ETHICAL CONSIDERATIONS IN TRAUMA-INFORMED CARE
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LEARNING OBJECTIVES

Explain the core principles of trauma-informed care and how they relate to ethical practice in long-term care.

Recognize ethical dilemmas that commonly arise when caring for residents with trauma histories.

Evaluate strategies for balancing autonomy, safety, and dignity in ethically challenging situations.

Collaborate effectively across disciplines to uphold ethical and trauma-informed standards of care.

Apply a trauma-informed lens to real-world ethical scenarios in long-term care settings

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A BIT ABOUT…
TALK WITH YOUR NEIGHBOR –
WHAT BOOK IS ON YOUR NIGHTSTAND
WHAT JOB WOULD YOU BE DOING IF MONEY OR EDUCATION WASN'T A FACTOR

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TRAUMA DEFINED

- American Psychological Association defines trauma as: "Any disturbing experience that results in significant fear, helplessness, dissociation, confusion, or other disruptive feelings intense enough to have a long-lasting negative effect on a person's attitudes, behavior, and other aspects of functioning. Traumatic events include those caused by human behavior (e.g., rape, war, industrial accidents) as well as by nature (e.g., earthquakes) and often challenge an individual's view of the world as a just, safe, and predictable place. any serious physical injury, such as a widespread burn or a blow to the head."

Adapted from the *APA Dictionary of Psychology*

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WHAT IS TRAUMA INFORMED?

- Trauma-Informed
  - Raise awareness about trauma and promote trauma-informed practices
- Trauma Prevention
  - Create conditions for safe, stable, nurturing relationships and environments and reduce exposure to trauma
- Trauma-Informed Practices
  - Increase access to interventions and service that mitigate the impacts of trauma and promotes healing

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Why is Trauma-Informed Care Important?

- Shifts the focus from "what's wrong with you?" to "what happened to you?"
- In health care, a trauma-informed approach to care acknowledges that the organization and care teams have a complete picture of a patient's life situation in order to provide effective health care services
  - This includes both past and present
- Adopting trauma-informed practices can potentially improve:
  - patient engagement
  - treatment adherence
  - health outcomes
  - provider and staff wellness

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PRINCIPALS TO TRAUMA-INFORMED CARE

Following are recognized **core principles** of a trauma-informed approach to care that are necessary to transform a health care setting:

Safety
Throughout the organization, patients and staff feel physically and psychologically safe

Trustworthiness + Transparency
Decisions are made with transparency, and with the goal of building and maintaining trust

Peer Support
Individuals with shared experiences are integrated into the organization and viewed as integral to service delivery

Collaboration
Power differences — between staff and clients and among organizational staff — are leveled to support shared decision-making

Empowerment
Patient and staff strengths are recognized, built on, and validated — this includes a belief in resilience and the ability to heal from trauma

Humility + Responsiveness
Biases and stereotypes (e.g., based on race, ethnicity, sexual orientation, age, geography) and historical trauma are recognized and addressed

*(Adapted from the Substance Abuse and Mental Health Services Administration's "**Guiding Principles of Trauma-Informed Care.**")*

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WHO IS IMPACTED?

- 80.5% of adolescents in the US have experienced at least one adverse childhood experience (ACE) (American Academy of Pediatrics| 2024)

- 63.9% of adults in US report having at least one ACE (US Centers for Disease Control and Prevention | 2023)

- 70% of adults in the US have experienced at least one traumatic event in their lifetime (National Council for Mental Wellbeing | 2022)

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ADVERSE CHILDHOOD EXPERIENCES (ACES)

Types of ACEs

ABUSE
- Emotional
- Physical
- Sexual

NEGLECT
- Emotional
- Physical

HOUSEHOLD CHALLENGES*
- Substance misuse
- Mental illness
- Suicidal thoughts and behavior
- Divorce or separation
- Incarceration
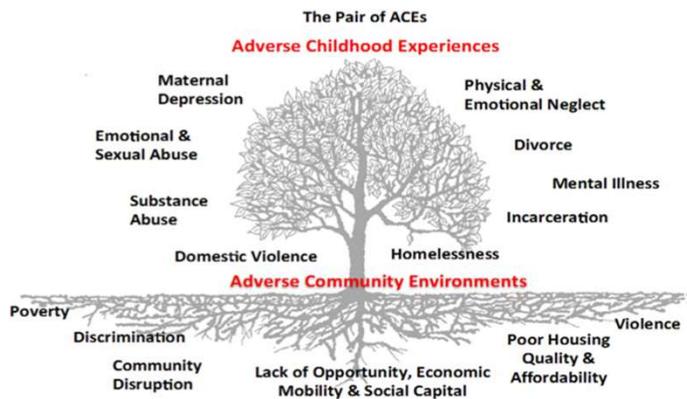- Intimate partner violence or domestic violence

