

Trauma Informed Care and its Relevance to Healthcare

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NUR3007H00 Behavioral Health

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10/20/2024

Trauma-Informed Care: Integration into Nursing Practice

Trauma-informed care is used to describe the idea that healthcare must recognize the profound impact that trauma can have on an individual's life. Not only does it target improving the understanding of the effects of trauma on a patient's behavior, but it also is focused on the maintenance of a supportive environment. TIC in nursing is necessary to improve patient outcomes and garner a therapeutic space that is sensitive to the needs of someone experiencing traumatic circumstances.

Taking a closer look at trauma-informed care reveals the need for acknowledgment of traumatic experiences for patients. According to Smith et al. (2022), TIC involves recognizing the signs and symptoms of trauma in patients, staff, and others involved in the care process. It emphasizes six fundamental principles: safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment and choice, and cultural, historical, and gender issues (Jones & Lee, 2023). These six pillars of TIC provide a framework for the healthcare team to follow and respond to. The goal is to shift from asking, "What is wrong with you?" to "What has happened to you?" in interactions with patients (Williams et al., 2021). This point should resonate with healthcare professionals, as it is expected to see a lack of empathy and understanding for patients grieving these experiences.

The integration of TIC into daily nursing practice requires the use of up-to-date evidence-based practice concerning patient safety and quality communication. Brown et al. (2023) highlight the importance of creating a safe physical and emotional environment for patients, which involves minimizing potential trauma triggers in healthcare settings. Sensory triggers for some patients can manifest in bright lighting, over-audibility of activities outside their room, and even a level of privacy.

Compassionate communication conveys empathy and understanding when practicing TIC. Harris and Miller (2022) emphasize that explaining procedures in detail, addressing patient concerns, and involving them in decision-making processes can significantly reduce feelings of anxiety and uncertainty. This process leads to a trusting relationship between healthcare providers and their patients. Patient engagement in the plan of care is directly correlated with their perceived amount of autonomy and knowledge of care management.

According to Johnson et al. (2024), involving a multidisciplinary team—including nurses, mental health professionals, and social workers—ensures that all aspects of a patient’s well-being are addressed. Cohesion between disciplines allows for the creation of more comprehensive plans of care, allowing TIC to become a focal point in treatment. The inclusion of a social worker improves the continuity of care post-discharge from a facility, which can mean several things. A patient may be unaware of mental health resources local to them or unable to access them entirely without the assistance of a social worker. Support groups and recovery communities are things outside of healthcare facilities that can drastically shift the course of a traumatized patient and provide insight into how others cope with these experiences.

As with any other evidence-based intervention, the integration of trauma-informed care does not come without its rigid barriers. Smith et al. (2022) highlight that TIC requires a change in the traditional medical model, which often focuses primarily on physical symptoms rather than the underlying causes of distress. In rural and underserved communities, trauma-informed care typically takes a back seat to a patient's physiological medical issues, even though addressing their trauma is necessary for the patient to return to their baseline of health and wellness. Time limits the level of patient interaction the healthcare team can have, especially in terms of engaging in detailed conversations and practicing patient-centered interventions. For these

reasons, an institutional degree of effort is needed to shift how healthcare is viewed and empathize with patients.

The potential benefits of trauma-informed care are significant. Using trauma-informed care would benefit broader metrics such as patient satisfaction and treatment adherence. Brown et al. (2023) found that patients receiving trauma-informed care are more likely to engage in their care plans and feel respected by their providers. As medical information becomes increasingly accessible to the public, patients use mediums like the Internet to receive second opinions on their treatment. This, unfortunately, leads to more distrust between patients and their healthcare providers. More than ever, it is imperative to listen to patients' concerns about their care and educate them about misinformation. In those who have a history of re-traumatization, trauma-informed care may reduce the recurrent trauma that occurs for these patients. Therefore, these patients consume less acute resources and allow others to be treated.

Trauma-informed care (TIC) embodies a transformative approach to healthcare. Healthcare workers can improve their communities' resilience and rate of recovery by focusing on key factors of patient care: safety, trust, and patient empowerment. TIC increases transparency in healthcare and facilitates effective communication and true patient-centered care.

References

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