

Trauma-Informed Leadership: The Time Has Come

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Trauma-informed healthcare has been contributing to patient care for some time now as insights from neuroscience, behavioral science, epidemiology, and clinical research help us understand that psychic trauma impacts both patients' present and future health as well as their care experience. The pandemic exposed the reality that patients have been traumatized in ways that impact their health beyond our previous awareness. There has also come the glaring insight that healthcare personnel themselves encounter trauma while doing their jobs. For leaders to be able to facilitate the kind of performance and vitality that patients and clinical personnel alike require, it's time to start thinking about a new skillset: trauma-informed leadership.

Understanding Trauma in the Workplace

Going back to our knowledge of "shellshock," our historical clinical understanding of trauma tended to frame an anomalous response to trauma rather than consider the prevalence and impact of trauma in so many people's lives. Over the last 25 years, however, a deeper understanding of the effects of psychic trauma have helped us better understand the impact. We have learned to shift from "what is wrong with people" to "what has happened to people" and to awareness of how trauma—big and small—can influence our present and future health as well as our participation in and interpretation of the care experience.

The pandemic has underscored a long-ignored reality: working *in* healthcare is traumatizing. Media reports of assaults to healthcare workers and violence at school board meetings emphasize the era we are in, as do rising numbers of substance use disorders, suicide, and anxiety among both patients and healthcare workers. Some of the statistics around recent events are staggering. A study by Yale University showed that rates of depression (14 percent), anxiety (16 percent), PTSD (23 percent), and alcohol use disorder (43 percent) all soared for healthcare

workers during the pandemic.¹ Whatever statistics we use, the message is clear: the people taking care of patients are suffering.

When we think about trauma, we often think about graphic and disturbing events, but there are "little traumas" that happen in the more polite confines of healthcare organizations that have their cumulative effect. In a traumatized world, where many are working through an endless press of tasks with other stressed people, the "mini-traumas" of stressed relationships stacking on top of earlier insults add up.

Author Gretchen Schmelzer, writing on the prevalence of workplace trauma in early 2020, before the pandemic got going, defines trauma as "an experience or event that overwhelms your capacities to depend upon or protect yourself."² The longer such experiences persist, the more we shift our thought and behavior patterns to protect ourselves. She points out that most repeated traumas—whether domestic violence, bullying in the schoolyard, or continued denigration at work—are relational traumas between people, not rare events like earthquakes or catastrophic storms. These traumas embedded in our relationships affect our ability to self-regulate our mood—think about going to a day of work with a person who repeatedly criticizes you. But, more importantly, relational traumas undermine "our trust and belief in relationships...and this is important because leadership is first and foremost a relationship, and relational traumas affect our ability to work with and lead others."³

Walk around any healthcare organization, and you will see the telltale signs of post-traumatic behavior as people respond to unhealthy relational patterns in protective ways. Demonstrating behaviors of "fight, flight, or freeze," people may respond to hierarchical power by undermining, organizing opposition, displacing anger, avoiding conflict, or simply keeping their head down and out of the way. I once had a CEO screaming so loudly at me in

Key Board Takeaways

- Make it a priority to govern a trauma-informed organization. Consider inviting external speakers or internal expertise to educate the board and executive team about the effects of traumatic experience on the organization.
- Integrate trauma-informed principles into your review of patient and employee experience as well as leadership development.
- Invite the community to share its experiences and healing practices around trauma with your organization. Consider a joint "healing from trauma" initiative with community stakeholders.

forwarding an idea he opposed that his veins were bulging, and I have had other leaders confess they were raised by abusive parents. We see countless people refuse to speak up with valuable perspective or information because, at the root of it, it is simply too frightening to venture an idea that might compromise their social safety as they saw it. Recently, when I was working with an executive team, the CEO froze with tears streaming down her face as a routine feedback exercise took her back to a junior high moment when she was publicly humiliated by a teacher. People in healthcare organizations carry whatever big or small trauma they have experienced in their personal lives, including now the collective pandemic experience, but they also carry the trauma of how they have been treated by leaders and colleagues.

Leading in Traumatized Environments

As arresting as the headlines are about clinician suicide, increasing overdose deaths, or mental health symptoms in healthcare workers, the more subtle reality is present among us every day. In order for healthcare to be effective and contributive—to improve quality, decrease cost, enhance the patient experience, and retain talent and solve labor shortages—we are tasked with putting together an unbelievably complex web of relationships in the middle of a traumatized population of workers and

1 Rachel Hennein, Emma Mew, and Sarah Lowe, "Socio-ecological Predictors of Mental Health Outcomes among Healthcare Workers During the COVID-19 Pandemic in the United States," PLOS ONE, February 2021.

2 Gretchen Schmelzer, "Trauma Impacts Leadership. Heal It with Emotional Intelligence," Teleos Leaders, March 5, 2020.

3 *Ibid.*

patients. That web of relationships must depend on and drive healthy patterns of relating if it is to have any hope of sustaining our organizations, let alone positively impacting the health of our battered and divided communities.

We don't learn how to lead traumatized people in the technical disciplines of finance, IT, or even medicine or nursing. Nonetheless, we have a growing body of research and practice to guide our leadership learning on leading in traumatized environments. Taking this approach can help improve relationships and decision making, and help develop a healthy culture throughout the organization.

To better lead in traumatized environments, healthcare boards and senior leaders should:⁴

1. **Realize** the impact of trauma on leaders, employees, and populations as well as potential paths for recovery and resilience. As a board, educate yourselves about the effects of

trauma on patients, healthcare workers, and leaders.

2. **Recognize** the signs and symptoms of trauma in leaders, teams, staff, patients, and families. Survey your organization for markers of traumatic history and effects which flow through the work environment.
3. **Respond** by fully integrating knowledge about trauma into leadership development, practice, policies, and procedures. Commission a trauma-informed approach to leadership development with strong sponsorship from executive and physician leadership.
4. **Lead** to actively prevent *re-traumatization* and to create a healthy organizational culture. Monitor a systemic approach to creating a leadership culture that supports healthy relational patterns that minimize the reverberations of traumatic experiences.

Starting now, leaders of the future will think, act, and interact on a traumatized human landscape, internally and externally. That reality does not mean every day is some sort of shocked sobfest. It means bringing the idea of trauma-informed leadership into full view. It is time for leaders to learn how and where trauma is at work—in themselves, their teams, and their organizations. This includes learning to self-regulate the responses to triggers that remind us of past personal and professional traumas, being empathetic about what has happened to others, and understanding how trauma impacts our social ecosystem at work, and using that knowledge to better lead the workforce.

||| *The Governance Institute thanks Lawrence McEvoy II, M.D., President and CEO, Epidemic Leadership, for contributing this article. He can be reached at larry@epidemicleadership.com.*

4 Dave Tweedy, "Trauma Informed Leadership: An Approach for Healthcare," USC Price.