Other Adversity
- Bullying
- Community violence
- Natural disasters
- Refugee or wartime experiences
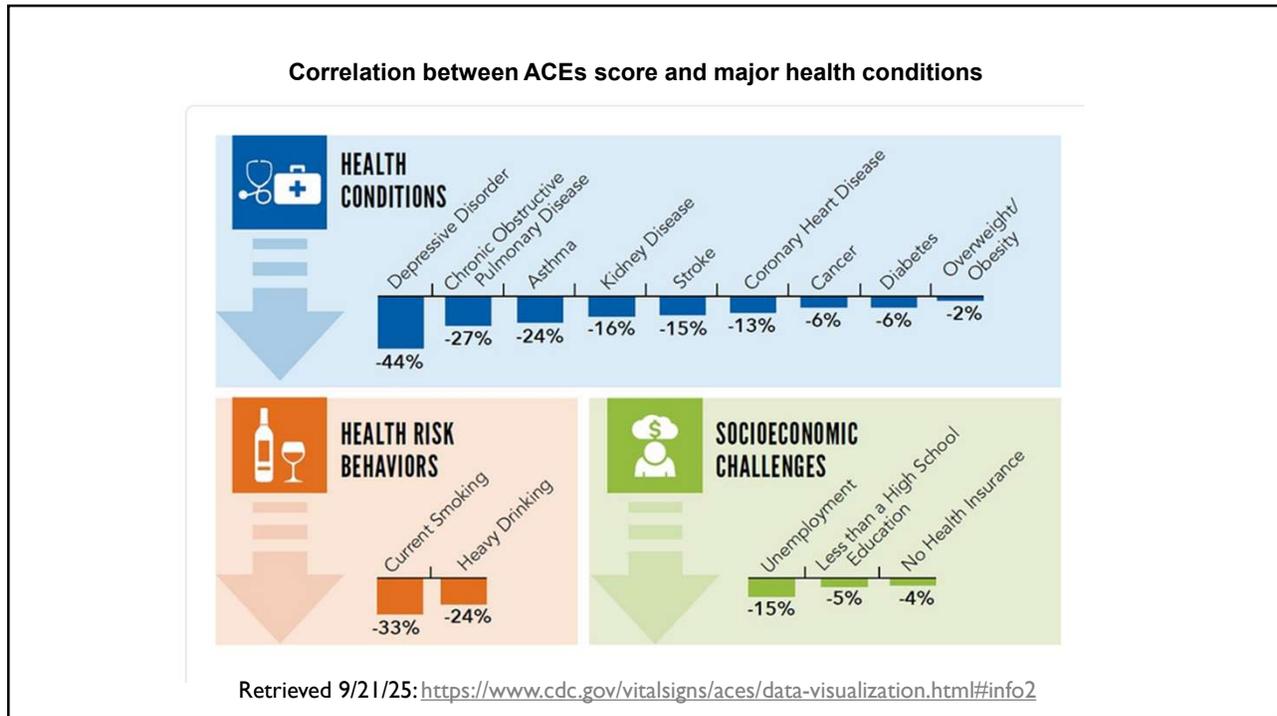- Witnessing or experiencing acts of terrorism

* The child lives with a parent, caregiver, or other adult who experiences one or more of these challenges.

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The Pair of ACEs

Adverse Childhood Experiences

Maternal Depression

Physical & Emotional Neglect

Emotional & Sexual Abuse

Divorce

Mental Illness

Substance Abuse

Incarceration

Domestic Violence

Homelessness

Adverse Community Environments

Poverty

Violence

Discrimination

Poor Housing Quality & Affordability

Community Disruption

Lack of Opportunity, Economic Mobility & Social Capital

Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. Academic Pediatrics. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Milken Institute School of Public Health
THE GEORGE WASHINGTON UNIVERSITY

Sumner M. Redstone Global Center for Prevention & Wellness

Building Community Resilience

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Correlation between ACEs score and major health conditions

Retrieved 9/21/25: https://www.cdc.gov/vitalsigns/aces/data-visualization.html#info2

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DIVERSE AND VARIOUS FORMS OF TRAUMA

➤ Loss
➤ Maltreatment
➤ Neglect
➤ Sexual abuse
➤ Racism
➤ Intimate partner violence
➤ Community violence
➤ Food insecurity
➤ Body shaming
➤ Gender and sexual identity issues
➤ Homelessness
➤ Bullying

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DIVERSE AND VARIOUS FORMS OF TRAUMA
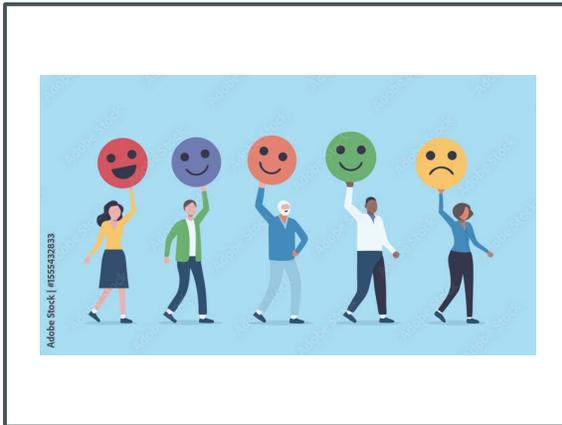
- Definition of Trauma
  - Difficult to define
  - Individual experiences vary from person to person
  - Long-term effects vary
  - Substance Abuse and Mental Health Services Administration (SAMHSA) developed the three Es to help define trauma
   - Event
    - Experience
    - Effects

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- **Acute Trauma** is a one-time event that happens under a limited amount of time. This could include sexual or physical assault, going through a natural disaster, or possibly a car wreck. Examples include medical trauma, hate crimes, physical or sexual assault
- **Chronic Trauma** is where an event may happen over and over again or it may be a multiple layering of events.
- **Collective Trauma** "The term *collective trauma* refers to the psychological reactions to a traumatic event that affect an entire society; it does not merely reflect an historical fact, the recollection of a terrible event that happened to a group of people. It suggests that the tragedy is represented in the collective memory of the group, and like all forms of memory it comprises not only a reproduction of the events, but also an ongoing reconstruction of the trauma in an attempt to make sense of it." (Hirschberger, G. 2018).
- **Developmental Trauma** is multiple or chronic exposure to one or more forms of developmentally adverse interpersonal trauma (abandonment, betrayal, physical assaults, sexual assaults, threats to bodily integrity, coercive practices, emotional abuse, witnessing violence and death), (ACEs Connection, retrieved 2019).
- **Historical Trauma** is cumulative emotional and psychological wounding across generations, including the lifespan, which emanates from massive group trauma, (Maria Yellow Horse Brave Heart et al, 2011).
- **Intergenerational Trauma** is a traumatic event that began years prior to the current generation and has impacted the ways in which individuals within a family understand, cope with, and heal from trauma, (Hill, T. retrieved 2019).
- **Medical Trauma** can include symptoms of Post-Traumatic Stress Disorder in response to medical experiences such as "pain, injury, serious illness, medical procedures, and invasive or frightening treatment experiences," (Teach Trauma, retrieve 2019)

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- **Race-based Trauma** Racial and ethnic minority individuals may experience racial discrimination as a psychological trauma, as it may elicit a response comparable to post-traumatic stress. Examples include macroaggressions, microaggressions, hate crimes, (Carter, 2007).

