

Employees and Organizations are Unwell: Incorporating Trauma-Informed
Practices into Higher Education

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Abstract

Higher education organizations and employees are unwell. Market volatility, violence, unstable budgets, uncertain futures, and common business practices are causing organizational trauma that is compounding the personal trauma individuals carry with them into the workforce. Higher education institutions must work swiftly to incorporate trauma-informed principles into their cultures if they hope to have healthy work environments and viable futures.

A literature review was conducted examining this crisis of trauma through the follower, leader, and institution/institutional effectiveness lenses. The literature was analyzed via followership, ethic of care, systems, and trauma-informed leadership theories. The analysis highlighted the fact that organizational trauma is prevalent, leaders and followers must heal from trauma, followers impact leaders, and systemic approaches are necessary for post-traumatic growth. There are ethical implications for ignoring this crisis of trauma and for addressing it too obtrusively; however, it must be addressed

Trauma-informed principles must be incorporated and codified into policies and practices across higher education institutions. Recommended policies and practices focus on committing to trauma-informed principles at all levels of the organization, mitigating the root causes of organizational trauma, and utilizing HR tools to enhance employee wellbeing. This investment in employee wellbeing will help attract and retain employees who can help support and retain students, which will ultimately benefit the institution's bottom line.

Keywords: trauma; trauma-informed principles; employee wellness; higher education; post-traumatic growth

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Introduction

Higher education organizations and employees are unwell. Market volatility, violence, unstable budgets, uncertain futures, and common business practices are causing organizational trauma that is compounding the personal trauma individuals carry with them into the workforce. Lloyd (2024) described trauma as “a deeply distressing or disturbing experience that overwhelms an individual’s ability to cope, resulting in long-term psychological, emotional, and physiological effects” (p. 289). Unfortunately, as noted by Elisseou et al. (2024), trauma is “one of the most under-recognized epidemics in the world,” and most adults have experienced at least one traumatic event in their lives (p. 198). Fisk and Daoust (2025) explained trauma is becoming increasingly common across frontline occupations. While workplace trauma can stem from major crisis events like active shootings and threats of or other acts of violence, Monahan (2025) told readers it can also come from sudden layoffs, restructuring, market volatility, and toxic organizational cultures and leadership.

Higher education employees often perform emotionally taxing labor in an environment fraught with budget cuts leading to sudden closures or layoffs and restructuring to make financial ends meet. These employees also live with the reality of potential violence via mass shootings, of which there were 20 in 2025 alone (Nelson A. Rockefeller Institute of Government, 2025) with four deadly mass shootings in 2025 happening at colleges and universities (Associated Press, 2025). Numerous studies across all employment sectors as well as studies specific to higher education show that in the wake of such trauma, employees are suffering emotionally and are drawn to employers that care for their mental health and wellbeing. Higher education institutions must immediately work to incorporate trauma-informed principles into their operations and cultures if they hope to have healthy workplaces, retain employees, and operate at peak

effectiveness. A thorough literature review will examine this crisis of trauma through three perspectives — institutions/institutional effectiveness, followers, and leaders. Themes in the literature will then be analyzed via systems, followership, ethic of care, and trauma-informed leadership theories. Ethical implications of both ignoring this crisis and providing overly intrusive interventions will be examined. Finally, a set of policy and practice recommendations for incorporating trauma-informed principles at the institution level will be provided.

Literature Review

A literature review was conducted to examine the crisis of trauma through three perspectives — institutions/institutional effectiveness, followers, and leaders. These perspectives impact each other, and the literature showed how trauma negatively impacts them all.

Higher Education Market Volatility

Higher education is unstable, leading many employees to feel stressed and justifiably concerned about their job security. The constant strain and worry about the industry's future is emotionally draining and, at times, traumatic.

Higher education budgets are in flux, causing financial instability and uncertain futures. According to Landry and Neubauer (2016), public funding for higher education reached its zenith in the 1970s and has since steadily declined as a result of federal policy choices. Most recently, higher education institutions are grappling with funding implications after the introduction of the Trump Administration's "One Big, Beautiful Bill." Carillo et al. (2025) described the bill's impact on higher education, which is a mixed bag of potentially positive or negative financial effects: Pell Grants will be expanded to include job-training programs, an institution's access to federal student loans will be impacted by the earnings of their graduates, and the institution's endowment will be taxed at a higher rate depending on the size of the endowment. In addition to these federal policies, Ward and Tierney (2018) explained state appropriations have decreased, and higher education budgets are often used as bargaining chips to balance state budgets (p. 1733). Ward et al. (2020) added this declining state funding was exacerbated by the COVID-19 pandemic after which, due to declining state tax revenues, states further curtailed higher education funding.

With no stability in sight, college budgets appear to be in a suspended state of punctuated

equilibrium. Punctuated equilibrium theory “involves environments of stability shifting into environments of instability” (Jordan, 2002, p. 206). As applied to budgets, “punctuated budget activity is the result of instabilities arising in agenda-setting. The infrequent but significant unstable moments create a window of opportunity for nonincremental changes to occur” (Jordan, 2002, p. 211). In Jordan’s (2002) discussion, it was assumed a stable status quo, albeit perhaps a new status quo, would emerge after the disruption of the previous status quo. Fotta (2024) applied punctuated equilibrium to higher education during the COVID-19 pandemic due to the massive losses in revenue streams. Fotta believed, four years later, higher education was still in recovery from the pandemic; however, because the pandemic exacerbated problems already brewing and six years later budgets are still unstable, it appears higher education could be in a prolonged or near-constant state of punctuated equilibrium, leading to increased stress and potential overwork for employees. Ultimately, institutions must, as explained by Foss (2022), clarify their value proposition and redesign their approaches to programs, services, and pedagogies. These quick pivots and unstable budgets create an environment of unknowns, including whether jobs or entire institutions have long-term security; in fact, many institutions are not surviving because they cannot recover financially.

The college closure data higher education employees read regularly is unsettling. In the first nine months of 2024, higher education institutions closed at a rate of one per week; specifically, 28 colleges closed in that timeframe, while only 15 closed in all of 2023 (Villeneuve and Sanchez, 2024). The number of closures decreased in 2025, but it was still higher than in 2023. According to Moody (2025a), in 2025, at least 16 nonprofit institutions announced closures. These closures included branch campuses at Pennsylvania State University, proving even large institutions were not immune to the financial headwinds. In addition to closures, there

were multiple mergers. Unfortunately, this environment may not improve in 2026 as three credit ratings agencies have issued unfavorable outlooks for higher education (Moody, 2025b).

Inside Higher Ed surveyed various stakeholders to learn their thoughts about the higher education landscape over the past year and looking forward, and just 28% of College and University Chief Business Officers were “highly confident” in their institution’s business model; most provosts worried about student aid and affordability, especially in light of changes from the One Big, Beautiful Bill. Infrastructure concerns due to deferred maintenance were also noted. College presidents largely found higher education to be ineffective in dealing with declining public trust. Finally, 43% of Chief Business Officers expect their institution to be better off financially in 2026, which is a decrease from 2025 (Flaherty, 2025). Clearly this environment is troublesome for leaders and followers, and it could negatively impact institutional effectiveness.

