.[13] Furthermore, the greater representation of professionals with postgraduate specialization, such as nurses and physical therapists, may indicate greater familiarity with clinical protocols and the management of critical events.[14]

Furthermore, the presence of physicians with less experience and without specialized training suggests a scenario already described in the literature, in which emergency services frequently employ recently graduated professionals who do not always have specific training for this clinical setting.[15] This aspect may influence technical competence, communication, and the adoption of reflective tools such as debriefing.

Regarding knowledge of post-CA debriefing, the participants demonstrated conceptual familiarity with the tool, frequently associating it with the need for reflection following critical events. This finding is consistent with current recommendations in the literature, which identify debriefing as an important strategy for reviewing team performance, promoting workplace learning, and strengthening the culture of safety.[3] However, the participants' reports made it clear that being familiar with the tool did not necessarily translate into its structured incorporation into routine clinical practice.

The gap between knowledge and implementation has also been reported in other studies, which describe post-CA debriefing as a practice that is often informal, unsystematic, and, at times, not even recognized by healthcare professionals as a structured learning opportunity.[16] This study's findings reinforce this perspective by showing that, although debriefing was perceived as important, its implementation remained poorly established, with no defined workflows, institutional criteria, or standardized procedures.

Another relevant aspect concerns the environment and conditions under which debriefing is conducted. The literature emphasizes that debriefing should take place in a setting that promotes privacy, comfort, and the active participation of those involved, preferably close to the location where the critical event occurred, provided that minimum conditions for attentive listening and meaningful reflection are ensured.[17] Although this study did not explore the operational aspects of this practice in depth, the participants' reports suggest that the actual conditions within the service directly influenced the feasibility of conducting debriefing sessions.

The importance of debriefing as a strategy for identifying opportunities for improvement was a recurring theme among the participants. This perception is consistent with studies describing debriefing as a setting for continuous learning, performance review, and the identification of both team strengths and areas for improvement in critical situations.[7,18] However, in this study, this contribution was identified based on the participants' perceptions rather than objective indicators of care outcomes. Therefore, although debriefing was associated with improvements in the quality of care, it was not possible to conclude, within this context, that its implementation resulted in measurable improvements in clinical practice.

Among the elements considered most relevant by the participants, team communication stood out, particularly in the context of CA management. The literature emphasizes that interprofessional communication is a core component of patient safety, especially in highly complex settings that require rapid decision-making.[19]

From this perspective, debriefing can be understood as a strategic opportunity to identify communication failures, review interaction processes, and strengthen practices such as closed-loop communication.[20] In this study, the participants associated this tool with improving coordination of the team's collective performance. Furthermore, debriefing was recognized as an opportunity for continuous learning, facilitating the identification of strengths, weaknesses, and strategies to improve future interventions.

On the other hand, the findings also revealed important barriers to the implementation of debriefing. Side conversations, communication difficulties, low team engagement, limited knowledge regarding how to conduct the debriefing process, resistance from some professionals, and difficulties in receiving feedback were among the aspects mentioned by the participants. These findings suggest that the barriers to implementing debriefing were not limited to operational issues but also involved relational and cultural factors. The literature has shown that the effectiveness of this practice depends on the existence of a psychologically safe environment in which professionals feel respected and supported in expressing vulnerabilities, reflecting on their practice, and participating without fear of judgment.[21]

The difficulty in receiving feedback, as reported by the participants, deserves particular attention. This finding suggests that, in some settings, debriefing may still be perceived as an opportunity for individual evaluation or criticism rather than as a process aimed at shared learning and collective reflection on work processes.[7] This interpretation is particularly relevant because it highlights that the successful integration of debriefing depends not only on its formal implementation but also on the development of an institutional culture oriented toward learning rather than blame.

Another important barrier identified was excessive workload and emergency department overcrowding, factors that have already been described in the literature as common obstacles to conducting reflective sessions in emergency settings.[22] This finding reinforces that the low frequency of debriefing should not be interpreted merely as a lack of interest on the part of the team but rather as a reflection of the

actual working conditions in environments characterized by high patient demand, time pressure, and a lack of protected time for reflection.

One of the most relevant findings of this study was the participants' demand for a more structured debriefing process, including the development of tools to guide its implementation. This finding is particularly important because it highlights a practical and organizational need that remains underexplored in many healthcare settings: the transition from debriefing as a spontaneous practice to an institutionalized strategy for education and quality improvement.

The literature emphasizes that, although debriefing can be learned and implemented relatively easily, its effectiveness tends to be greater when conducted using structured formats and facilitated by professionals trained to lead the reflective process.[23] The proposal to develop and adopt standardized tools, as suggested by the participants, represents a practical contribution of this study. Such tools may support the debriefing process, promote greater consistency across teams, and strengthen its integration into routine clinical practice.

Overall, the findings suggest that, from the participants' perspective, debriefing held a position of high symbolic legitimacy despite its limited institutionalization in practice. This tension between the high value attributed to debriefing and its fragile implementation represents an important contribution of this study, demonstrating that the consolidation of debriefing in emergency services depends not only on its acceptance by healthcare professionals but also on institutional support, specific training, a supportive environment, and standardized strategies for its implementation.

Among the limitations, operational challenges associated with emergency department overcrowding stand out, which affected participants' availability and the time available for conducting the interviews, as well as the heterogeneity of the participants' prior knowledge of the topic. These factors may have influenced the depth of some responses and should be considered when interpreting the findings.

Finally, the findings highlight the need for further research to advance the operationalization of debriefing in emergency services, particularly regarding the development and validation of supporting tools, the training of facilitators, and the investigation of its implementation across different clinical settings. Although this study did not allow conclusions to be drawn regarding objective effects on clinical outcomes, it contributes by demonstrating how the multidisciplinary team perceived this practice, which barriers they identified to its implementation, and which strategies they considered feasible for consolidating debriefing into routine clinical practice.

CONCLUSION

This study made it possible to understand that healthcare professionals perceive debriefing as a relevant strategy for reflection, feedback, and learning following CA management, recognizing its potential to improve teamwork and the quality of care provided. However, this positive perception coexisted with reports of infrequent implementation, lack of standardization, and organizational barriers to its integration into routine clinical practice.

The findings also showed that the participants identified debriefing as an opportunity to improve communication, review clinical practices, strengthen collaborative teamwork, and promote workplace learning. At the same time, they highlighted the need for greater practical guidance, institutional support, and management involvement to ensure its structured implementation.

In this context, this study contributes by identifying aspects that may support initiatives aimed at improving the quality of care, optimizing work processes, and strengthening reflective practices in emergency care.

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CONTRIBUITIONS

Contributed to the conception or design of the study/research: Cardoso MAF, Menezes RSP. Contributed to data collection: Cardoso MAF, Oliveira TF. Contributed to the analysis and/or interpretation of data: Cardoso MAF, Menezes RSP. Contributed to article writing or critical review: Oliveira TF, Farias MS, Cardoso MAF, Ponte KMA, Sousa GR, Menezes RSP. Final approval of the version to be published: Farias MS.

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