- **Systemic Trauma** refers to the contextual features of environments and institutions (including policies and laws) that give rise to trauma, maintain it, and impact post-traumatic responses, (Goldsmith, 2014).

- **Vicarious Trauma** The term Vicarious traumatization (VT) was coined by Pearlman & Saakvitne (1995) to describe the profound shift in world view that occurs in helping professionals when they work with individuals who have experienced trauma. Helpers notice that their fundamental beliefs about the world are altered and possibly damaged by being repeatedly exposed to traumatic material, (TEND academy, 2018).

- **War Trauma** This includes officially state-sanctioned acts of war; all methods of war for controlling populations including sexual violence and abductions, military coups and violent revolutions; as well as secret acts of violence perpetrated by governments and anti-government forces even when unofficially acknowledged.

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DIVERSE AND VARIOUS FORMS OF TRAUMA
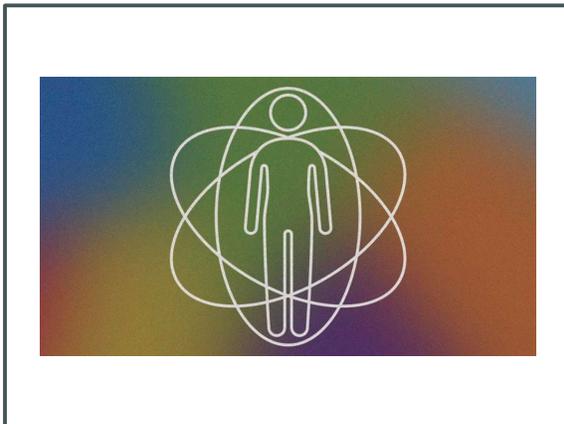
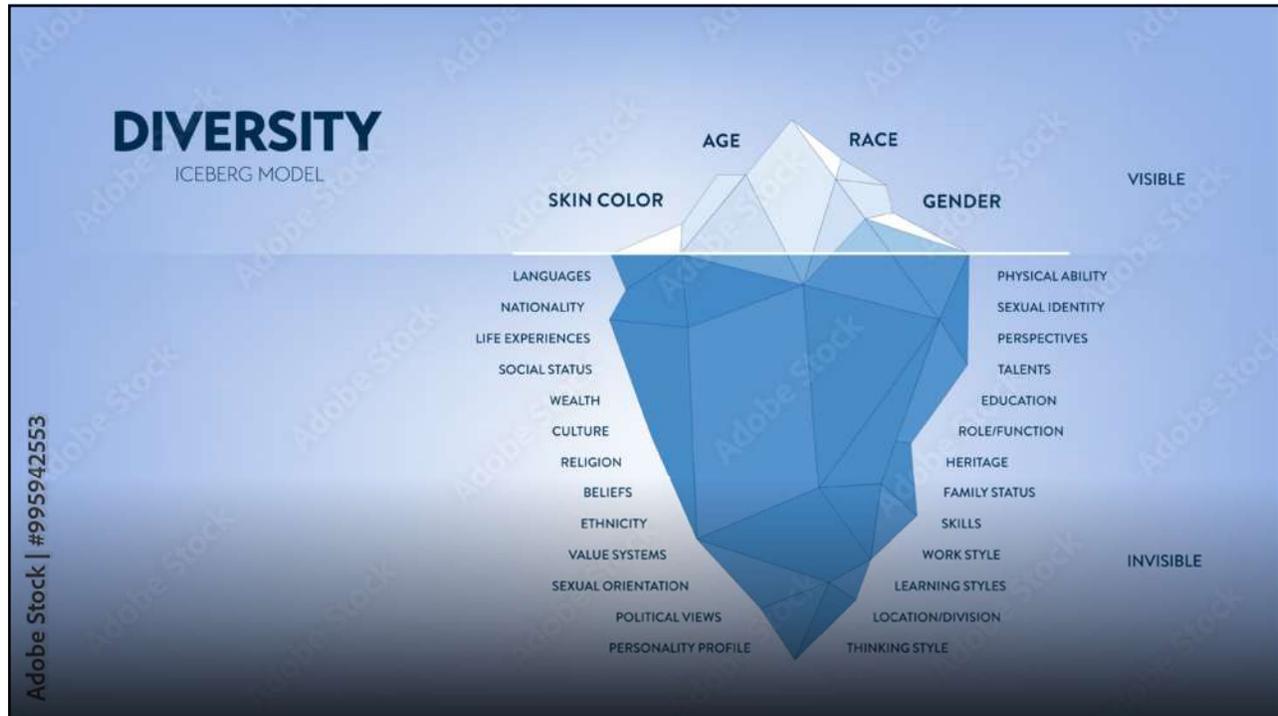Individual definitions of trauma

Must consider the whole person

- ❖ Patterns
- ❖ Intensity
- ❖ Timing

Every person is born into a unique set of circumstances

- ❖ Social
- ❖ Cultural
- ❖ Economic

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THE BRAINS RESPONSE TO TRAUMA

Understanding how the brain reacts to stress helps clarify:
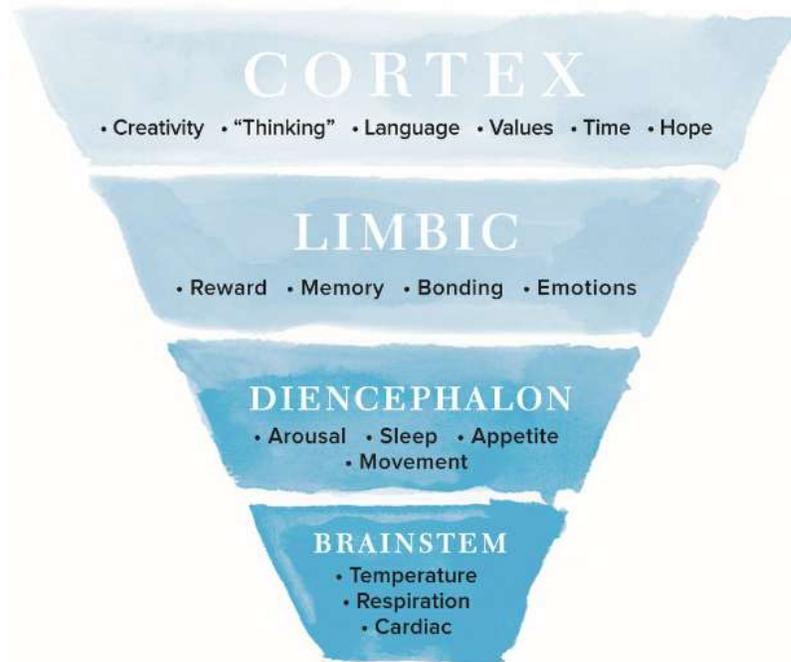- What has happened in the past
- How those experiences:
  - shape who a person is
  - how they behave
  - why they do the things they do
- Every person is born into a unique set of circumstances
  - remember the cultural iceberg
- Brain is organized to act and feel before we think
- Personal history influences brain development
  - brain absorbs new experiences
  - build upon previous experiences