Job Satisfaction and Institutional Effectiveness

In 2023 and in 2025, the College and University Professional Association for Human Resources (CUPA) conducted retention surveys for non-faculty higher education staff. In the 2025 survey, one-fourth of higher education staff surveyed were likely or very likely to look for other employment, which was down from 2023 when one-third of staff reported they were likely or very likely to look for other employment; unfortunately, in 2025, most employees who were considering leaving reported actively taking steps to leave. Pay and workload continue to be drivers of seeking other employment, but overall job satisfaction has improved since 2023. Both surveys indicated younger employees, men, and employees of color are more likely to leave, and in 2025, the survey indicated non-supervisors are more likely to leave than are supervisors who have support (Bichsel et al., 2023; Schneider & Bichsel, 2025). Losing your workforce, particularly the younger members of the workforce, impedes succession planning and further

increases the workload of supervisors. This creates organizational instability and adds more stress on leaders who may already be juggling multiple priorities.

CUPA-HR (2024) conducted a trend analysis of faculty and staff turnover for voluntary and involuntary separations. They discovered in 2023-2024, all turnover combined was 14%, which was higher than pre-pandemic rates (approximately 12%) but was lower than 2022-2023 when overall turnover reached a high of 16%. Involuntary turnover rates were higher for staff than for faculty, while retirement rates were higher for faculty than for staff (“Findings on Overall Current Turnover”). This suggests higher education staff members may bear the brunt of budget cuts and downsizing.

While not a U.S. study, Bolden et al. (2025) conducted a study of UK higher education professionals and discovered excessive workloads, dysfunctional management, and poor pay are common factors for people who have left the field or who plan to leave the field. This turnover “places an additional burden on those who remain and challenges the capacity of individuals and institutions to deliver quality education, research, and external engagement” (p. 2). Their study also uncovered what the researchers call “knotted tensions” associated with professional identity, role purpose, and organizational change that complicate decisions to remain in or to leave the higher education profession. While these “knotted tensions” may not be expressed in the same way for U.S. higher education employees, the same themes echo throughout the literature and employee satisfaction surveys.

Although not specific to higher education, Mosseau (2023) noted that absenteeism and presenteeism (employees are present but not performing optimally) from stress and other mental health related issues cost organizations substantial amounts of money in lost productivity (p. 3). He added that to retain younger employees, organizations must adapt to their needs, which

include a focus on overall mental health and wellbeing and work-life balance (p. 3).

Richardson et al. (2025) noted that despite a plethora of human resource measurement instruments and tools, higher education has yet to apply these measurements and tools to mitigate turnover. The authors explained dashboards examining demographics, wellness and well-being, role clarity and environment, and compensation can help organizations conduct a risk analysis and implement policies and practices to mitigate risk. The policies and practices can proactively emphasize stress management and work-life balance, assist with career development and performance management, improve engagement and job satisfaction, improve wellness, and ensure compensation equity.

Employee and Organizational Wellness

The stress of workloads and market volatility combined with the emotionally challenging work with students creates an environment ripe for burnout and compassion fatigue in individuals and for poor organizational wellness overall. Burnout is largely defined as frustration and fatigue from excessive work demands (Dean et al., 2019). Compassion fatigue is secondary trauma that results from witnessing the suffering of others, and it can result in sleep and emotional disturbances leading to reduced empathy which unintentionally harms others (Perez & Bettencourt, 2024).

McNaughton-Cassill et al. (2023) explained that since the COVID-19 pandemic, faculty have struggled with burnout and compassion fatigue which were already present but were exacerbated by the pandemic. Teaching switched to online modalities faculty weren't fully trained to use, they did not have the emotional awareness to recognize their own burnout and compassion fatigue, and they were not properly trained to respond to the heightened emotional distress experienced by their students. Faculty need training on how to care for their students and

for themselves if this level of response to student emotional distress is expected to continue.

Perez and Bettencourt (2024) described compassion fatigue in student affairs professionals, explaining that many student affairs professionals fall victim to the “ideal-worker norms” which perpetuate the idea that “good performers” overwork themselves and sacrifice their wellbeing for the sake of students. Although the authors only focused on student affairs, these “ideal-worker norms” are problematic for all roles in higher education, even beyond student affairs, when people in these roles try to help students meet their basic needs. The prevalence of basic needs insecurity (homelessness, housing insecurity, and food insecurity) could lead most higher education professionals to engage in this emotional labor; as noted by Goldrick-Rab (2018) and Alonso (2023), sizable numbers of students are coping with basic needs insecurity. Perez and Bettencourt (2024) advocated for higher education institutions to adopt a “community care” model — a model in which the onus of combatting compassion fatigue is on the organization to create a humane, caring environment rather than placing the onus on the individual. In instances of community care, departmental leaders are particularly important in helping their followers rest and maintain healthy boundaries.

In speaking about the K-12 environment, Johnson (2022) noted that the prolonged stress of pandemic-driven changes in schools led to moral injury, burnout, and compassion fatigue in educators. According to Cullen (2022), moral injury is caused by prolonged stress, but it differs from burnout and compassion fatigue because moral injury is an injury to our character and our set of principles, to the fundamental way in which we perceive ourselves as human beings. Kvitsiani et al. (2023) described our character as our “moral code,” adding our moral code is an important part of our emotional wellbeing. Unfortunately, when we’re placed in situations that force us to violate our moral identity, we suffer moral injury which can lead to depression,

negative thoughts, and sadness (p. 2). Hanna et al. (2022) noted moral injury in higher education employees in the U.K. during the COVID-19 pandemic, claiming the pandemic exacerbated systemic issues that were already present and contributing to moral injury. Like Perez and Bettencourt (2024), Johnson (2022) championed the idea of a systemic approach to combatting burnout, compassion fatigue, and moral injury and to help people experience post-traumatic growth, saying in order for post-traumatic growth to occur, “we need to move away from believing that individual efforts toward wellness will be sufficient, that educator self-care practices, in and of themselves, can propel schools forward and out of this crisis of well-being.” Instead, there must be a system-wide effort to encourage organizational wellness (p. 70). Organizational wellness strategies should emphasize creating a sense of belonging, strengthening social-emotional intelligence, helping employees develop self-regulation strategies, and providing support for employees (pp. 71-73). Although Johnson was speaking about K-12, the same sentiments apply to higher education, which also experienced pandemic shifts and the resulting stress. Higher education organizations should also place an emphasis on organizational wellness.

