

Transforming Inpatient Psychiatric Care Through High Reliability and Trauma-Informed Principles: Integrating Safety, Compassion, and Team Member Resilience

By: Nicole Powasnick, MSN, RN, NEA-BC, CEN¹

¹RWJBH – Barnabas Health Behavioral Health

Keywords: High Reliability Organizations, Trauma-Informed Care, Psychiatric Safety, Relational Healing, Staff Resilience, Patient Experience

Abstract

Adult psychiatric hospitals face the ongoing challenge of balancing healing and safety within high-risk, emotionally charged environments. This article explores how integrating High Reliability Organization (HRO) principles, focused on the prevention of harm through consistent safety tools and behaviors, with Trauma-Informed Care (TIC), anchored in RICH (Respect, Information, Connection, and Hope) relationships, can transform the culture and delivery of care. This model was implemented in a 100-bed adult free-standing psychiatric hospital and resulted in measurable outcomes: improved patient experience, reduced restraint application, and decreased workplace violence events. Moreover, the initiative also addressed vicarious trauma among team members through intentional self-care practices, mindfulness, and wellness promotion. These approaches created a sustainable, healing, relationship-centered environment where both patients and team members thrive.

Introduction

Psychiatric hospitals function within complex systems where ensuring physical safety must coexist with fostering emotional recovery and psychological safety. Historically, patient safety strategies have prioritized control, rewards, and punishments as the change agent, error prevention, and patient compliance, while therapeutic frameworks have prioritized empathy, respect, and patient empowerment. When practiced in isolation, these approaches have the potential to conflict; strict safety controls by which the “treater” has all the power may erode trust. Unstructured compassion, though well-meaning, may compromise consistency and physical safety.

Integration of High Reliability Organization (HRO) principles with Trauma-Informed Care (TIC) bridges this divide, aligning structure and safety with compassion and dignity. HROs prioritize safety, resilience, mindfulness, communication, and accountability to reduce preventable harm, while TIC emphasizes relationship building, trust, collaboration, and empowerment for both patients and staff (Padgett et al., 2022). Together, they foster an environment where every interaction is relationship-based and promotes healing and safety.

Conceptual Framework

High Reliability in Psychiatric Care

High Reliability Organizations operate on five key principles through systematic approaches: preoccupation with failure (constantly seeking to identify and address potential failures before they occur), reluctance to simplify (recognizing the complexity of healthcare and avoiding the oversimplification of problems), sensitivity to operations (maintaining an awareness of operational practices and potential for variability in performance), commitment to resilience (recovering quickly from unexpected events and adapting to changes in circumstances), and deference to expertise (allowing decisions to be made by the people closest to the concern/issue, regardless of hierarchy) (Weick & Sutcliffe, 2015). In healthcare, these principles translate into practices such as daily safety huddles, standardized communication tools, and real-time learning (Merchant et al., 2022).

In psychiatric settings, reliability tools and behaviors, such as clear communication, STAR (stop, think, act, reflect) moments, chain of command escalation, and shared situational awareness, help prevent serious safety events and ensure consistency across shifts and disciplines. Team members are trained to maintain and accept a “questioning attitude” to anticipate and mitigate risk rather than reacting to a crisis.

Trauma-Informed Care and the RICH Framework

Trauma results from an event or series of events, or a set of circumstances, that is experienced by an individual as physically and/or emotionally harmful or life-threatening, and that has long-lasting adverse effects on the individual’s functioning and mental, physical, social, emotional, or spiritual well-being (SAMHSA, 2014). Trauma-Informed Care (TIC) acknowledges that trauma shapes how individuals perceive safety, control, and trust (Nguyen-Feng et al., 2025). In adult psychiatric settings, this awareness is crucial, as many patients have extensive trauma histories. The RICH model—Respect, Information, Connection, and Hope (Bloom, 2013)—translates trauma-informed values into daily care. Maintaining RICH relationships ensures that patients experience safety not as restriction, but as a reliable, caring presence. Minimizing the risk of retraumatization by examining treatment strategies and organizational policies is key.

Respect is demonstrated through consistent, nonjudgmental communication.

Information reduces fear by explaining processes and expectations.

Connection humanizes interactions and fosters a sense of belonging.

Hope instills the belief in recovery and self-efficacy.

The Intersection of Reliability and Relational Safety

HRO and TIC share a unifying goal: the reduction of preventable harm. HRO provides structural reliability while TIC establishes relational reliability. Their intersection produces a model where emotional and physical safety reinforce one another. In this model, team reliability in empathy,

communication, trustworthiness, and respect becomes as essential as procedural reliability, ensuring that every safety behavior strengthens the therapeutic alliance.

Implementation and Culture Transformation

The 100-bed hospital began its HRO journey in 2018, reducing preventable harm. Two separate times since training began, the facility had more than one year without a serious safety event (a deviation in generally acceptable practice that leads to serious, preventable injury or death). The concepts of HRO and the team's willingness to learn paved the way for TIC learnings. In partnership with the Trauma Stress Institute (TSI), in 2020, the facility began its TIC journey. TSI, employing a train-the-trainer model, taught the entire team, inclusive of providers, nurses, and ancillary team members (mental health associates, care techs, housekeepers, and dietary), the core values of TIC. In 2021, the hospital, realizing how well the trainings complemented each other and the potential for a synergistic effect, launched a care transformation initiative uniting HRO and TIC principles across all disciplines.