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HOW THE BRAIN REACTS TO TRAUMA

- Hierarchical organization of the human brain
- Everything first gets processed through the lower part of the brain
- Matched against previously stored experiences
- Brain categorizes experiences and sends them "up the triangle"

C O R T E X
- Creativity · "Thinking" · Language · Values · Time · Hope

LIMBIC
· Reward · Memory · Bonding · Emotions

DIENCEPHALON
· Arousal · Sleep · Appetite · Movement

BRAINSTEM
· Temperature · Respiration · Cardiac

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HOW THE BRAIN REACTS TO TRAUMA

- Regulatory Systems
  - Can be altered by traumatic experiences
  - Stress response regulated by lower part of the brain may be activated
  - Trigger reminds brain of a traumatic experience

- Dysregulation
  - When a person is exposed to unpredictable or extreme stress
  - Living in a traumatizing environment causes a person to be continually dysregulate

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POSSIBLE TRIGGERS:

SMELLS, SOUNDS, SIGHTS, PEOPLE, PLACES, EMOTIONS

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HOW THE BRAIN REACTS TO TRAUMA

Example of Dysregulation Triggers

buzzing noise from lights

bright lights

hot temperature in the room

sitting still for a long time

strong smell from cafeteria

peers talking

hungry for lunch

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Signs of Emotional Dysregulation

Overly intense emotions

Impulsive behavior

Lack of emotional awareness

Trouble making decisions

Inability to manage behavior

Avoids difficult emotions

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SYMPTOMS OF TRAUMA

Physical
- Chronic Pain
- Fatigue
- Being Easily Startled

Emotional
- Feelings of Shame & Guilt
- Agitation
- Edginess
- Trouble Regulating Emotions

Psychological
- Anxiety Disorders
- Depression
- Nightmares

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Symptoms of Trauma

Irritability	Anxiety	Difficulty concentrating	Flashbacks	Avoidance	Difficulty sleeping
Nightmares	Intrusive memories	Dissociation	Constant state of alert	Negative self-esteem	Headaches
Stomach ache	Chronic illness	Mood swings	Anger	Guilt	Depression
Change in eating patterns	Confusion	Pain	Trembling	Fatigue	Increase heart rate

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- **Fight-or-flight response**
  - **Acute stress response to perceived threat**
  - **Brain focuses on the threat**
  - **Heart rate increases**
  - **Adrenaline, cortisol, sugar are released**
  - **Blood diverted to muscles**
- **Flock**
  - **Look to others for help and/or emotional cues**
- **Freeze**
  - **Stop, pause**
  - **May happen in a tense interaction**

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How the Brain Reacts to Trauma

- If someone comes from an abusive background, they may be in a relationship with someone who is abusive because it is familiar

- The mind might be seeking a predictable response

- People can change if they are intentional about it

- Need time, patience, repetition, and sufficient new experiences to shape new views of the world

"Why is it that people who are victims of trauma are so often drawn to abusive relationships?"

- Oprah Winfrey

"We are drawn to what we were raised with."

- Dr. Bruce Perry

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"It is in the small moments, when we feel the other person fully present, fully engaged, connected, and accepting, that we make the most powerful, enduring bonds."

– Dr. Bruce Perry
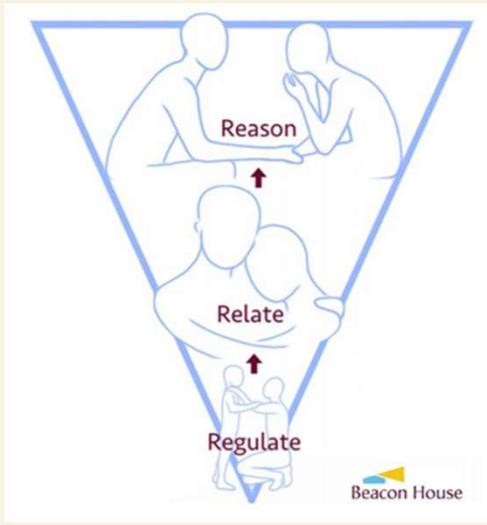
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Trauma-Informed Interventions/Support

Regulate | Relate | Reason

- Focus on the lower networks of the brain before moving on to issues in the higher regions
- Brain matches the sensory input from previous experience against the stored memories from previous
- If a person is dysregulated, most communication is not getting to their cortex
- Regulation is the key to creating a safe connection

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TRAUMA-INFORMED INTERVENTIONS/SUPPORT