While the emotional wellbeing of followers is important for organizational wellness, so is the emotional wellbeing of leaders; in fact, mid-level leaders are both followers and leaders, and they may experience the additional stress of this competing role strain. As noted by Koloroutis (2021), leaders need support and the ability to care for themselves before they can adequately support and care for others. Warner (2024) explained high levels of stress that come from leadership roles can adversely affect a leader’s mental health; thus, effective leadership depends on strategic thinking as well as on emotional stability and psychological resilience. Also, “a leader’s mental health sets the tone for the workplace environment, impacting team morale and

productivity” (“The Importance of Mental Health in Leadership”). Warner suggested various strategies for organizations to proactively enhance the wellbeing of leaders, such as regular mental health assessments, professional development and counseling, and work-life balance.

Leader Professional Development

Organizations must provide healthy work environments for employees, and this includes adequate leader support and professional development. Mosseau (2023) stressed the importance of mental health training for leaders; while leadership development programs often focus on developing emotional intelligence skills over time, they overlook mental health training. His research uncovered studies showing many employees generally believe their managers do not realize their own impact on team wellbeing, and they would like managers to do more to support the team’s mental health. According to Mosseau (2023), “mental health training is no longer a nice-to-have, but an essential competency to drive the performance, presence, and protection of employees” (p. 3).

INSEAD (n.d.) also emphasized the importance of mental health awareness for leaders, calling it “a vital leadership skill that is necessary for the long-term success of any organisation” (para. 1). Leaders must be able to identify the signs of mental health challenges, such as withdrawing from others, lack of interest in activities, significant mood changes, and deterioration in work output. Once an issue has been identified, leaders must be able to listen and ask questions via empathetic conversations.

In Bloom Project (2024) also stressed the importance of incorporating mental health training into leadership training, describing this as “a transformative shift that brings tangible benefits to organisations” via increased productivity, stronger team relationships, innovative problem-solving, and a positive workplace culture (“The Benefits of Mental Health-Focused

Leadership Training”).

Destructive Organizational Culture

Organizational culture is shaped by leader and follower behavior, and it can eventually become self-perpetuating. Although leaders have an important role to play in creating a safe and ethical organizational culture, Al Halbusi et al. (2021) pointed out that successful ethical leadership also relies on having ethical followers; in fact, having ethical followers can enhance ethical leadership. Unfortunately, followers can also enable destructive leaders and contribute to an organizational climate that may perpetuate emotional harm and trauma. Follower characteristics may also impact whether followers perceive certain leader behaviors as emotionally harmful or traumatic.

Moore et al. (2019) noted that although leaders can influence followers, those followers have the ability to self-regulate their behaviors and their level of moral disengagement. Moore et al. discovered that followers who are already morally disengaged can be more susceptible to engaging in deviant behaviors when they have unethical leaders. These deviant behaviors include things like unethical work behavior, undermining others, sexual harassment, and hacking (p. 126).

Aside from morality, psychological traits of followers also come into play. In their study of perceptions of harmful leader behaviors (HLBs), Almedia et al. (2022) discovered followers who were prone to workaholism and perfectionism were more likely to perceive their leaders as inflicting excessive pressure for results; however, it is important to note that a predisposition to workaholism or perfectionism can tempt unethical leaders to target these followers and exploit these traits. Also, the researchers discovered followers who are generally distrustful of others are more prone to perceive leaders as engaging in HLBs.

Clearly leaders and followers impact each other. This can lead to a vicious, destructive culture that Padilla et al. (2007) described via their concept of the toxic triangle. They explained destructive leadership “is seldom absolutely or entirely destructive: most leadership results in both desirable and undesirable outcomes,” “involves control and coercion rather than persuasion and commitment,” “has a selfish orientation,” has effects which “are seen in organizational outcomes that compromise the quality of life for constituents,” and depends on “susceptible followers and conducive environments” (p. 179). Thus, while a destructive leader greatly influences the environment, the amount of damage the destructive leader can inflict actually depends on the context surrounding the leader. In Padilla et al.’s triangle, a charismatic leader with a thirst for power and other negative characteristics thrives with followers who are susceptible to the leader’s messages. These susceptible followers are either conformers who comply with destructive leaders or colluders who actively participate in the destructive behaviors in the hopes they will ultimately benefit. The environment must also be conducive to these behaviors; conducive environments may be unstable, have a perceived threat, or lack checks and balances. The environment is also conducive when the leaders and followers share cultural values. Lipman-Blumen (2005, as cited in Northouse, 2022) added additional context to why people follow destructive leaders. She said these followers need “reassuring authority figures,” need “security and certainty,” “need to feel chosen or special,” need “membership in the human community,” have a “fear of ostracism, isolation, and social death,” and a “fear of powerlessness to challenge a bad leader” (p. 370).

Trauma

Trauma is prevalent in organizations. Elisseou et al. (2024) explained that while burnout is often seen as the byproduct of unmitigated occupational stress, its symptoms “often overlap

and coexist with manifestations of traumatic stress” (p. 198). They add that trauma is “one of the most under-recognized epidemics in the world,” and research indicates most adults have experienced at least one traumatic event in their lifetimes (p. 198).

Lloyd (2024) defined trauma as “a deeply distressing or disturbing experience that overwhelms an individual’s ability to cope, resulting in long-term psychological, emotional, and physiological effects. Trauma can be caused by various events, such as violence, natural disasters, war, or abuse, and it is not limited to specific demographics or circumstances...The impact of trauma on the brain is profound, altering critical brain structures involved in emotional regulation, memory, and executive functioning” (p. 289).

Trauma may be inherent in some professions, such as law enforcement, military, and healthcare. Fisk and Daoust (2025) tell readers that while trauma seems inherent in some professions, research suggests it is becoming increasingly common in a wide range of frontline occupations. Traumatic incidents include assaults, vandalism, threats, and security breaches. K-12 and higher education institutions are increasingly the backdrops for mass shooting incidents in the U.S. As noted by Nelson A. Rockefeller Institute for Government (2025), the number of mass shooting incidents has risen substantially over the last five decades. In 2025 alone, the Associated Press (2025) noted four deadly mass shootings that happened at college campuses. This workplace trauma can interact with and exacerbate personal traumas employees bring with them to the workplace (p. 2).

Seemingly common business practices can also be traumatic. According to Monahan (2025), workplace trauma includes major crisis events as well as sudden layoffs and restructuring, harassment and discrimination, scandals, toxic leadership, and market volatility (“Trauma at work”). This trauma must be addressed, or else it will lead to mistrust, poor

retention, culture freezes, loss of leadership credibility, and escalating mental health risks (“The real cost”).

According to Koloroutis (2021), different people experience the same event differently; what may be traumatizing for one person is not necessarily traumatizing for another person. Trauma responses occur on a continuum, with the first step being the natural recovery process. This process includes an acute stress reaction, which may include hyperarousal and avoidance. Typically, this lasts for one month and then responses return to normal. If the natural recovery process is interrupted and symptoms last more than 30 days, the person is said to be experiencing post-traumatic stress disorder (PTSD). PTSD can become complex and chronic. Additionally, adverse childhood events or other compounding traumatic events impact a person’s ability to manage the present trauma (pp. 30-31).

