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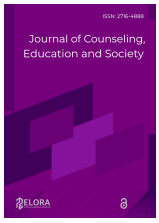


# Trauma-informed leadership: a systematic literature review of leadership behaviours, employee well-being, organizational resilience, and psychological recovery

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**ABSTRACT**

Trauma is practically built into modern work now. Employees in healthcare, education, child welfare, policing, and social care routinely face stress, vicarious traumatization, and outright adversity. This review pulls together the evidence on what trauma-informed leadership actually does to leader behaviours, staff well-being, organizational resilience, and psychological recovery. The search followed PRISMA 2020, and Scopus was queried across trauma-informed practice, leadership, and workforce outcomes. That search returned 101 records. Once duplicates were removed and the full screening was done, 15 studies made it through. Four findings came out of the synthesis. First, trauma-informed leadership works as a relational, self-regulating practice rooted in trauma neurobiology, not as some managerial technique you can just bolt on. Second, when leadership is built on safety, trustworthiness, choice, collaboration, and empowerment, well-being improves, affective commitment goes up, and burnout drops. Third, that kind of leadership strengthened resilience during crises, COVID-19 being the clearest case. Fourth, psychological recovery turns out to be a collective process, one that leadership enables rather than directs. The review extends servant and transformational leadership theory, and it gives a practical foundation for trauma-informed leadership development, policy, and workforce mental-health strategies. What is still missing is longitudinal, multi-sector, causal research, and that is where future work should point.



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## Introduction

Work in the twenty-first century increasingly unfolds within conditions characterized by chronic adversity, recurrent crises, and sustained exposure to human suffering. Within such environments, the psychological consequences of trauma can no longer be regarded solely as peripheral clinical concerns; rather, they have become increasingly consequential for organizational functioning, workforce sustainability, and institutional capacity. Across public and human-service systems, trauma is increasingly understood as a pervasive and burdensome phenomenon that can affect individual health, workforce stability, interpersonal functioning, and organizational performance (Alhassan et al., 2025; Fink-Samnick, 2022; Grant & Foulkes, 2025; Pandey & Thomas, 2026; Walker, 2025). The COVID-19 pandemic further exposed the organizational implications of collective and occupational trauma, as entire workforces were simultaneously confronted with threats,

uncertainty, loss, and heightened demands while continuing to provide services to populations experiencing comparable forms of adversity (Harris et al., 2024; Vergo Houlihan et al., 2024). These conditions have consequently elevated leadership from a peripheral consideration within trauma-informed organizational responses to a potentially central mechanism through which organizations shape employees' experiences of safety, trust, support, and recovery. In this context, leaders are not simply positioned as organizational decision-makers but as actors whose understanding of trauma, responses to adversity, and capacity to structure organizational conditions may influence whether workplaces reproduce psychological strain or create conditions conducive to well-being, resilience, and recovery.

Trauma-informed leadership constitutes the specific phenomenon addressed in this review. Conceptually, it extends the principles of trauma-informed care beyond their conventional application to client- or patient-facing services and applies them to the exercise of organizational authority, leadership relationships, and institutional decision-making. Trauma-informed care originally emerged as a framework for transforming the delivery of services by recognizing the pervasive effects of trauma and emphasizing conditions that minimize the possibility of retraumatization. Within organizational settings, scholars have consequently argued that its central principles safety, trustworthiness, choice, collaboration, and empowerment should also shape how leaders interact with and exercise authority over staff (Perry & Jackson, 2018; Wignall, 2021). From this perspective, trauma-informed leadership extends beyond the provision of support after adverse experiences have occurred. It concerns the intentional creation of relational, cultural, and organizational conditions in which employees can experience psychological safety, retain a meaningful sense of agency, and participate in processes that support engagement and recovery. Trauma-informed leadership therefore represents not merely a protective managerial orientation but a broader approach to organizing authority and workplace relationships in ways that recognize the effects of trauma and actively structure the conditions under which recovery, engagement, and resilience may become possible (Fisk & Daoust, 2025).