- The brain matches the sensory input from previous experience against the stored memories from previous
- If a person is dysregulated, most communication is not getting to their cortex
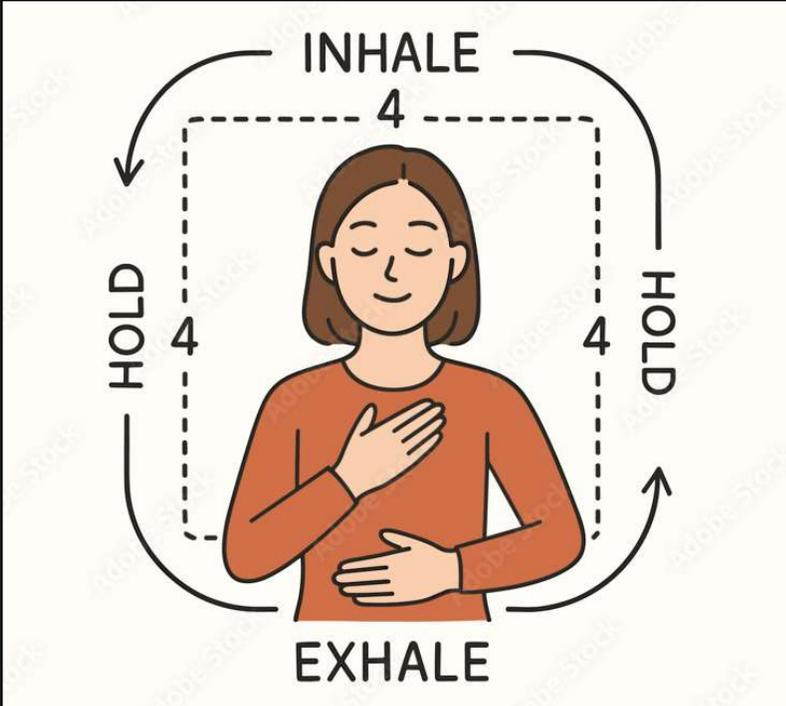 - Regulation is the key to creating a safe connection
  - Regulate, then relate, then reason
- Techniques like mindfulness, grounding exercises and therapy can help expand and maintain one's window of tolerance

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BENEFITS OF BREATHING EXERCISES

- Lung function
- Quality of life
- Reduces stress and anxiety
- Reduces blood pressure
- Regulates heart rate
- Healthy individuals inhale and exhale steadily which leads to good heart rate

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Breathing Exercises

- Sympathetic nervous system (SNS)
  - Uses chemicals like adrenaline to fuel the body and brain to take action
- Parasympathetic nervous system (PNS)
  - Helps regulate basic body functions like digestion, sleep, and dream cycles
- When we inhale, we stimulate the SNS (increases heart rate)
- When we exhale, it stimulates the PNS (decreases heart rate)
- If a person has experienced trauma, their SNS and PNS are out of sync and are vulnerable to overrespond to relatively minor stressors

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MEDITATION BENEFITS

- Relaxation induced by meditation helps stabilize the nervous system
- Helps sync sympathetic nervous system (SNS) and parasympathetic nervous system (PNS)
- Leads to an increased feeling of calm and well-being
- Helps quiet the mind

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YOGA BENEFITS

- Uses a combination of breathing, meditation, and stretches
- Reduces muscle tension and gain flexibility and strength
- Improve quality of life
- Reduces stress and anxiety
- Increase flexibility
- Lowers blood pressure

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BENEFITS OF GUIDED IMAGERY

- Improve quality of life
- Reduces stress and anxiety
- Increase creativity
- Higher self-esteem and confidence
- Improve digestive health
- Improve sleep

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COLORING ACTIVITIES

- Benefits of coloring
    - Coloring utilizes the areas of the brain that enhance focus and concentration
    - Reduces Stress and Anxiety
    - Increase Creativity
    - Improves Relaxation
- Notice the color choices
- Notice the design you are coloring
- Take note of how your hand and fingers move on the page
- Pay attention to how the color fills the space
- Coloring can be started and resumed at a later time

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BENEFITS OF GROUNDING EXERCISES

- Use five senses to help with distress
- Help refocus on the present moment to distract from triggers or anxiety
- Improves emotional regulation
- Feel more grounded
- Grounds you in the present moment and pulls you away from intrusive thoughts and feelings
- Reduces Stress and Anxiety

Grounding Techniques!

1 PTSD — Post-traumatic stress disorder

2 — Dissociation

3 — Panic attacks

4 — Anxiety

5 — Depression

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TRAUMA-INFORMED CARE IN ORGANIZATIONS

- **Trauma-informed environments promote healing and improved physical health and overall well-being of individuals and their communities.**

Suggestions for creating a trauma-informed organization:

Involving and engaging family in program development, implementation, and evaluation.

Promoting patient resilience, enhancing protective factors, and addressing the trauma.

Enhancing staff resilience and addressing secondary traumatic stress.

Assessing trauma-related somatic and mental health issues.

Providing coordinated, integrated care across systems

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NURSING FACILITIES THAT USE THESE ARE BETTER EQUIPPETED TO PROVIDE CARE SAFTY AND WELL_BEING FOR RESIDENTS WITH A HISTORY OF TRAUMA

Realize the Widespread Impact of Trauma: Anyone can be impacted by trauma. Staff at all levels should have a basic understanding of trauma and be aware of residents with a history of trauma. _Awareness_ - Understand the impact that trauma can have on a resident's thoughts and behaviors

Recognize The signs and Symptoms of Trauma: _Triggers_ - Residents with a trauma history can be impacted by sights, sounds, smells or thoughts that remind them of a past traumatic experience. Recognize that triggers will differ for each resident based on their experience of trauma. _Facilitate Effective Responses_ - Person-centered interventions should be a part of the resident's care plan that identify effective strategies that nursing facility staff can use when triggers occur.

Respond with a TI Response: _System-Level Response_ - Offer training and implement policies and procedures to create a trauma-informed environment. Nursing facility staff at all levels of care are responsible for providing a safe environment for residents. _System-Level Approach_ - Maintain an awareness that exposure to trauma can be direct or indirect and affect everyone. Staff should be trained to identify secondary trauma, compassion fatigue and burnout.

Resist Re-Traumatization by Assessing the Environment: _Avoid Re-Traumatizing_ - Anticipate and be sensitive to the needs of residents who have experienced trauma. _Environmental Assessment_ - Evaluate the environment and program operations that could cause a traumatic response. A facility that recognizes the impact of trauma and puts measures in place to avoid re-traumatization promotes a safer environment

Retrieved 9/21/25: https://nursinghomebehavioralhealth.org/wp-content/uploads/2024/04/COE-NF-Apply-the-4Rs-to-a-Trauma-Informed-Approach-in-Nursing-Facilities-FINAL_508.pdf

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TRAUMA-INFORMED ORGANIZATIONS

To evaluate the use of trauma-informed care in your organization, consider these assessment questions:

Does your organization provide training on trauma-informed care for all staff members?