Employees need psychological safety to heal from trauma. Walker (2025) described psychological safety as the belief that taking interpersonal risks will not lead to punishment or humiliation. Diminished psychological safety intensifies psychological harm (pp. 1-2). Also, as described by Cote (2025), psychological safety is a critical aspect of the dynamic teams needed to address the increasing volatility, uncertainty, complexity, and ambiguity in various industries (“The Importance of Psychological Safety in the Workplace”). The same psychological safety that allows people to heal from trauma also allows them to feel comfortable speaking up, taking risks, and making mistakes to improve institutional effectiveness. This psychological safety is built on trust. Although Shay (2014) was writing about moral injury, his emphasis that psychological safety is important for healing from trauma can be applied to other types of trauma, too.

Post-Traumatic Growth

Although the concept of post-traumatic growth has traditionally been applied to individuals, Sharma (2024) applied it to organizations. Organizational crises are akin to trauma in that they “may challenge members’ belief about the organization and its mission. Following a traumatic event in an organization, people are likely to feel overwhelmed with doubts about their safety on the job, to question the meaning of their work and their commitment to the organization, and to withdraw from others.” An organization that experiences post-traumatic growth does not bounce back, but instead bounces forward, creating a positive trajectory on a new path (p. 65). Sharma added leaders can be instrumental in post-traumatic growth by defining an organization by its collective strengths, generating organization preparedness, and crafting greater organizational meaning and purpose (pp. 66-67).

Typically, the focus after trauma is on resilience as opposed to post-traumatic growth. Koloroutis (2021) explained resilience and post-traumatic growth are related but distinct. “Resilience allows us to weather the storm well and return to our baseline functioning,” while post-traumatic growth “is a process, and the outcome of the process is positive change in five different domains of life: opportunity, relationships with others, personal strength, greater appreciation of life, and change in belief system of life. When we experience posttraumatic growth, we’re irrevocably changed” (p. 34). Trauma-informed leaders cultivate the conditions for post-traumatic growth “through their compassionate presence, understanding of trauma responses, and ability to attune and hold themselves and team members who are experiencing emotional struggles or distress. They’re also able to guide their teams forward” (p. 34).

Elisseou et al. (2024) recommend a trauma-informed framework that institutions can adopt to help employees work through their trauma. The framework encourages the following

steps, which are recursive and do not happen in a specific order: centering emotions; committing to a trauma-informed approach; communicating to build safety and trust; collaborating with all employees; co-creating experiences and initiatives; carrying out organizational change initiatives at the individual, structural, and interpersonal levels; checking outcomes; course-correcting as needed; and recharging by allowing staff opportunities to reinvigorate and providing opportunities to mitigate burnout and secondary stress (p. 200).

Trauma-Informed Principles and Trauma-Informed Leadership Theory

Considering the prevalence of trauma, the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014) created guidelines for a trauma-informed approach to working with people who have experienced trauma. Their guidelines are based on what they call the “Three Es of Trauma”: an event (or a series of events) is experienced by an individual, and this event has long-lasting adverse effects. Trauma-informed organizations recognize trauma’s prevalence and long-term impact, and they operate with key assumptions and principles in mind to prevent further harm to the individual. The assumptions are based on the “4 Rs”: a trauma-informed organization realizes trauma is widespread, recognizes its signs and symptoms, responds by integrating knowledge about trauma into policies and practices, and seeks to resist re-traumatizing the individual. These assumptions are realized through six key principles in the organization: safety (both physical and psychological safety); trustworthiness and transparency among members of the organization and the community it serves; peer support from others who have experienced trauma; collaboration and mutuality among all members of the organization; empowerment, voice, and choice to help people build their strength and resiliency; and cultural, historical, and gender issues which the organization acknowledges and works past to remove barriers to healing.

The emerging concept of trauma-informed leadership is based on SAMHSA's (2014) core trauma-informed principles of safety, trustworthiness and transparency, peer support, collaboration and mutuality, empowerment, voice, and choice, and cultural, historical, and gender issues. Koloroutis (2021) discussed trauma-informed leadership in the context of healthcare workers and their post-traumatic growth after the COVID-19 pandemic. These leaders understand that employees, including themselves, will struggle due to past and present trauma, and emotional support for themselves and their followers is important. Leaders must care for themselves to be present for their followers. The authors suggest four relational practices leaders and organizations can engage in to help ease trauma: attuning (being present, focusing on human connection), wondering (curiosity and genuine interest, noticing, and listening), following (quiet listening, being in the moment, allowing expression of emotions), and holding (creating a safe space, respecting boundaries, aligning words with actions). Leaders identified four needs that would assist them in embracing a trauma-informed approach: strengthening their ability to consistently support their teams, focusing on self-care as a fundamental aspect of leadership in order to support others, cultivating peer support for leaders, and identifying and leveraging strengths to lead forward and support post-traumatic growth.

Fisk and Daoust (2025) believed trauma-informed leadership, while relatively new to “mainstream” organizational theories, is a unique approach to managing personal and professional trauma. The authors compared this theory to leader-member exchange, which focuses on relationships as does trauma-informed leadership; with transformational leadership, which prioritizes individual needs and encourages resilience; with servant leadership, which focuses on the needs of others and empowering followers; and with empathetic leadership, which acknowledges and supports the emotions and experiences of followers. While trauma-informed

leadership may have overlapping qualities with these other leadership theories, trauma-informed leadership's "emphasis on mitigating trauma and supporting well-being underpins its conceptual independence" (p. 17).

Lloyd (2024) also compared trauma-informed leadership to other theories, saying trauma-informed leadership "intersects with several established leadership theories, offering a holistic approach that blends emotional intelligence, servant leadership, transformational leadership, and authentic leadership. Each leadership model contributes unique insights that complement and enhance the trauma-informed leadership approach" (p. 291). Lloyd explained trauma-informed leadership is defined by four core attributes: authenticity, emotional intelligence, relational capacity, and resilience (p. 293). Trauma-informed leaders are also distinguished by four key behaviors that allow them to create a psychologically safe environment for their followers: understanding trauma, regulating distress, empowering others, and providing emotional healing (p. 296).

Literature Review Summary

When examined from the institutional effectiveness, follower, and leader perspectives, the literature revealed many themes in higher education that demonstrate the prevalence of trauma and its negative impacts throughout the industry. Trauma permeates all perspectives, and while these perspectives are interrelated and similarly impacted by trauma, there are some impacts specific to each perspective. In order for institutions to be effective, they need stable markets and budgets. They also need employees to be satisfied enough to stay at their jobs. Followers need leaders who understand the impacts of trauma and who can support them without re-traumatizing them. Followers also must engage ethically and help leaders achieve organizational goals. Finally, leaders need to manage their emotional responses to market

volatility, care for themselves so they can care for others, and have support for professional development that enables them to care for followers. Mid-level leaders are both followers and leaders, and this additional role strain brings its own unique set of challenges. Themes in the literature will be analyzed based on multiple theoretical perspectives.

