

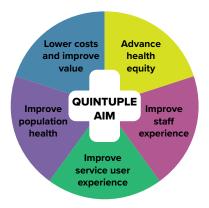


Trauma- & Violence-Informed Care Strategies for Staff Well-Being

Everyone in a health or social service role will encounter suffering. Being exposed to suffering every day, especially preventable systemic harms, can take a significant toll.

When we know people are being poorly served, or we can't meet our professional practice standards, this can also be distressing. Providers often feel overwhelmed in the face of this suffering and distress, how complex people's lives can be, and the disconnects between what we *can* do and what we *should* do – there are rarely "easy fixes."

Provider well-being is one of the core goals of the "quintuple aim" of system improvement and is necessary for both a healthy workforce and a safe workplace. A healthy workforce also underpins excellence in trauma-and violence-informed service delivery. This tool provides key concepts related to understanding and assessing staff well-being, with a focus on organizational strategies, including how leaders can support staff in self-care strategies.



Harms can Be Direct or Indirect

- Moral and structural distress directly affect staff well-being.
 - Staff experience moral distress when how they're able to work doesn't align with their professional standards.
 - They experience *structural distress* when how their work is organized by their employer (e.g., unreasonable workloads, lack of workplace supports) and public policies and norms (e.g., pay inequity, lack of paid leave legislation) are harmful.
- These harms are often blamed on individuals and are not seen as structural.
 - Structural (or systemic) violence refers to the harms caused by how society is organized, including lack of access to basic needs. It is embedded in social, economic and political systems, affecting some groups more than others. Examples include poverty, systemic racism, misogyny and other forms of discrimination.
- Indirect exposure to trauma and structural violence also affect staff well-being.
 - Staff experience *vicarious trauma*, also known as secondary traumatic stress, when they are exposed to others' experiences of trauma.
 - Staff also experience *vicarious structural violence* when exposed to harms caused to those they serve by structural violence including being unhoused, unable to access services, and hungry.
- Any experience of these harms has the potential to negatively impact staff well-being.

"It's getting harder and harder to go in to work everyday."



"There's a disconnect between how we do things and what I know we should do – it's hard to watch people suffer and not be able to change things."

What Are the Effects?

The cumulative effects of the above experiences on staff well-being, as shown below, can lead to burnout, or more accurately, a feeling of depletion or being "used up" by the system so that staff can no longer give those they serve what they need, and find it hard to stay well, themselves.

Vicarious/secondary trauma: trauma Working with symptoms from hearing/ seeing the people who have effects of others' trauma experienced/ are experiencing Moral distress: harm arising from Decreased welltrauma and being and job the effect on people of the mismatch marginalization satisfaction between needed and actual care Structural distress: harm arising from Working in harmful work conditions like unreasonable and compromising workloads, lack of workplace supports, Lack of workplace support contexts workplace violence Vicarious structural violence: Distress. Working with people exhaustion and hopelessness from the Feeling used-up, who are denied basic harms caused by systems, including exhausted, depleted rights & needs and/ wait times, lack of services, stigma, ("burnout") or face discrimination racism and other forms of discrimination and stigma

It's also important to acknowledge the cumulative grief that staff might feel, including grief at the loss of those in their care, and also grief as they may come to see the disconnects between what they thought their professional roles and workplaces would be, and what they are. These feelings can contribute to decreased well-being, depletion, and exhaustion.

What Can Organizations Do?

There are steps that organizations can take to support staff well-being.² Organizational culture plays a key role in acknowledging and de-stigmatizing moral and structural distress, and vicarious trauma and structural violence; organizations are ultimately responsible for ensuring a culture of safety and care for staff and service users.



Organizational commitment to staff well-being, including education, policies and ongoing actions for safe and equity-oriented work



Staff and client participation in policy and protocol development



Employee Assistance Programs (EAPs)

Reflective supervision practices



Organizational supports for self-care

Opportunities for staffinitiated formal and informal debriefing

¹Adapted from Varcoe, C. (2023). Vicarious Trauma, Moral Distress, and Compassion Fatigue/Burnout through a Structural Lens. In: Wathen, C.N., Varcoe, C.M. (Eds). (2023). Implementing Trauma- and Violence-Informed Care: A Handbook. Toronto, University of Toronto Press. ISBN: 9781487529253. Available *here*.

²Please see the companion "Rate Your Organization: Organizational Strategies to Promote Staff Safety & Well-Being" tool here.

Steps to Support Staff Well-Being

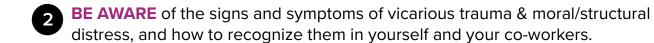


TAKE STOCK of your work environment. Consider:

- Does the organization attend to the upstream causes of harms?
- Does your workplace support your ability to provide required care, with adequate breaks?
- How is human suffering acknowledged and dealt with?
- How are providers expected to act in the face of suffering?
 Tough? Distant? Compassionate?
- How are providers who are struggling described?
 - "burned out" (an individual's weakness and problem) or,
 - "used up" (by the organizational practices)?
- Are the mental, physical and substance use health of staff prioritized?







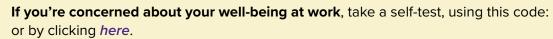


- Social withdrawal
- Extreme or rapid changes in emotions (e.g., involuntary crying)
- Aggression
- · Increased sensitivity to violence
- Physical symptoms (e.g., aches, pains)
- Sleep difficulties
- Intrusive imagery
- Cynicism
- Difficulty managing boundaries with clients
- Relationship difficulties

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DISCUSS with your leaders and co-workers how the organization can better support all staff in being safe and well. While each setting will differ, some things to consider include:

- Is reflective supervision from a manager or team leader formally available?
- Are staff encouraged to debrief informally amongst themselves, perhaps using a "buddy system"? How is time allocated to create debrief opportunities?
- How is workplace violence acknowledged and dealt with? Are safety plans developed with staff and service user input available?
- Does the organization support self-care strategies for staff? This can include:
 - · Quiet rooms
 - Flexible breaks
 - Encouraging down time & time away when needed
 - · Flexible use of extended health benefits for self-care
- Are resources such as Employee Assistance Programs available to support staff mental health?









PRACTICE SELF CARE. Whether to prevent or treat vicarious trauma and/or moral/ structural distress, self-care is a good idea. If you are not having these experiences currently, take steps to keep yourself well. While everyone is different, here are some ideas:

- Exercise (of any kind)
- Strategies that help you relax
- Mindfulness practice
- Meditation
- Healthy diet
- Adequate sleep
- Spending time in nature
- · Spending time with friends & family
- Volunteering where you contribute to positive change
- Limiting intake of violent movies/books









Wathen, C.N., Browne, A., & Varcoe, C. Trauma- & Violence-Informed Care Strategies for Staff Well-Being. EQUIP Healthcare and GTV Incubator. 2025.