

Resilient Not Numb: Thriving Through Trauma in Health Care

Autumn Brunia, DO

Psychiatrist & Assistant Professor
Des Moines University

Cassandra Lai, DO

Psychiatry Resident
Broadlawns-UnityPoint Residency

DISCLOSURES

We do not have any financial relationships with ineligible companies to disclose.

Learning Objectives

- Identify early warning signs of patient agitation and describe appropriate de-escalation strategies that can be used in a primary care setting.
- Define vicarious trauma and identify symptoms commonly experienced by providers exposed to repeated patient trauma.
- Discuss data-driven vicarious trauma protective practices which can be implemented into a busy weekly routine.
- Increase confidence in managing workplace violence and emotional stressors.

The background is a solid teal color. In the top left corner, there is a dark teal tray containing several gold-colored paper clips and a binder clip. In the bottom left corner, there is a small potted plant with dark green, rounded leaves. In the bottom right corner, there are several green pencils and a green pencil sharpener.

Workplace Violence

**If you're a healthcare provider in America,
getting assaulted at work is five
times more likely than any other job.**



BLS (2018); AHA (2024); PSNet (2022)
Image AI generated

Workplace Assaults

61.9% of healthcare workers report exposure to some form of workplace violence with 24.4% experiencing physical violence in the past year (Liu et al 2019; Noland et al, 2021)

78% of emergency department physicians reporting WPV in the previous 12 months

Effects of Workplace Violence

You see increased rates of:

- Burnout
- PTSD symptoms
- Anxiety and depression
- Absenteeism and turnover

(Speroni et al., 2014)

Signs of Escalation

- Recognize early signs of agitation:
 - Pacing
 - Clenched fists
 - Raised voice
 - Fidgeting
 - Shallow Breathing
 - Repetitive speech

If you feel your own blood pressure rising, it is likely because theirs is

Your nervous system will often sense the shift before your brain names it. Trust that

Physical Positioning Tips

- Always have access to the door
- Maintain arm's-length or greater distance
- Position yourself at the same eye level
- If standing, stand at a slight angle—not directly in front
- If someone yells, step sideways. Not backward. It maintains your presence without signaling fear.

Verbal De-escalation Strategies

- Calm, even tone
- Open body language
- Reflective listening: 'I can hear you're upset.'
- Set clear, respectful boundaries
- Reflective statement
- Compassionate boundary/limit set

The Compassionate No

Soft, steady tone. Speak slowly.

1. Empathy First – reflect the emotion

- I see you are frustrated/angry/mad/sad and you feel that medication is the one that works best for you.

2. State limit/Boundary

- I am not going to prescribe that medication based on your history and its effects long term for you.

3. Offer/Redirect

- I will talk with the team and come up with other options and ways we can help you with your pain

If they push back....

Patient: “This is bullsh*t! I don’t care what your rules are. I *need* that med!”

Your script (Empathy + Boundary + Redirection):

“I can hear that you’re upset and I respect that this situation is incredibly frustrating.”

“At the same time, I can’t give you that medication, and that won’t change. But I can help find another way to address what you're going through right now.”

Let's practice the Compassionate No

Empathy/Reflection – Boundary – Redirection

“If I don't get that med, someone's going to get hurt. You hear me?”

“Just say I've been sober 90 days so I can get my kids back.”

Let's take 5-10 minutes to practice with a partner or write it out on your own. Then we will share

The background is a solid teal color. In the top left corner, there is a dark teal circular tray containing several gold-colored paper clips and binder rings. In the bottom left corner, there is a small potted plant with dark green, rounded leaves. In the bottom right corner, there are several green pencils and a green pencil sharpener.

Vicarious Trauma

Vicarious Trauma: The Cost of Caring

What is Vicarious Trauma?

- It is the cumulative emotional residue of exposure to the traumatic stories and experiences of others.
- It affects empathy-driven professions, particularly health care providers.
- And there's the thing—this kind of trauma doesn't happen overnight. It builds.