Analysis

Whether examining the literature through the institutional effectiveness, follower, or leader perspectives, an overarching theme emerges — higher education institutions and employees are unwell. Organizational and individual trauma are prevalent, and steps must be taken to improve wellness at all levels. Aspects of this theme will be examined through four theoretical perspectives — systems theory, followership theory, ethic of care, and trauma-informed leadership.

Systems theory is an applicable theoretical framework to analyze themes because it emphasizes the interconnectedness of various aspects of an organization. Changing one part of the system impacts other parts of the system; essentially, the whole is greater than the parts. Higher education is, according to Memarian and Doleck (2025), “comprised of interacting and independent parts” at various levels of the system (p. 12250). Rahdar et al. (2023) also noted system theory’s applicability to higher education because this theory looks at the entire system rather than individual parts, “focuses on process instead of content,” searches for root causes and dynamic factors influencing causes, thinks “big picture,” and “understands how system components work together and transcend the boundaries of the system.” Systems theory can also help understand the external and internal systems that impact higher education (“Systems thinking applications in higher education”).

Followership theory is an important theory for thematic analysis because it acknowledges followers’ impacts on leaders and the organizational environment. Uhl-Bien et al. (2013) explained leadership is co-created with followers; “in this process, leadership can only occur if there is followership — without followers and following behavior, there is no leadership” (p. 83). Raffo (2013) added that while followership is undervalued compared to leadership,

followership is just as important to understand because followers are active participants in exchanges, and much of a leaders' success depends on the actions of followers (pp. 264-265). Essentially, followers have power and influence in situations, and this power can ultimately impact a leader's and an institution's effectiveness.

Gilligan's ethic of care is a framework that was created in contrast to Kohlberg's logic of justice. Malan and Cilliers (2004) explained Gilligan believed the logic of justice emphasized the application of abstract rules and principles while her ethic of care emphasized relationships among people and the complexities of specific contexts (p. 3). Essentially, Gilligan acknowledged that ethics is complex and requires contextual thinking. According to Ji and Tao (2024), the ethic of care "makes emotions — such as sympathy, empathy, and compassion — an integral part of ethical decision making" (p. 214). Gilligan's theory has drawn criticism for its emphasis on this ethic of care being a feminine attribute, but the concept is applicable to everyone and, specifically, to the situation in higher education. Ethic of care also overlaps with systems theory and trauma-informed frameworks.

As described earlier, trauma-informed leadership is an emerging leadership theory based on the trauma-informed principles set forth by SAMHSA (2014). Trauma-informed leaders understand the prevalence and potential impact of trauma on their followers, and they seek to recognize trauma and respond appropriately in ways that resist re-traumatizing followers.

Organizational Trauma is Prevalent

Trauma can be the result of major crisis events; however, Monahan (2025) explained business practices like layoffs, restructuring, and market volatility are also traumatic. Unstable budgets due to federal and state policies add to the market volatility that has led to layoffs and restructuring for organizations to make ends meet. Budget instability and market volatility have

also led to college closures and mergers, which creates the added trauma employees face when their jobs, and hence their personal financial futures, are uncertain. Unfortunately, institution closures and mergers have been a common occurrence since 2023. Systems theory stresses the impact external dynamics like federal and state funding have on organizations. In conjunction with trauma-informed leadership, which emphasizes understanding the traumatic impact these external factors can have on employees, systems theory indicates the entire organization must be sensitive to the care and wellbeing of employees, and practices should be put in place to mitigate the trauma of external forces.

Leaders and Followers Must Heal from Trauma

Trauma touches nearly everyone; as previously noted by Elisseou et al. (2024), most adults have experienced at least one traumatic event in their lives. Employees bring this experience of personal trauma to the workplace, but they may also experience workplace trauma that compounds the personal trauma. This workplace trauma is not relegated to specific professions; in fact, while some professions such as healthcare, military, and police seem inherently predisposed to trauma, Fisk and Daoust (2025) explained trauma is seeping into other, potentially all, professions in some way, be it through violence, threats, or other harmful behaviors and events. As previously noted, common business practices can also be traumatic.

Leaders must be able to care for themselves and care for others, which puts them in a tough spot of being self-aware enough to seek their own avenues for healing so they can care for others and then gaining the skills to adequately care for others. This is why Mosseau (2023), INSEAD (n.d.), and In Bloom Project (2024) stressed mental health awareness is a core leadership competency. Koloroutis (2021) described the systemic and peer support leaders need in order to attend to their own mental health and the mental health of their teams. She also noted

the difficulty some leaders have engaging in self-care after they have experienced prolonged trauma. Leaders must first heal themselves and then engage in adequate professional development to help them recognize the signs and symptoms of trauma in their followers, help their followers heal, and not re-traumatize their followers. Leaders have a strong impact on the health and wellbeing of their followers even if, as noted by Mosseau (2023), followers believe leaders are ignorant to this impact. Leaders must operate in a system, though, and unless the system operates in a way that avoids trauma, leaders' actions can only go so far to mitigate the systemic trauma.

In addition to trauma, higher education employees face burnout and compassion fatigue due to the nature of their roles. Johnson's (2022) observation that K-12 employees also face moral injury can be extended to higher education employees, and in fact it was by Hanna et al. (2022) when they described UK higher education employees' experiences of moral injury during the COVID-19 pandemic. The emotional and sometimes physical tolls of burnout, compassion fatigue, and moral injury lead to reduced job satisfaction. The CUPA-HR job satisfaction surveys in 2023 and 2025 showed well-being and high workload — both factors associated with burnout, compassion fatigue, and moral injury — are strong indicators of employee retention or lack of retention. Surveys in both years indicated younger employees, men, employees of color, and non-supervisors were more likely to leave than other employees. Although job satisfaction rates and intent to leave have stabilized since 2023, they are still problematic. Wellness and workload were, in 2025, higher indicators of retention than pay (Bichsel et al, 2023; Schneider & Bichsel, 2025). It seems an environment that values caring, compassion, and mental and emotional wellbeing is important to employees. Fostering this type of environment is especially important to attract and retain Generation Z (Gen Z) employees, who fall into the “younger employees”

category in the aforementioned surveys. Born between 1997 and 2012, Gen Zers have faced trauma and are more open to sharing their struggles and emphasizing mental health. Bethune (2019) noted Gen Zers are more likely to report mental health concerns. Also, Cuncic (2023) added people in this generation are more likely to have received treatment or gone to therapy than previous generations, which is likely attributed to increased life stressors (for example, school shootings, a global pandemic, basic needs insecurity concerns, and increased screen time and isolation), increased awareness of mental health issues, and decreased stigma around mental health issues.