Are policies in place to ensure a safe and supportive environment for clients?

How does your organization incorporate client feedback into service delivery?

Are staff trained to recognize and respond to signs of trauma in clients?

Does your organization collaborate with community resources to support clients' needs?

How is trauma-informed care integrated into your organization's mission and values?

- https://www.traumatransformed.org/documents/tia_orchard.pdf

LINK TO SURVEY

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- **Supporting Staff Development**
  - Training and Education
  - Staff Supervision, Support and Self-Care
- **Creating a Safe and Supportive Environment**
  - Establishing a Safe Physical Environment
  - Establishing a Supportive Environment; Information Sharing- Cultural Competence; Privacy & Confidentiality; Safety and Crisis Prevention Planning; Open and Respectful Communication; Consistency and Predictability
- **Assessing and Planning Services**
  - Conducting Intake Assessments
  - Developing Goals and Plans
  - Offering Services and Trauma-Specific Interventions
- **Involving Consumers**
  - Involving Current and Former Consumers
- **Adapting Policies**
  - Creating Written Policies
  - Reviewing Policies

TRAUMA-INFORMED ORGANIZATIONAL SELF ASSESSMENT
100 QUESTIONS

Retrieved 9/21/25:
http://www.traumainformedcareproject.org/resources/Trauam%20Informed%20Organizational%20Survey_9_13.pdf

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SOCIAL WORK & NURSING

CODES OF ETHICS

- Interdisciplinary groups
- Discuss and Compare your Code of Ethics
  - Similarities
  - Differences

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Similarities

Commitment to Clients/Patients

Respect for Autonomy

Confidentiality

Advocacy

Professional Integrity

Differences

Scope of Focus:

Social Workers often engage with broader social systems, including families, communities, and policy advocacy.

Nurses focus more on direct clinical care, patient outcomes, and health promotion within medical settings.

Primary Ethical Lens:

The Social Work Code is deeply rooted in addressing social justice, systemic oppression, and the social determinants of health.

The Nursing Code emphasizes patient-centered care, clinical competence, and responsibilities within healthcare team

Ethical Decision-Making

Social Workers may weigh community impact and social policy more heavily in ethical dilemmas.

Nurses often navigate clinical ethics involving life-sustaining treatment, informed consent, and medical safety.

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Questions for Social Workers

Based on the NASW Code of Ethics

How do you navigate situations where a client's right to self-determination conflicts with what you believe is in their best interest?
(Applies to Core Value: Dignity and Worth of the Person)

What steps do you take to maintain professional boundaries while still building strong therapeutic relationships?
(Applies to Core Value: Integrity and Professional Conduct)

How do you advocate for social justice when working in institutions or systems that may uphold inequity or oppression?
(Applies to Core Value: Social Justice)

Questions for Registered Nurses

Based on the ANA Code of Ethics

How do you balance respecting a patient's autonomy with your responsibility to promote safety in clinical decision-making?
(Applies to Provision 1: Respect for Human Dignity & Provision 2: Commitment to the Patient)

What role does self-care play in your ability to provide ethical care, especially in high-stress or understaffed environments?
(Applies to Provision 5: Duty to Self and Others)

How do you handle situations when institutional policies conflict with what you believe is ethically appropriate for patient care?
(Applies to Provision 6: Ethical Environment & Provision 9: Advocacy for Social Justice)

Code of Ethics
[kōd ŏv 'e-thiks]

A set of rules and principles designed to encourage ethical conduct among a group of professionals.

Investopedia

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ETHICAL DECISION-MAKING MODELS

Stop and think
- Recognize the ethical decision and avoid making a rash decision.
- For example, should I download music illegally?

Clarify goals
- Understanding our goals, both long-term and short-term, can help us determine our desired or expected outcome.
- For example, my goal is to have a wide variety of music on my iPod.

Determine facts
- When determining facts, we need to consider our source of information. For example, is the source credible?
- For example, facts might include that it is illegal to download music and I could get caught.

Develop options
- Look at possible options by brainstorming a list of options.
- For example, option one: download music; option two: don't download but purchase the song instead.

Consider consequences
- Who and what will be affected by my choice? What good and what harm could my choice bring?
- For example, the harm might include the following: downloading for free means that the artist is not being paid for it, the artist may stop producing music. The good might include the fact I would have this song on my playlist.

Choose, monitor, modify
- Make your ethical choice and after the choice is made, consider if it was the right one, how you felt about it, and what you might do different next time.
- For example, I choose not to download. After making that choice, I consider if that was the right choice.

The Ethical Dilemmas Facing Nurses

Even with a code of ethics in place, nurses may still encounter scenarios that make adhering to these principles difficult. It's important for nurses to recognize the potential for the following situations, so they're prepared to make the most ethically sound decisions possible:

Protecting a patient's rights

Patient confidentiality breaches

Receiving fully informed consent to treatment

Respecting a patient's cultural or religious beliefs

Life event decision-making

Sources: American Nurses Association, BMC Nursing

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ETHICAL DILEMMAS

How do you navigate ethical dilemmas in your environment and profession?

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INTERPROFESSIONAL CASE DISCUSSION

In small interprofessional groups (including nurses, other healthcare professionals, and at least one social worker), select a case scenario to explore. As a team, discuss the following:

•How would each profession approach and manage the situation?
•In what ways might those approaches differ?
•What ethical challenges are involved?
•How would each profession determine a course of action?
•How could the team collaborate to decide on a shared path forward?

Be prepared to share key insights from your discussion with the larger group.

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DILEMMA 1: "SAFETY VS. AUTONOMY – THE USE OF RESTRAINTS"

Scenario:
An elderly resident with advanced dementia repeatedly tries to leave the secured memory care unit, putting themselves and others at risk. The nursing team has used a soft lap belt restraint to prevent falls. The social worker, citing the resident's past wishes and dignity, expresses concern that this violates their right to autonomy and a restraint-free environment.

Ethical Tension:
Balancing patient autonomy and dignity with safety and legal risk, while navigating differing professional values.

