

Trauma- & Violence-Informed Care and Provider Well-Being

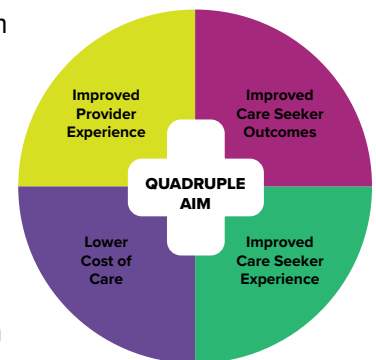
Anyone in a health or social service role will encounter suffering, and we know that hearing traumatic stories every day can be taxing.

The ways we are expected to work may not align with professional ethics & values; when we think people may be poorly served or even harmed, this can also be distressing.

Providers often feel helpless in the face of this suffering and distress, the complexity of people's lives, and the disconnects between what we *can* do and we *should* do – there are rarely “easy fixes.”

Understanding the nature and effects of vicarious trauma and moral distress can be a first step in preventing, recognizing and dealing with their effects on staff and organizations.

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



What is Moral Distress?

The ways that health care providers are expected to work may not align with their professional ethics and codes of conduct. When patients are poorly served or even harmed due to these mismatches, providers may experience moral distress or moral injury.

What is Vicarious Trauma?

Also known as secondary traumatic stress (STS), vicarious trauma is a negative reaction to trauma exposure and includes a range of symptoms similar to experiencing trauma directly. Vicarious trauma is common but there are ways to limit its impacts.

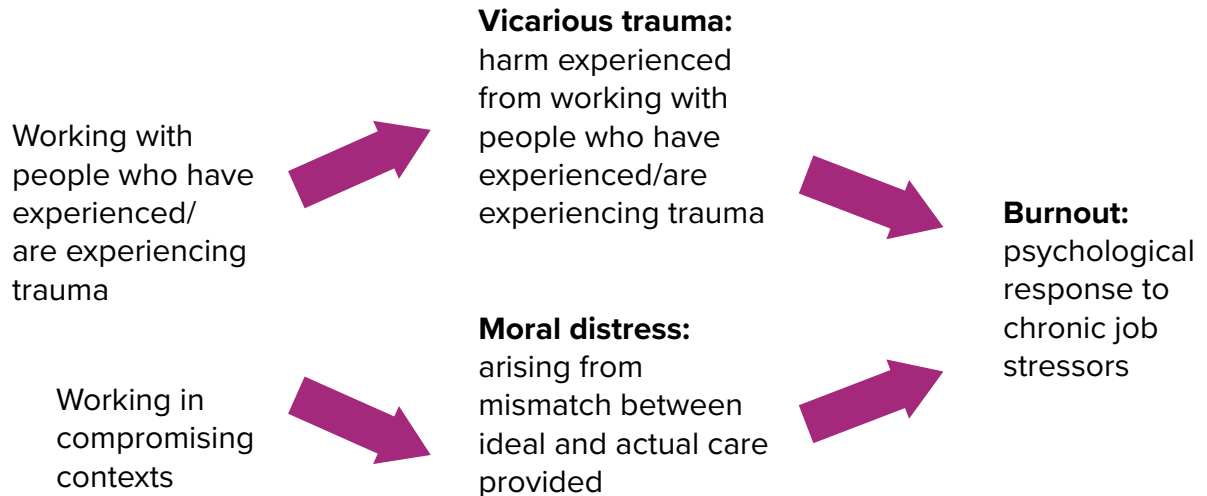
“When I get home, I can’t stop thinking about what happened at work.”



“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?

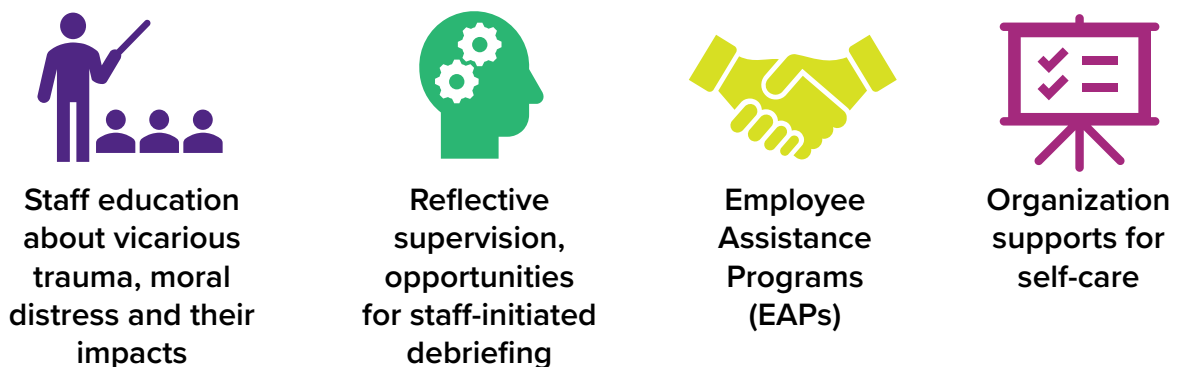
The cumulative effects of vicarious trauma and/or moral distress on provider well-being, as shown below,¹ can lead to burnout – when we feel we can no longer give those we serve what they need, and find it hard to stay well, ourselves.



It's also important to acknowledge the grief that providers 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 moral distress and burnout.

What Can Organizations Do?

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



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](#)

Steps to Support Provider Well-Being

1 TAKE STOCK of your work environment. Does it increase or decrease the likelihood that vicarious trauma and moral distress will have negative impacts? Consider:

- Does your workload allow you to provide good 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)?
- What are other ways of acknowledging providers’ needs for support?



2 BE AWARE of the signs and symptoms of vicarious trauma & moral distress, and how to recognize them in yourself and your co-workers.



- 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

3 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?

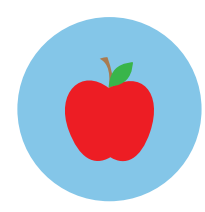


If you're concerned, take a self-test, by clicking [here](#) or using this code:



4 PRACTICE SELF CARE. Whether to prevent or treat vicarious trauma and/or moral 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)
- Relaxation
- 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



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