Psychological safety is key for people to heal from trauma; the concept of psychological safety was specifically noted by Walker (2025) and, although not specifically called out as “psychological safety,” the concept is described in Koloroutis’ (2021) discussion of trauma-informed leadership and in SAMHSA’s (2014) trauma-informed principles. Part of psychological safety is followers trusting their leaders. Shay (2014) emphasized the importance of trust between followers and leaders to regain and maintain psychological safety. Followers must trust their leaders to not re-traumatize them in order to feel safe and to be able to function in a way that helps the organization excel.

These situations call for empathy and compassion and understanding the complexity these traumatic experiences bring to the workforce; this warrants the application of the ethic of care framework. Followership theory posits the influence followers have on their institutional environment overall and on their leaders specifically. When followers are unwell, they impact their leaders’ ability to ensure departments run effectively, which negatively impacts institutional effectiveness. Trauma-informed leadership practices described by Koloroutis (2021) allow leaders to heal and create space for themselves and for their followers to heal. Trauma-informed

leadership also recognizes the need for psychological safety for followers to heal and achieve their full potential. In fact, trauma-informed leadership maps well to Maslow’s Hierarchy of Needs which, although not a main theme used in this analysis, is a relevant framework and is depicted in Table 1 which maps trauma-informed principles to Maslow’s Hierarchy. Finally, systems theory is applicable here because organizations must ensure leaders have access to adequate professional development opportunities and support for mental health awareness. Systems must also seek to operate in ways that do not traumatize employees.

Table 1: Mapping Maslow’s Hierarchy of Needs to Trauma-Informed Leadership

Maslow’s Hierarchy	Trauma-Informed Leadership
Safety and security	Psychological and physical safety for follower
Love and belonging	Trust
Self-esteem	Followers develop confidence in self and abilities through a trusting, safe environment where the follower is encouraged to heal
Self-actualization	Empowerment to achieve career goals

Followers Impact Leaders

Traditionally, the literature emphasizes leaders’ impact on followers, particularly in toxic environments; however, followers may perpetuate toxic organizational cultures which negatively impact leaders. Al Halbusi et al. (2021) and Moore (2019) explained how followers can negatively impact leaders by perpetuating toxic organizational cultures. Almeida et al. (2022) also explained how follower traits make them more susceptible to destructive organizational behaviors or make them interpret leader behavior differently. In these situations, the co-creation of power and leadership described by followership theory is exemplified. Although not one of the main theories used in this analysis, this interplay of leadership also exemplifies Siburt’s (2023) social power dynamics model of leadership which reminds readers that everyone,

including followers, is capable of exerting power and influence, and the power imbalance shifts depending on the situation. Followers may not always be aware of their capacity to exercise power and influence, but it is there. The exercise of exerting power by either party determines whether the relationship will be one in which parties value or devalue each other and improve or harm the group. The interplay of leaders and followers also demonstrates the need to adopt the principles of the ethic of care so a positive, caring culture is created and perpetuated. Finally, Almeida et al.'s (2022) explanation that followers interpret leader actions differently depending on follower traits further invokes the concepts of ethic of care and trauma-informed leadership. In Almeida et al.'s example, they described traits which impact whether followers interpret leader behaviors as ethical or unethical. Both ethic of care and trauma-informed leadership recognize the uniqueness of the situation and the participant experiences and adjust for this uniqueness; specifically, trauma-informed principles recognize that the same event can be experienced differently by different participants.

Systemic Approaches are Necessary for Post-Traumatic Growth

It may not be possible for higher education to change the external factors causing instability, but institutions can and must implement systemic changes internally to mitigate trauma caused by external factors and to avoid causing trauma. Perez and Bettencourt (2024), Johnson (2022), Koloroutis (2021), and Richardson et al. (2025) all specifically address the need for change to be a system-wide responsibility rather than an individual responsibility because individuals cannot “self-care” themselves out of a broken system. Richardson et al. (2025) even described the ways in which higher education institutions can utilize human resource management tools already on the market to implement these changes; sadly, Richardson et al. noted this practice is not common in higher education. Warner (2024) specifically suggested

steps organizations should take to ensure the mental and emotional health of leaders.

Mosseu (2023), INSEAD (n.d.), and In Bloom Project (2024) did not directly state the need for system change, but they implied the need for system change by stressing the need for organizations to instill leaders with mental health competencies to better serve followers.

To ensure resilience and post-traumatic growth, Elisseou et al. (2024) recommended a framework for institutions to adopt, which includes the organization as a whole adopting a trauma-informed approach. SAMHSA (2014) also discussed its trauma-informed framework in terms of organizations rather than just individuals. Sharma (2024) explained post-traumatic growth helps organizations move forward on a positive trajectory. Considering Sharma's research, it seems institutional effectiveness would improve with an emphasis on post-traumatic growth.

Higher education institutions must ensure policies and practices are in place that center employee health and emotional wellbeing. This may be difficult in a time of strained budgets and staffing and worry about the fate of an institution, but without these policies and practices, institutions will fail to attract and retain employees, and those employees who remain will not be emotionally well. This contributes to institutional ineffectiveness.

These themes highlight the intersection of systems theory, ethic of care, and trauma-informed leadership. Individuals operate in a system, and on their own, individuals cannot change the organization's culture to make it healthy. A system that perpetuates an unhealthy work environment will harm individuals by undoing the self-care work they have engaged in to heal from the broken system. But also, because small changes in the system ultimately impact the system overall, individuals do bear some responsibility for encouraging positive system changes. Part of this system change should be an emphasis on relationships and leading with

empathy and compassion as encouraged by the ethic of care. Part of the system change should also be the adoption of trauma-informed leadership principles to help leaders and followers heal from their own trauma. This would mitigate the impacts of personal and organizational trauma and stop perpetuating organizational trauma. It would also create space to acknowledge and help employees manage the emotional strain of the trauma from external forces.

Analysis Summary

Clearly, systems, followership, ethic of care, and trauma-informed leadership theories are appropriate for thematic analysis. This thematic analysis demonstrated the interconnectedness of these theories in practice. Institutions must act with compassion and empathy and understand employees who have experienced traumatic events cannot be treated as abstract thoughts that fit general molds. Followers and leaders also deeply impact the mental wellbeing and success of each other; when this impact is negative, the institution cannot be effective. All perspectives must function in harmony as a healthy system.

Ethical Implications

Zayac (2025) believed the failure to address trauma in higher education is “an ethical breach” (p. 26). Speaking more broadly, INSEAD (n.d.) stated, “companies have a responsibility to their staff to ensure that they are providing a positive livelihood for their employees and that their work isn’t causing mental or physical harm” (para. 1). While there are ethical implications for not addressing this trauma, there are also ethical implications for addressing trauma in intrusive manners.

The American Psychological Association’s (APA, 2026) 2022 Work and Well-Being survey showed 81% of respondents believed employers’ support for mental health is an important consideration in the job search. While the APA’s survey looked at all industries, its results echo the same importance the respondents in the CUPA surveys (Bichsel et al., 2023; Schneider & Bichsel, 2025) placed on wellbeing as it relates to higher education retention.

