



COMPASSION IN ACTION WEBINAR: COMPASSION AND SAFETY: A TRAUMA-INFORMED APPROACH FOR PATIENTS AND PROVIDERS

INTRODUCTION

Patient safety events impact not just patients, but also the healthcare team members who care for them. Clinicians can experience emotional distress, guilt, and loss of confidence – which can be compounded by legal consequences and professional repercussions. The emotional aftermath of these events may contribute to a culture of fear in healthcare settings, making it harder to learn from mistakes and improve patient care. This webinar, featuring **Maria Gonsalves Schimpf, MA, MT-BC**, well-being leader at Boulder Community Health, and **Dr. Read Pierce**, chief quality, safety, and transformation officer at Denver Health, explored how grounding patient safety improvement efforts in compassion science benefits both patients and providers. Panelists highlighted the connection between burnout, compassion, and patient safety, providing practical strategies for implementing trauma-informed practices in healthcare settings.

UNDERSTANDING BURNOUT IN HEALTHCARE

Dr. Pierce presented the three core components of burnout:

- **Emotional exhaustion:** Taking home negative emotional residue from work
- **Depersonalization:** Disengaging from human connection to avoid emotional burden
- **Low sense of personal accomplishment:** Feeling a lack of professional impact and achievement

Research shows that burnout is not solely an individual issue but is significantly influenced by workplace culture and system efficiency. Recent neuroscience research suggests that merely reducing burnout to zero is insufficient; organizations must also nurture:

- **Emotional thriving:** Tapping into positive emotions like compassion in daily work
- **Emotional recovery:** Building capacity to bounce back from stressful circumstances

Burnout is, at its core, the impaired ability to routinely experience positive emotion.

THE IMPACT OF EMOTIONS ON STRESS AND RECOVERY

Emotional experiences at work have measurable physiological effects. Research demonstrates that negative emotions can keep physiological stress responses elevated longer than positive emotions. This translates directly to clinical outcomes:

- Clinicians experiencing burnout show decreased quality and safety performance
- Teams with burned-out members demonstrate reduced diagnostic accuracy and procedural success
- Patients are less likely to follow care recommendations from burned-out providers



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Healthcare professionals tend to be particularly self-critical. When providers experience a medical error, they often enter a self-reinforcing cycle:

- Making a mistake leads to self-blame
- Self-blame increases burnout
- Increased burnout makes future errors more likely

Breaking this cycle requires cultivating individual coaching as well as systems-level interventions that introduce more compassion and self-compassion into the error response process.

TRAUMA-INFORMED APPROACHES IN HEALTHCARE

A trauma-informed approach serves as a lens to ensure physical, emotional, and psychological safety for both patients and providers. This approach recognizes that high exposure to stress and trauma, including adverse events and medical errors, significantly impacts well-being.

A few key principles of a trauma-informed approach include:

- **Safety:** Creating emotionally, psychologically, and physically safe environments
- **Peer support:** Integrating peer support culture for mutuality and authentic connection
- **Empowerment, voice and choice:** Involving healthcare workers in decision-making and solution-finding

Trauma can be understood through three components (the Three Es):

- **Event:** Actual danger or perceived threat of harm, experienced directly or indirectly
- **Experience:** Personal perception and response to the event, which may trigger physiological threat responses
- **Effect:** The lasting impact, which varies widely between individuals

Importantly, support following a traumatic event can prevent adverse reactions from developing.

LIMITATIONS OF CRITICAL INCIDENT STRESS DEBRIEFING

Conventional approaches to post-incident response, like critical incident stress debriefing (immediate retelling of traumatic events) may not reduce post-trauma symptoms and could potentially harm some individuals. Key concerns include:

- Re-exposure to trauma through retelling can lead to re-traumatization
- Staff may not be ready to reprocess the event
- Standardized debriefing doesn't allow individuals to control their exposure level



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STRESS AND PSYCHOLOGICAL FIRST AID

As evidence-informed alternatives to debriefing, Psychological First Aid (PFA) and Stress First Aid offer a framework for providing safety, support, and comfort following stressful events without requiring reexperiencing or reviewing event details.

Research shows that when employees perceive their organizations as supportive and caring, they experience lower levels of trauma. Key interventions include creating psychologically safe environments for sharing personal experiences and providing spiritual care support. To learn more about the Schwartz Center's Stress First Aid program for healthcare workers, visit: theschwartzcenter.org/programs/stress-first-aid

THE ROLE OF PSYCHOLOGICAL SAFETY

Psychological safety—defined as “the belief that no one will be punished or humiliated for speaking up with ideas, questions, concerns, or mistakes”—is essential to trauma-informed approaches. It enables healthcare workers to:

- Ask questions
- Disclose mistakes
- Seek help without fear of judgment

PRACTICAL IMPLEMENTATION IN EVENT REVIEW PROCESSES

The webinar offered a systematic approach to integrating compassion and trauma-informed practices into each phase of the event review process. Some key recommendations for each step include:

1. First 24 Hours: Peer and Institutional Support

- Shift from “debriefing” to emotion-focused peer support
- Ask “How are you doing emotionally?” rather than “Tell me what happened”
- Establish dedicated peer support teams
- Create known, accessible support resources

2. In-Depth Review: Compassionate Communication

- Begin with personal check-ins: “How are you doing as a person?”
- Acknowledge that case reviews often trigger strong emotions
- Explain the review process transparently
- Offer explicit emotional support separate from case facts



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3. Group Meetings: Creating Safe Spaces

- Proactively reach out to those who may be anxious about group review
- Acknowledge the stress of participating in review processes
- Explicitly invite compassion and self-compassion into the meeting
- Create space for emotional processing separate from case analysis

4. Solution Design: Inclusive Improvement

- Involve those impacted by the adverse event in designing solutions
- Recognize that participation in improvement is a form of healing
- Avoid the temptation to delegate solution design solely to quality teams

5. After the Storm: Ongoing Support

- Circle back with affected individuals 15-30 days after the event
- Continue to check on emotional well-being
- Recognize that people process at different rates and may need ongoing support

ORGANIZATIONAL TRANSFORMATION

Organizations can progress from being trauma-organized (fragmented, chaotic, reactive) to trauma-informed (recognizing impact, responding appropriately, resisting re-traumatization) to becoming a healing organization (integrated, reflective, collaborative).

A healing organization:

- Incorporates reflective practice into all work
- Promotes self-compassion throughout its culture
- Cultivates compassion within transactional processes
- Reduces trauma by becoming stress-reducing rather than stress-inducing

CONCLUSION

Healthcare organizations have a significant opportunity to transform how they respond to adverse events by adopting trauma-informed approaches that center compassion for both patients and providers. By recognizing the emotional impact of adverse events, shifting from critical incident debriefing to Psychological and Stress First Aid, and intentionally incorporating compassion into event review processes, organizations can create environments that support healing, reduce burnout, and ultimately improve patient care.



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Implementing these approaches requires executive sponsorship, training quality and safety staff in trauma-informed practices, and embedding compassion metrics into organizational scorecards. The result is a healthcare system that heals more and harms less, maintaining human connection even through the most challenging circumstances.

Watch the full webinar here:

theschwartzcenter.org/programs/compassion-in-action-webinars