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Heart of Safety Coalition

Insights Huddle recap

October 2024

Trauma-informed leadership

Our sincere gratitude to **Sadie Elisseou, MD**, Founder and CEO, Trauma-Informed Practices, for leading our Insights Huddle on trauma-informed leadership and care. Thank you also to participants who asked questions and shared insights. Below is a summary of the discussion.

Key premise:

Although burnout is conventionally viewed as a byproduct of unmanaged occupational stress, its symptoms often overlap and coexist with manifestations of traumatic stress. That's why it's critical for healthcare leaders across hospitals, health systems and clinics to recognize trauma and its widespread impact on care team wellbeing. By understanding the implications of trauma at work, leaders can recognize the signs and symptoms of trauma, respond with compassion and trauma-informed care, and actively resist re-traumatization.

Topic overview:

What is trauma?

- According to Dr. Gabor Maté, a physician with interests in childhood development:
    - Trauma is what happens inside a person as a result of what happened to them.
    - Trauma is the loss of awareness of feeling and reduced flexibility in responding to the world that occurs as the result of a psychological and emotional wounds – like the scar tissue from a physical wound.
    - Trauma causes individuals' lives to be regulated by pain and fear and limits their capacity to live as fully as they might. We live in a highly stressed and traumatizing society.
    - Trauma and resilience factors are interconnected: Some of the factors that contribute to trauma – stress, loneliness, loss of secure and meaningful employment, loss of community – are requirements for resilience, which requires connection and communal support.
- Sources of trauma or stress can be individual, interpersonal, institutional and societal. They include but are not limited to:
    - Discrimination: sexism, racism, ableism, ageism, homophobia, transphobia, Islamaphobia, anti-Semitism, etc.
    - Violence and abuse: adverse childhood experiences (ACEs), intimate partner violence (IPV), sexual violence, gun violence, etc.
    - Transgenerational trauma: slavery, genocide, war, etc.
    - Natural disasters: pandemics, earthquakes, hurricanes, etc.
    - Medical trauma: invasive procedures, hospitalization, death and dying, medical error, etc.
    - Physical trauma: motor vehicle accidents, occupational injuries, falls, etc.
    - Social determinants: homelessness, food insecurity, economic instability, substance use, etc.
- Recovery and wellness can also be sourced at the individual, interpersonal, institutional and societal levels.

Burnout and trauma in work environments

- According to the [Physicians Foundation](#), 6 in 10 physicians and 7 in 10 medical students report often experiencing burnout.
- During the pandemic, [40% of Americans](#) expressed symptoms of a depressive or anxiety disorder.
- The World Health Organization (WHO) estimates that depression and anxiety cost the global economy [$1 trillion annually](#) in lost productivity.
- Specific sources of trauma and stress in healthcare:
    - Workplace violence
    - Microaggressions
    - Hierarchical power dynamics
    - Moral distress, injury or suffering
    - Witnessing of pain, sickness, injustice and death
- How trauma shows up at work:
    - Individuals start out calm and comfortable
    - Something in the environment triggers them
    - They may respond in different ways: They may lash out or may choose a regulated response based on skills and practice
- Potential results of cultures in which leaders do not take a trauma-informed approach:
    - Turnover
    - Reduced productivity
    - Poor patient experience
    - Increased risk of medical errors

Trauma-informed care (TIC) and trauma-informed leadership

- TIC is a framework for supporting people who have experienced trauma that can be applied universally as a means of building resilience. It fosters healing through safe and collaborative relationships.
- TIC in the exam room:
    - Communication: Before touching a patient, clinicians should communicate what they will do, why and ask for consent.
    - Positioning: When providing care, clinicians should not be directly behind the patient. For example, in a thyroid exam the clinician would stand where patients can see them in their peripheral vision, with fingers fully extended.
    - Language: Words matter and can have a profound impact on trauma-exposed individuals. Healthcare professionals should use [trauma-informed language](#) to create safe, respectful and supportive environments and avoid re-traumatization of patients.
- Trauma-informed leadership and care can:
    - Improve:
        - Patient-staff relationships
        - Psychological safety scores
        - Practitioner empathy
        - Engagement in services
        - Satisfaction with care
    - Reduce:
        - Use of restraints in mental health settings
        - Staff turnover
        - Burnout
- The four R's of trauma-informed care outlined by the Substance Abuse and Mental Health Association ([SAMHSA](#)) on page 9 and 10:

- o **Realize** the widespread impact of trauma and understand potential paths to recovery.
- o **Recognize** the signs and symptoms of trauma in ourselves and others.
- o **Respond** by putting knowledge of trauma into policies, procedures and practice.
- o **Resist** retraumatization. (Avoid creating sensory cues that make the body feel as if it is in danger again.)
- The six principles of trauma-informed leadership and care:
  - o **Safety:** Create physical, psychological and emotional safety.
  - o **Trustworthiness and transparency**: Be transparent in operations to build and maintain trust.
  - o **Peer support:** Connect to one another in pain and in healing to gain and inspire hope.
  - o **Collaboration and mutuality:** Meaningfully share power and mutuality in decision making; resist traditional power hierarchies.
  - o **Empowerment, voice and choice:** Give choice back to team members. (Trauma often involves an abuse of power, creating a sense of betrayal and taking away choice.)
  - o **Cultural, historical and gender considerations:** Acknowledge that trauma has been passed down in certain populations through history. Acknowledge and move past these issues.
- The future of wellbeing at work incorporates trauma-informed principles into the organizational culture and fosters holistic healing by teaching regulation and leveraging the power of relationships in an inclusive and psychologically safe environment.
- Leading team members in distress:
  - o Check in with yourself (pause, breathe, etc.) to ensure you're in an emotionally, psychologically and physically safe state before engaging with a trauma-exposed team member.
  - o Say something empathic.
  - o Leverage the six principles of trauma-informed leadership and care.
- Shift from "what is wrong with you?" language to the more compassionate communication: "what happened to you," "what happened inside of you as a result of what happened to you" or "what ways are you growing as a result of what happened to you?"
- Every interaction you have with a team member can be seen as an opportunity to reverse the impact of trauma, communicate care and move toward healing.
- Much of trauma-informed leadership aligns with existing efforts (e.g., psychological safety, culture of safety, high reliability, change management, relational leadership, quality improvement).

Discussion overview:

Several themes arose in the discussion portion of this Insights Huddles.

- **Compassion:** When colleagues are "acting out" or acting unprofessionally, the behavior is usually the tip of the iceberg. Underneath is pain, fear or both. If you can get at the root cause, you can reduce the incidence.
- **Alignment:** Trauma-informed leadership and care can begin in many places in an organization. Sadie and her team most commonly begin trainings with wellbeing teams, supervisors and/or HR leaders. However, trauma-informed care and leadership can be built into other efforts such as just culture, high reliability or process and quality improvement. It does not need to be "one more thing" on people's plates. To get started, the most important questions to ask are:
  - o Who is struggling?
  - o Who is interested?
- **Relevance:** Trauma-informed care and leadership is relevant in every context and in every specialty. Clinicians can benefit from TIC principles regardless of the environment or specialty in which they practice. Remember that it was only recently added to medical school curricula and so

experienced clinicians may especially benefit from in-house trainings. It also applies equally to patient, peer and leadership encounters. We have only one brain. It processes childhood trauma, work trauma, situational trauma. It's also the one we bring to work.

Additional resources:

- Video: Interview with Dr. Gabor Maté
- Paper: SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach
- Paper: Fostering Resilience and Recovery: A Change Package for Advancing Trauma-Informed Primary Care by National Council for Mental Wellbeing
- Article: Trauma-Informed Care: A Missing Link in Addressing Burnout
- Article: Addressing health care workers' trauma can help fight burnout
- Article: Leading Organizations From Burnout to Trauma-Informed Resilience: A Vital Paradigm Shift
- Article: A Novel, Trauma-Informed Physical Examination Curriculum for First-Year Medical Students
- Article: A Trauma-Informed Approach to Peer Physical Examination
- Article: We Need Trauma-Informed Workplaces (tiered subscription model – 3 free articles per month)

If you have topic ideas or best practices you want to share to improve the safety and wellbeing of healthcare team members, email **HeartofSafetyCoalition@stryker.com**.

About the Heart of Safety Coalition

The Heart of Safety Coalition places care team member safety and wellbeing at the heart of healthcare. This national community of leaders, learners and advocates ensures that voices are heard, connections are made, and standards are raised to inspire systemic, team and individual change that improves working and healing environments. The Coalition's three pillars of care team safety advance the Heart of Safety Declaration, which intersects the essential wellbeing pillars of dignity and inclusion, physical safety, and psychological and emotional safety. Driven by its mission to make healthcare better, Stryker supports and manages the Coalition.

Learn more at www.HeartofSafetyCoalition.com.