Mind Share Partners (2025) discovered half of full-time U.S. workers in their survey experienced moderate to severe levels of burnout, depression, or anxiety; however, employees who worked at a company that supported mental health were twice as likely to not report burnout or depression. Overall, 90% of these workers reported at least minor levels of one mental health challenge. This is an increase from 2021 when the organization found 76% of full-time U.S. employees reported symptoms of at least one mental health challenge (Mind Share Partners, 2021). In addition, Mind Share Partners (2025) discovered 48% of these employees left their job for mental health reasons. The organization called for employers to view mental health and wellbeing initiatives as an “investment,” and employers should take active steps to maintain this investment because companies that do so see payoffs in employee health and retention.

Mind Share’s (2025) survey results and their call for companies investing in mental

health and wellbeing programs build on the work of other surveys that showed the negative impacts of lack of wellbeing. A Gallup poll of full- and part-time employees discovered that in 2023, more U.S. employees felt detached from their jobs than they did prior to the COVID-19 pandemic in 2020; however, the number of actively disengaged employees had declined in 2023. These not engaged and actively disengaged employees accounted for \$1.9 trillion in lost productivity nationally (Harter, 2024).

Ott (2023) noted that large organizations in the U.S. are in fact investing in wellbeing programs; unfortunately, they are not seeing a commensurate return on investment. These organizations are spending a combined \$10 billion per year on these initiatives, but these initiatives are not addressing the root cause of the issues leading employees to be unwell. As noted, it does not matter if a company provides wellness programs when employees still struggle with more work than there are hours in a day to complete and they are “always on” and never have a break. Systemic issues must be addressed to improve wellness.

Although the organization will benefit from a healthier workforce, Cavico and Mujtaba (2013) raised ethical concerns about wellness programs being created solely for the purpose of improving bottom lines. These authors were writing about physical wellness programs as opposed to mental wellness programs, but the same concern can be applied in this scenario. Yes, organizations need to concern themselves with bottom lines and costs associated with turnover, absenteeism, presenteeism, and lost productivity, but employees are human, and ethical leaders and organizations should emphasize care of people. Fortunately, as demonstrated by the data in Mind Share’s (2025) survey, these two aims are not mutually exclusive. Truly caring about the wellbeing of employees positively impacts the bottom line.

While these systemic issues must be addressed, organizations must be careful with the

chosen interventions. Intrusive or mandatory interventions such as the regular mental health assessments suggested by Warner (2024) may be well-intentioned, but they bring their own set of ethical concerns. Daly (2025) explained advocates for these types of mandatory wellness activities believe they remove the stigma associated with mental health issues, improve engagement, and protect the organization's duty of care. Critics of these programs believe they infringe on employee autonomy and could reduce the trust between employees and leaders. Daly added staff may not trust confidentiality to be maintained and may believe mental health will be used as a performance metric. Also, a one-size-fits-all approach to mental wellness may not work for others and may, in fact, harm some people. Authors at Sustainability Directory (2025) added, "when that friendly suggestion to join starts to feel more like an expectation, the entire dynamic changes. The conversation shifts from support to something closer than surveillance, and the gentle push toward health can feel like a new, unwritten part of your job description" ("Fundamentals"). The authors also explained this could inadvertently create a culture of judgment and comparison among co-workers.

Ethical Implications Summary

Clearly, if organizations intend to exist and operate effectively, the ethical path forward is incorporating well-being initiatives at the system-wide level. Failure to retain employees places additional stress on employees who must carry that workload in addition to their own workload. Mental wellness strategies must be incorporated in thoughtful, unobtrusive ways that demonstrate the organization truly cares about employees and will not use mental health as a metric against employees.

Policy and Practice Recommendations

Combatting workplace trauma which compounds personal trauma requires a systemic approach that incorporates opportunities to empower individuals to address their own healing needs. The following policy and practice recommendations support leaders and followers, and these policy and practice recommendations will ultimately improve institutional effectiveness.

Commit to Trauma-Informed Principles At All Levels of the Organization

While individual leaders can adopt trauma-informed principles, it is critical for the organization as a whole to adopt these principles in order for them to be effective. Institutions should follow the advice of SAMHSA (2014) and incorporate its trauma-informed principles across multiple domains in an organization. This requires professional development and training for leaders and followers, and this professional development should include a focus on self-awareness, self-regulation, and emotional intelligence. Leaders must then have additional professional development to understand how to identify trauma in others and help them work through trauma. Parker (2022) stressed this training should be specific to higher education settings. This level of professional development requires an organization to commit human and fiscal resources for training.

Part of committing to trauma-informed principles should also be adopting a trauma-informed leadership approach, which aligns well with Maslow's Hierarchy of Needs. If employees do not feel a basic level of safety and security, they cannot achieve their full potential. Trauma-informed leadership's emphasis on empowerment to achieve goals echoes Scnieder and Bischel's (2025) recommendation that higher education organizations "empower supervisors with the authority and resources to lead effectively" (p. 44).

A trauma-informed organization also seeks transparency and accountability among

employees to create a culture of trust and psychological safety. Higher education institutions should ensure policies are applied fairly across the institution and hold themselves to ethical standards.

Companies must also offer comprehensive benefits packages that support employee mental health and wellbeing without making it cumbersome or embarrassing for employees to take advantage of these benefits. This includes ample time off and schedule flexibility for employees to use, employee assistance programs that offer enough counseling sessions and time to be effective, and choice in providers should employees not feel comfortable utilizing on-campus resources for this assistance. Open conversations about the importance of mental health and wellbeing to reduce stigma and encourage use of interventions rather than forcing use of interventions is important.

Trauma-informed institutions also design spaces with psychological and physical safety as a priority over aesthetics and design trends. Lack of quiet, private spaces may make it difficult for employees to manage trauma. Employees should have these spaces to have private conversations and mentally decompress and self-regulate. Private spaces that also make employees feel safe should they have to hide from active shooters or other threats of violence is also necessary, and it may mean spaces are less visually appealing.

Mitigate Root Causes of Organizational Trauma

Institutions must also exhibit basic care for employees, which means acknowledging external stressors and collaborating with employees on how to address them. Institutions should help employees understand these events and how to manage them even if the institution is powerless to eliminate this trauma. Institutions should heed the advice of Sharma (2024), who believed they should proactively manage “expectations around the reality of trauma at work.”

Institutions can help people channel their fear of traumatic events into proactive planning so they can be prepared to deal with trauma and not be caught off guard when it invariably occurs.

According to Sharma (2024), “although we cannot predict when and in what form, we know we can expect trauma in organizations, and such an understanding and acceptance enables us to build psychological ‘armor’ so that our assumptive world feels less destroyed by the trauma in the aftermath” (pp. 66-67).