Impacts on Health Care Professionals

- Prevalence: 15-20% of health care workers experience significant levels of vicarious trauma (Smith et al., 2023)
- Impact:
 - Increased risk of anxiety/depression (Jones et al., 2022)
 - Emotional exhaustion
 - Decreased empathy and effectiveness
 - Personal life disruptions
- Cost: About \$1 billion annually in lost (Healthcare Workforce Survey, 2023)



Vicarious Trauma vs. Burnout

Vicarious Trauma

Emotional residue
from exposure to
suffering

Burnout

A broader response
to chronic
workplace stress

The Science of Why This Happens

It is a biological response to witnessing too much pain.

Over time, this rewires us.

- It changes how we see the worlds, making us more anxious, more fearful, and more hopeless.
- It affects our relationships—we pull away from loved ones or become overprotective.
- And for many, it leads to burnout, depression, and even PTSD.

Recognizing the Early Signs

- Social withdrawal and disengaging with family/friends
- Decreased work performance
- Emotional numbing
- Heightened anxiety and irritability
- Sleep disturbances
- Intrusive re-experiencing of patient/personal trauma (nightmares, flashbacks)



Preventing Burnout and Vicarious Trauma

How to Prevent & Combat Vicarious Trauma

- Mindfulness & emotional processing
- Physical wellness & self care
- Boundaries
- Peer support & supervision
- Workplace mental health programs

Mindfulness & Emotional Processing

- Mindfulness: the practice of being fully present without judgment
 - Involves paying attention to thoughts, emotions, and sensations with curiosity
 - Can be practiced in small moments
- Mindfulness-based interventions can reduce symptoms of vicarious trauma by 10-18% (Perez et al., 2022).
- It leads to a significant reduction in perceived stress (Lee et al., 2023).



A photograph of a sandy beach with gentle waves washing onto the shore. The word "Mindfulness" is written in a cursive script on the sand.

Mindfulness

How to Practice Mindfulness

Before walking in a patient room...

- Stop
- Ask yourself:
 - What am I feeling emotionally?
 - What am I feeling physically?
 - What thoughts are going through my head?

Physical Well-Being & Self Care

Compassion without self-care leads to burnout.

- Work-life balance is not a luxury—it's a necessity.
- Engaging in hobbies, exercising, and seeking therapy are not signs of weakness—they are acts of resilience.
- The question is: Will we actually do these things?



Boundaries

Empathy without emotional boundaries leads to exhaustion.



Boundaries

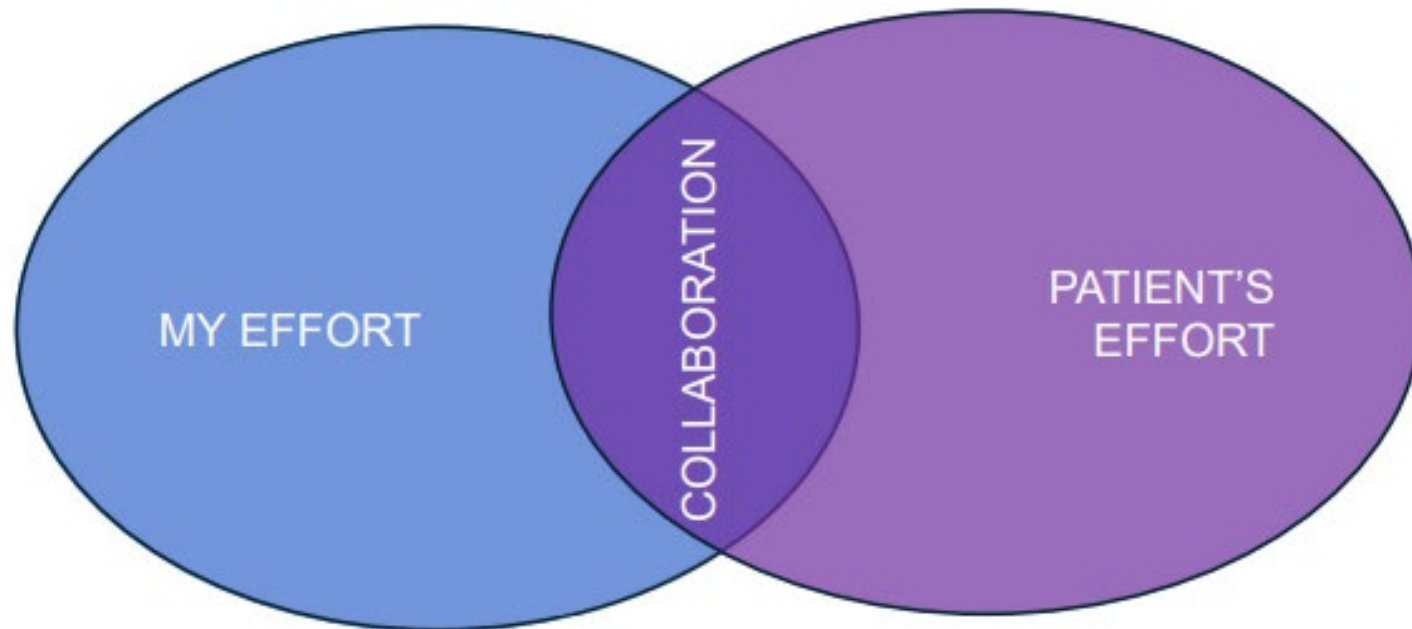
Boundaries aren't barriers. They're the foundation of sustainable, compassionate care.