Discussion Questions:

What are the professional and ethical responsibilities of nurses and social workers in this scenario?

How do we define and uphold a "restraint-free" culture in real-world conditions?

What alternatives could be explored before or instead of restraint?

How might interdisciplinary collaboration reduce moral distress and support ethical decision-making?

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DILEMMA 2: "DO EVERYTHING?" – CODE STATUS AND FAMILY COMMUNICATION AT END OF LIFE

Scenario:
A resident with metastatic cancer is actively dying, but their family insists the staff "do everything," including full resuscitation efforts. Nurses feel this request contradicts best medical practices and prolongs suffering. The social worker has built rapport with the family and understands their fear and cultural expectations around fighting until the end.

Ethical Tension:
Clashing values between medical futility, professional integrity, family wishes, and cultural or emotional realities.

Discussion Questions:

How should clinicians navigate ambiguous or unrealistic family expectations around "doing everything"?

What does ethical communication about code status look like in this context?

How can nurses and social workers collaborate to support both the patient's dignity and the family's grief process?

When does honoring family wishes cross the line into moral injury for the care team?

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DILEMMA 3: "CARING FOR THE SELF WHILE CARING FOR OTHERS" BURNOUT, STAFFING, AND ETHICAL EROSION

Scenario:
Due to chronic staffing shortages, nurses are routinely unable to take breaks, and social workers are carrying unsustainable caseloads. Leadership encourages resilience but offers few structural changes. A nurse snaps at a patient. A social worker begins emotionally withdrawing from clients. Both are experiencing moral distress.

Ethical Tension:
Maintaining professional standards and compassion under systemic strain, while honoring the duty to care for oneself and others.

Discussion Questions:

How do you recognize and respond to ethical erosion in yourself or colleagues?

What does "duty to self-care" mean in the context of Provision 5 of the ANA Code?

How can ethical practice be sustained in the face of structural limitations?

What is the ethical responsibility of leadership in preventing burnout and moral injury?

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DILEMMA 4: "SPEAK UP OR STAY SILENT?" – RACISM, EQUITY, AND WHISTLEBLOWER FATIGUE

Scenario:
A Black resident reports feeling disrespected by a Nursing staff member. A social worker hears this and brings it to leadership but is told, "That staff member's just old school – they didn't mean anything by it." A nurse later tells the social worker, "You're going to get a reputation for stirring things up." The social worker feels torn between advocating for justice and protecting their job.

Ethical Tension:
Navigating the duty to advocate for equity and patient dignity in a culture that punishes those who speak out.

Discussion Questions:

What is the ethical responsibility of staff when they witness discriminatory behavior?

How can we create safer systems for speaking up about racism or bias in healthcare?

How do fear and retaliation culture undermine ethical practice and trust?

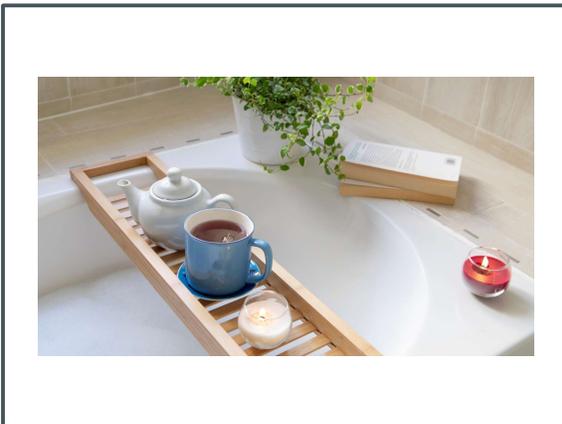What support do nurses and social workers need to act as ethical leaders in their settings?

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At what level do you recognize you are under stress?