The literature revealed that common business practices in higher education today are also traumatic. Trauma-informed organizations should carefully monitor turnover and strategically fill roles so individuals are not overworked and lacking time to engage in trauma-informed care of each other. The CUPA-HR (Schneider & Bichsel, 2025) survey noted “overwork” is a “defining challenge” in higher education, particularly among supervisors. Institutions must be transparent about these external forces that are impacting internal operations so employees know they are being informed and can trust the information provided. Institutions should control internal causes of trauma and ensure stability whenever possible; in fact, Parker (2022) stressed, “institutions of higher learning can protect their students, faculty, and staff by keeping constant, abrupt change to a minimum” (p. 88). If this is not possible, institutions must be transparent about the instability.

The literature also revealed that across all types of organizations, wellness programs are not showing a commensurate return on investment because they often do not target root causes. As emphasized by Ott (2023), it does not matter how many self-care and wellness programs an organization offers if it does not address the problems that lead employees to seek care. These issues can be internal issues, such as sudden restructuring and layoffs due to budget cuts, or external issues such as the volatile higher education market leading to uncertain institutional

futures or major traumatic events.

Utilize HR Tools to Enhance Employee Wellbeing

Human resource departments have access to tools and resources that can be used to proactively address employee wellbeing and systemic issues, even if these tools are not specific to trauma. Unfortunately, as noted by Richardson et al. (2025), most higher education institutions do not take advantage of these tools. Higher education institutions should utilize employee data to create dashboards similar to the dashboard provided by Richardson et al. (2025) which examines employee demographics, employee wellness and wellbeing, employee compensation, and employee role and environment congruence. As Richardson et al. suggested, this approach allows institutions to conduct an employee risk assessment to evaluate risks to safety, wellbeing, and compliance. The risk assessment can help institutions improve to enhance retention. In addition to creating a dashboard, HR professionals should conduct exit interviews with each employee who leaves the organization. Quantitative and qualitative data gleaned from the exit interviews should be used to determine how to improve the workplace to better retain employees. Finally, national surveys similar to the CUPA-HR surveys (Bichsel et al., 2023; Schneider & Bichsel, 2025) presented earlier in this paper should be examined, and employers should use this data to reflect on their institution and ways to proactively improve the institution.

Policy and Practice Recommendations Summary

Employee mental health and wellbeing must be treated as an investment in an institution's future. Higher education institutions should formally incorporate thoughtful, trauma-informed practices system-wide. These system-wide approaches will allow individuals to take the steps they need to heal and will allow leaders to grow. This approach ensures people within a system can help change the system.

Summary

Clearly, higher education institutions and employees are facing a crisis of mental health and wellbeing brought on by trauma. External forces causing market volatility and institutional responses to this volatility cause organizational trauma that compounds personal trauma. Organizations must respond by codifying policies and practices that incorporate trauma-informed principles to ensure employee emotional health and wellbeing which will, in turn, support institutional health and effectiveness.

A literature review examined this topic from the perspectives of institutional effectiveness, followers, and leaders, and it was evident that trauma is pervasive among all perspectives. Also, all perspectives are interrelated and impact each other. Institutional effectiveness suffers when external forces make the market volatile, forcing institutions to react in ways that traumatize followers and leaders. For example, uncertain federal and state budget funding for institutions and the changing needs of society often require budget cuts or reappropriations that require downsizing, restructuring, or college closures. In addition to market volatility, threats to safety and security at work also traumatize employees. This trauma is on top of the emotional labor of higher education work. This leads to burnout, compassion fatigue, and moral injury in employees and ultimately to low job satisfaction and low retention. Low morale, poor attitudes, and a toxic organizational culture can be perpetuated at all levels, and followers can impact this destructive culture just as much as leaders can impact this destructive culture. Both leaders and followers need support for their mental health and wellbeing, and leaders need professional development to be able to adequately support their followers. Institutions must help employees so the institution can move forward with post-traumatic growth. Trauma-informed leadership has emerged as a theory to acknowledge the impact of trauma on leaders and

followers and to offer leaders the tools to help themselves and followers mitigate the impacts of trauma.

Themes in the literature were examined through systems, followership, ethic of care, and trauma-informed leadership theories. These theories were fitting because the literature revealed the prevalence of organizational and individual trauma and the resulting negative impacts. Organizational trauma can be caused by external forces outside of institutions' control, but common business practices in higher education can also be traumatic. Institutions must cultivate an environment of empathy, compassion, and psychological safety for employees to heal. Leaders also need professional development so they can help followers heal. While leaders are often the focus of organizational culture, it is important to not overlook the impact followers have on leaders; after all, without followership, there is no leadership. Followers can exercise power and negatively or positively impact leaders and institutions. Finally, while individuals must take ownership of their mental health, institutions can and must implement policies and practices that mitigate the harm of external trauma and avoid retraumatizing employees. Institutions have a plethora of human resource tools at their disposal that can be used to monitor organizational health. Steps must also be taken to center employee health and wellbeing. Without systemic change to avoid retraumatizing employees, the work employees do on their own to overcome trauma will be in vain.

There are ethical implications to both ignoring the crisis of trauma and to addressing it too obtrusively. If organizations expect to operate effectively, they must care for the emotional health and wellbeing of employees. Studies show employees value organizations that support their mental health and wellbeing, and this is a factor when leaving jobs and seeking jobs. Wellness initiatives are becoming popular, but companies that invest in these initiatives are still

not seeing commensurate returns on investment because the programs frequently place the onus of mitigating trauma on the individuals to engage in self-care without addressing the systemic trauma that lead to the need for self-care; thus, organizations must be sure they are addressing systemic issues. It is important that mental health and wellness strategies be incorporated thoughtfully, in ways that do not make employees feel like they are being forced to engage in another job task, in ways that do not feel punitive, and in ways that do not inadvertently cause judgment and stigma among coworkers.

Higher education institutions must intentionally address this trauma by implementing thoughtful policies and practices. Institutions must commit to incorporating trauma-informed principles across all levels. This includes adopting a trauma-informed leadership approach to ensure psychological safety and opportunities for healing and empowerment. Institutions must also offer physically safe spaces that allow for privacy and self-regulation. These institutions must also invest resources in benefits and employee wellness programs and encourage but not force use of these programs. In addition, steps must be taken to mitigate the root causes of trauma. Common business practices that can cause trauma should be re-examined. Senior leadership should also be transparent about external factors causing trauma and engage employees to plan and address this trauma. Finally, institutions must utilize human resource management tools and national surveys to proactively address employee wellbeing and systemic issues.

Clearly, higher education institutions must proactively address trauma in the workplace and provide resources for followers to manage their own trauma and for leaders to manage their own trauma and help their followers manage their trauma. Organizations that do not address trauma will not be able to engage in post-traumatic growth and thrive. These organizations also

may not have enough employees to survive because current and prospective employees, especially younger employees, are choosing organizations that support mental health and wellbeing over those that do not. But in addition to addressing trauma being a good business practice, caring for employees is the right thing to do. Ethical higher education institutions place care of employees above profits, and this allows employees to care for and support and retain students. Ultimately, this investment in caring positively impacts the bottom line.

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