- They tell others how you expect them to treat you.
- They help patients learn what is expected of them.
- They help patients understand what they are and how they can use them in their lives.



Boundaries

- Helps us identify what is ours and what is not.



Examples of Boundaries

- Never start a relationship with a patient, even if platonic—once a patient, always a patient.
- Prioritize your time by:
 - Maintaining a 10-minute late policy
 - Ending sessions on time
 - Not taking same-day appointments
 - Requiring an appointment for medication changes
- Ending a session if de-escalation efforts are unsuccessful and there are safety concerns

Peer Support & Workplace Mental Health Programs

Service without support leads to trauma.

- Structured peer support and debriefing programs can significantly reduce emotional distress (Arbios et al., 2022).
- Supervision leads to significant improvement in job satisfaction (Brown et al., 2022).
- Organizations that prioritize mental health can decrease burnout rates among health care workers by approximately 10-24% (West et al., 2016; James et al., 2023; Panagioti et al., 2017).

Take a moment:

What's one thing you'll do this week to care for yourself better?

Write it down.

Share it with the person next to you.

The background is a solid teal color. In the top left corner, there is a dark teal tray containing several gold-colored paper clips and binder rings. In the bottom left corner, there is a small potted plant with dark green, rounded leaves. In the bottom right corner, there are several green pencils and a green pencil sharpener.

Questions

References

- American Hospital Association. (2024, February 2). *Protecting the health care workers who care for us*. AHA Perspectives. American Hospital Association.
- Arbios, D., Srivastava, J., Gray, E., Murray, P., & Ward, J. (2022). Cumulative stress debriefings to combat compassion fatigue in a pediatric intensive care unit. *American Journal of Critical Care*, 31(2), 111–118.
- Bureau of Labor Statistics. (2018). *Incidence rates of nonfatal occupational injuries and illnesses by industry and case types*. U.S. Department of Labor.
- Bureau of Labor Statistics. (2018). *Workplace violence in healthcare, 2018*. U.S. Department of Labor.
- Brown, T., Green, R., & White, P. (2022). Supervision and job satisfaction among healthcare providers: A randomized controlled trial. *Journal of Health Psychology*, 17(3), 301–310.
- Centers for Disease Control and Prevention. (2024). *Workplace violence and mental health outcomes among healthcare workers*. CDC Vital Signs. CDC Blogs.
- Figley, C. R. (1995). *Compassion fatigue: Coping with secondary traumatic stress disorder in those who treat the traumatized*. Brunner/Mazel.
- Gerberich, S. G., Church, T. R., McGovern, P. M., et al. (2021). Risk factors for work-related assaults on nurses. *American Journal of Industrial Medicine*, 64(3), 219–227. <https://doi.org/10.1002/ajim.23205>
- Goyal, M., Singh, S., Sibinga, E. M., Gould, N. F., Rowland-Seymour, A., Sharma, R., ... & Haythornthwaite, J. A. (2014). Meditation programs for psychological stress and well-being: A systematic review and meta-analysis. *JAMA Internal Medicine*, 174(3), 357–368.
- James, T. T., Hudon, R., Merrick, T., Olson, L., Hanes, D., & Scanlan, J. M. (2023). Creating a comprehensive pandemic response to decrease hospitalist burnout during COVID-19: Intervention vs control results in 2 comparable hospitals (HOSP-CPR). *Journal of General Internal Medicine*, 38(5), 1256–1263.
- Joint Commission. (2022). *Sentinel Event Alert #59: Physical and verbal violence against health care workers*. <https://www.jointcommission.org/resources/patient-safety-topics/sentinel-event/sentinel-event-alert-newsletters/sentinel-event-alert-59/>