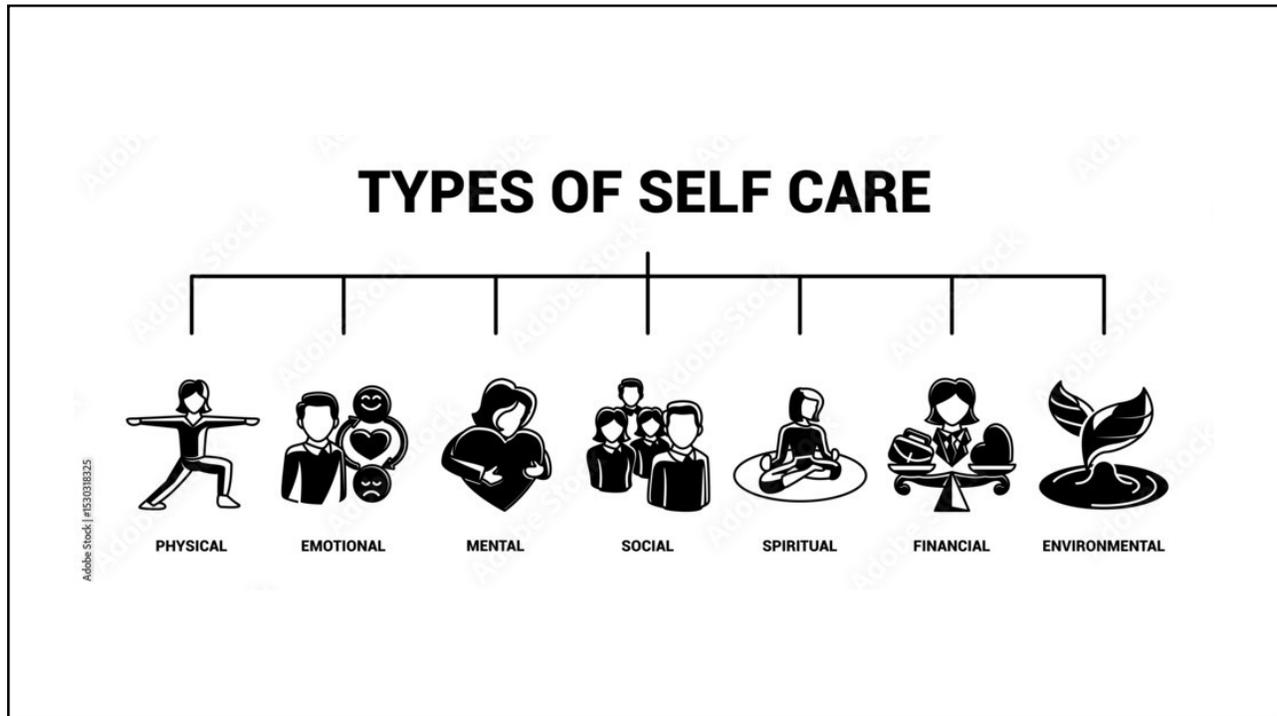**What are your "symptoms" of your stress?**
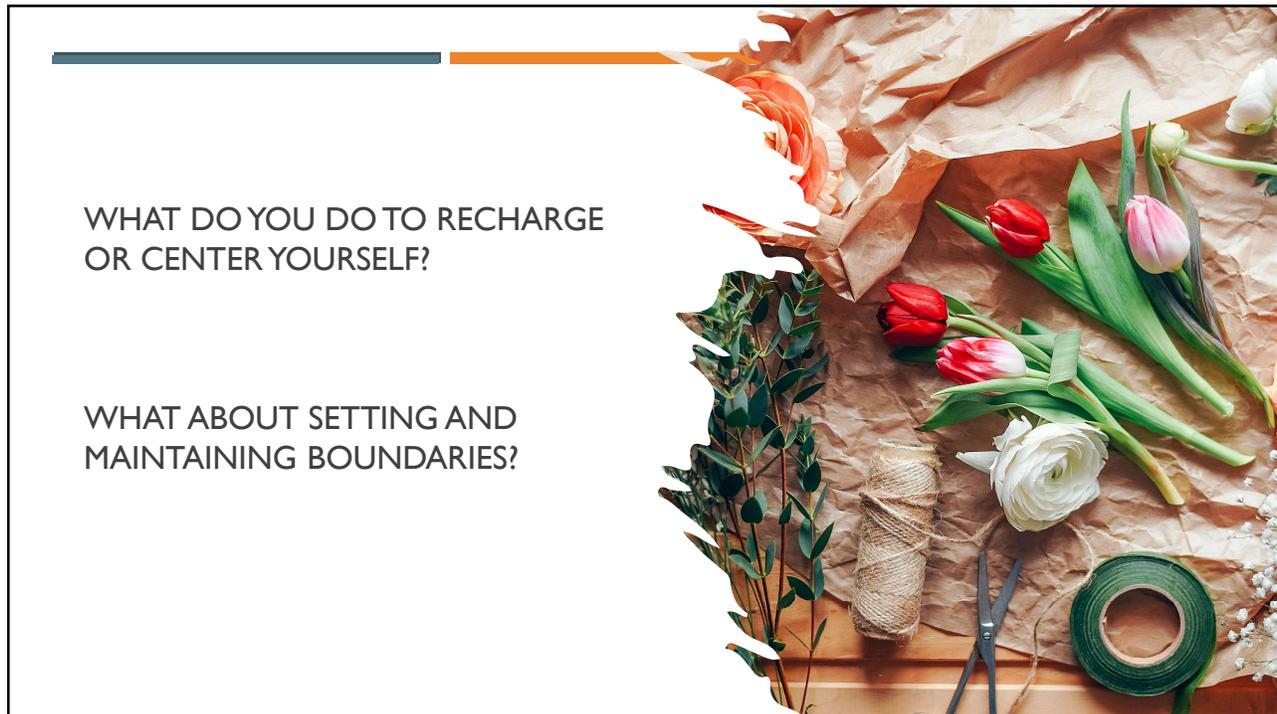

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SELF-CARE

- A dysregulated professional cannot regulate another dysregulated individual
- If you don't give back to yourself, you simply will not be effective as a nurse, social worker, supervisor, support, administrator, spouse, parent, sibling, child….
- Many people feel guilty about taking care of themselves
  - View self-care as selfish
  - It is essential
 - Must take care of ourselves so we can bring our best selves

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TYPES OF SELF CARE

PHYSICAL EMOTIONAL MENTAL SOCIAL SPIRITUAL FINANCIAL ENVIRONMENTAL

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WHAT DO YOU DO TO RECHARGE OR CENTER YOURSELF?

WHAT ABOUT SETTING AND MAINTAINING BOUNDARIES?

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Practice Mindfulness

- Being mindful helps to deal with undue stress and emotions by paying attention and staying in the present moment
- It's not about stopping any unwanted stress or anxiety, but rather allowing those moments to pass without your body reacting in a negative way
- Building awareness by focusing your attention and identifying what you're feeling
- Let yourself feel everything, be open to both positive and negatives
- Don't push away unpleasant thoughts or emotions
- Stay in the present moment and focus on what you are currently doing
- Avoid multitasking as this is mentally draining
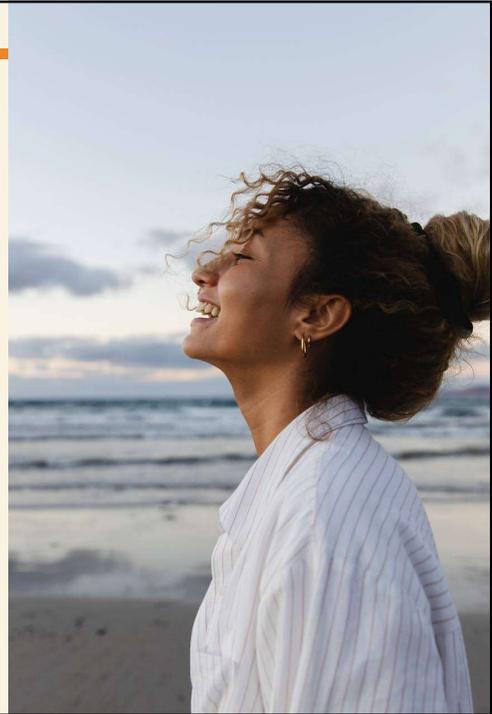
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COMMIT TO ONE DAILY THING THAT YOU CAN DO TO RECHARGE YOU

Write it down-

Tell a co-worker

Tell someone you care about

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THANK YOU

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