Leadership Commitment and Modeling

The senior leadership team, committed to both frameworks, grounded the initiative in the belief that safety and compassion are inseparable. Leaders at all levels modeled the expected behaviors through unit rounds, clear, open communication, and consistent reinforcement that reliability includes emotional awareness as much as operational precision.

Comprehensive Team Member Education

All employees, from nursing and psychiatry to social work and adjunct therapy to security and environmental services, participated in mandatory education. Scenarios demonstrated how to replace reactive responses with curiosity and compassion, using structured communication and active listening. Deploying safety coaches from each unit and discipline reinforced key learnings.

Safety Huddles and Restorative Debriefings

Daily safety huddles incorporated emotional check-ins alongside operational updates. Post-incident, structured debriefings focused on learning and recovery rather than blame. Individual inappropriate acts are always followed by system failures. What constructs allowed the individual to act that way? This restorative approach acknowledged the emotional impact of incidents and reinforced mutual accountability for healing.

Supporting the Team and Mitigating Vicarious Trauma

Team members working in psychiatric settings are repeatedly exposed to distressing events, which can lead to vicarious trauma (VT) or compassion fatigue (Ham et al., 2021). The facility's TIC Task Force took on the work of mitigating VT. It is imperative to support the treaters. A "Zen" room with a massage chair offers on-shift respite. Self-care initiatives, such as exercise

and healthy eating habits, are included in the monthly newsletter. The Employee Assistance Program offered an educational series on mindfulness as well as ongoing team member support.

Outcomes

The hospital demonstrated significant progress in patient and staff outcomes:

Improved Patient Experience: Patient surveys indicated a 20% increase in perceived courtesy and respect of the care team. Patients described the team as “more present” and the environment as “less restrictive,” reflecting the benefits of trauma-informed relational consistency.

Reduced Restraint Application: The number of restraint episodes decreased by 35% across the facility. The team attributed this reduction to early identification of escalation, improved use of de-escalation techniques, and strengthened therapeutic relationships.

Reduced Workplace Violence Events: Incidents of aggression and staff injury declined by 28%. Team members reported greater situational awareness, increased confidence in verbal de-escalation, and stronger peer support.

Enhanced Team Member Resilience: Qualitative feedback during team member forums with senior leadership indicated lower emotional exhaustion, improved teamwork, and increased satisfaction. The team described feeling “heard, supported, and valued” and noted that mindfulness and self-care practices helped them remain calm and compassionate on challenging days.

Discussion

The integration of High Reliability and Trauma-Informed principles reveals a powerful alignment between structure and compassion. HRO practices provide the scaffolding for consistency and accountability, while TIC ensures that those systems are humanized through empathy and understanding. Together, they create a culture of shared safety and trust where both patients and team members can rely on predictable, respectful interactions.

These efforts reflect a paradigm shift: safety is no longer seen as merely procedural but as relational and holistic. The reduction in restraints and workplace violence, coupled with improved patient experience and team member engagement, demonstrates that operational reliability and relational care are mutually reinforcing.

Conclusion

Integrating High Reliability Organization principles with Trauma-Informed Care represents a transformational care delivery model for adult psychiatric hospitals. By maintaining RICH relationships and embedding safety tools and behaviors into every interaction, organizations can reduce preventable harm, enhance the patient experience, and foster team member well-being.

When empathy and reliability function cohesively, restorative healing becomes possible. This integrated approach establishes a culture where patients feel safe, and team members feel valued. Healing can occur.

References

- Ham, Elke, Rosemary Ricciardelli, Nicole C. Rodrigues, N. Zoe Hilton, and Michael C. Seto. "Beyond Workplace Violence: Direct and Vicarious Trauma among Psychiatric Hospital Workers. A Qualitative Study." *Journal of Nursing Management* 30, no. 6 (July 30, 2021): 1482–89. <https://doi.org/10.1111/jonm.13420>.
- Merchant, Naseema B., Jessica O’Neal, Celeste Dealino-Perez, Jenny Xiang, Alfred Montoya, and John S. Murray. "A High-Reliability Organization Mindset." *American Journal of Medical Quality* 37, no. 6 (October 7, 2022): 504–10. <https://doi.org/10.1097/jmq.000000000000086>.
- Nguyen-Feng, V.N., M Ramirez, K.L. Behrens, T Usset, M. Div, A. Claussen, R. Parikh, et al. "Trauma Informed Care: A Systematic Review [Executive Summary]." *Agency for Healthcare Research and Quality*, 2025. <https://doi.org/https://doi.org/10.23970/ahrqepcsrtrauma>.
- Padgett, Jared, Kenneth Gossett, Roger Mayer, Wen-Wen Chien, and Freda Turner. "Improving Patient Safety through High Reliability Organizations." *The Qualitative Report*, February 5, 2022. <https://doi.org/10.46743/2160-3715/2017.2547>.
- Substance Abuse and Mental Health Services Administration. (2014). SAMHSA’s concept of trauma and guidance for a trauma-informed approach. HHS Publication No. (SMA) 14-4884. Rockville, MD: Substance Abuse and Mental Health Services Administration.
- Weick, Karl E., and Kathleen M. Sutcliffe. *Managing the unexpected: Sustained performance in a Complex World*. Hoboken, NJ: John Wiley & Sons, Inc., 2015.