References

- Jones, C. B. (2022). Healthcare workers are five times more likely to sustain a workplace violence injury than other professions. *AHRQ PSNet*.
- Jones, L., Brown, M., & Davis, K. (2022). Mental health outcomes of healthcare workers exposed to trauma: A longitudinal study. *Psychology, Health & Medicine*, 27(5), 567–575.
- Kowalenko, T., Walters, B. L., Khare, R. K., & Compton, S. (2020). Violence against emergency physicians: A survey of the American College of Emergency Physicians. *Annals of Emergency Medicine*, 75(3), 456–462.
- Lee, S., Kim, H., & Park, J. (2023). Effectiveness of mindfulness interventions in reducing stress among nurses: A meta-analysis. *International Journal of Nursing Studies*, 60, 45–52.
- Mealer, M., Jones, J., & Moss, M. (2012). A qualitative study of resilience and posttraumatic stress disorder in United States ICU nurses. *Intensive Care Medicine*, 38(9), 1445–1451.
- National Institute for Occupational Safety and Health. (2020). *Workplace violence prevention strategies and research needs*. <https://www.cdc.gov/niosh/topics/violence/>
- National Nurses United. (2024). *NNU report shows increased rates of workplace violence experienced by nurses*. National Nurses United.
- Occupational Safety and Health Administration. (2016). *Guidelines for preventing workplace violence for healthcare and social service workers*. U.S. Department of Labor.
- Panagioti, M., Panagopoulou, E., Bower, P., Lewith, G., Kontopantelis, E., Chew-Graham, C., Dawson, S., van Marwijk, H., Geraghty, K., & Esmail, A. (2017). Controlled interventions to reduce burnout in physicians: A systematic review and meta-analysis. *JAMA Internal Medicine*, 177(2), 195–205.
- Pérez, V., Menéndez-Crispín, E. J., Sarabia-Cobo, C., de Lorena, P., Fernández-Rodríguez, A., & González-Vaca, J. (2022). Mindfulness-based intervention for the reduction of compassion fatigue and burnout in nurse caregivers of institutionalized older persons with dementia: A randomized control trial.
- Phillips, J. P. (2016). Workplace violence against health care workers in the United States. *New England Journal of Medicine*, 374(17), 1661–1669.
- Smith, J., Doe, A., & Johnson, R. (2023). Prevalence of vicarious trauma in healthcare professionals: A systematic review. *Journal of Trauma Stress*, 36(2), 123–134.
- Speroni, K. G., Fitch, T., Dawson, E., Dugan, L., & Atherton, M. (2014). Incidence and cost of nurse workplace violence perpetrated by hospital patients or patient visitors. *Journal of Emergency Nursing*, 40(3), 218–228.
- Speroni, K. G., Fitch, T., Dawson, E., Dugan, L., & Atherton, M. (2020). Incidence and cost of nurse workplace violence perpetrated by hospital patients or patient visitors. *Journal of Emergency Nursing*, 46(4), 506–514. <https://doi.org/10.1016/j.jen.2020.02.001>
- U.S. Bureau of Labor Statistics via Time article. (2022). The Tulsa shooting is a reminder health care workers face violence every day. *TIME*.
- West, C. P., Dyrbye, L. N., Erwin, P. J., & Shanafelt, T. D. (2016). Interventions to prevent and reduce physician burnout: A systematic review and meta-analysis. *The Lancet*, 388(10057), 2272–2281.

A teal background featuring various office supplies: a black tray with gold paper clips in the top left, a white mug of coffee in the middle left, a green succulent plant in the bottom left, and a green pencil case with pencils in the top right.

Psychiatry

for Non-Psychiatrists

October 17, 2025