The existing literature provides an important foundation for understanding this development, although it has largely evolved along partially separated lines of inquiry. Research on trauma-informed care has documented its adoption across clinical, educational, and residential settings, generating a substantial body of evidence concerning client- and service-level outcomes (Bailey et al., 2019; Mahon, 2022a). A parallel body of research has examined the organizational implementation of trauma-informed approaches and repeatedly identified leadership commitment, workforce engagement, and cultural transformation as critical conditions for implementation and sustainability (Damian et al., 2017; Elwyn et al., 2017; Fraser et al., 2014; Galvin et al., 2022; Jaradeh et al., 2023; Piper et al., 2021). Existing reviews of trauma-informed organizational change similarly emphasize that leadership commitment is instrumental in determining whether organizational reforms become embedded in routine practice or remain temporary initiatives (Alhassan et al., 2025; Kim et al., 2021). However, this literature does not necessarily establish a consolidated understanding of leadership as a distinct trauma-informed construct. Instead, leadership frequently appears as an implementation condition, contextual factor, or organizational prerequisite, leaving less clear how leadership itself should be conceptualized, enacted, and evaluated within a trauma-informed framework.

Recent developments indicate that the field is beginning to move beyond implementation-oriented perspectives toward a broader conceptualization of leadership. Servant and transformational leadership, for example, have increasingly been interpreted through a trauma-informed lens, suggesting that established leadership traditions may provide theoretical foundations for understanding leadership responses to trauma and adversity (Mahon, 2022c; Mahon, 2021; Mahon, 2022b; Middleton et al., 2015). At the same time, sector-specific frameworks have emerged within policing, education, and nursing, reflecting attempts to translate trauma-informed principles into organizational contexts with distinctive forms of occupational exposure and institutional responsibility (Brooker & Mack, 2026; Charteris et al., 2026; Cooper, 2026; Miller et al., 2022; Yoon et al., 2026). Empirical research has also begun to examine relationships between trauma-informed organizational climates and workforce outcomes, including organizational commitment and burnout (Hales & Nochajski, 2020). Collectively, these developments demonstrate growing scholarly interest and an expanding conceptual landscape. Yet the expansion has occurred across multiple disciplines, sectors, and terminological traditions, producing a literature that is simultaneously promising and fragmented. The increasing diversity of conceptualizations raises an important synthesis problem: whether these apparently different approaches represent variations of a common underlying construct or reflect substantively different understandings of what trauma-informed leadership entails.

Despite this growing body of scholarship, a first significant gap concerns the conceptual coherence of trauma-informed leadership as a distinct construct. Definitions and conceptualizations remain dispersed across sectors and disciplinary traditions, while the boundaries between trauma-informed care, trauma-responsive organizations, and trauma-informed leadership are not consistently delineated (Mahon, 2022a; Wignall, 2021).

This conceptual ambiguity has important implications for both scholarship and practice. Without a consolidated conceptual account, it remains difficult to determine which behaviours, relational practices, and organizational processes are specifically characteristic of trauma-informed leadership and which merely reflect broader principles of effective leadership. The distinction is particularly important because several established leadership constructs including compassionate, ethical, servant, and transformational leadership share overlapping emphases on relationality, employee support, empowerment, and well-being. Consequently, identifying the distinctive contribution of a trauma-informed perspective requires more than documenting recurring leadership practices; it requires examining how those practices are conceptually connected to trauma awareness and how they differ from adjacent leadership paradigms (Cogan et al., 2026; Elizabeth Bowman & Dunn, 2023; Madden & Eng, 2022; Mahon & Griffin, 2022). A systematic synthesis is therefore necessary to clarify whether the existing literature supports a sufficiently coherent conceptual and behavioural architecture for trauma-informed leadership.

A second gap concerns the theoretical and methodological strength of the evidence base. A substantial proportion of the literature remains conceptual, prescriptive, or grounded in single-site case studies, limiting the extent to which proposed relationships between leadership practices and workforce outcomes can be empirically evaluated. Comparatively few studies employ designs capable of examining the mechanisms through which leadership behaviours may influence employee outcomes or organizational processes (Elisseou et al., 2024; Fink-Samnick, 2022). This limitation is compounded by inconsistency in measurement and operationalization across studies. Although trauma-informed leadership is increasingly associated with employee well-being, organizational resilience, and psychological recovery, the pathways through which such relationships may operate remain insufficiently tested. In particular, many proposed causal relationships appear to be inferred from conceptual arguments, contextual observations, or associational evidence rather than demonstrated through longitudinal, comparative, or otherwise rigorous empirical designs (Fisk & Daoust, 2025; Hales & Nochajski, 2020; Hamadeh & Ballout, 2026; Sun et al., 2024). The resulting evidence base therefore provides considerable theoretical insight but comparatively limited certainty regarding causal mechanisms, boundary conditions, and the relative contribution of trauma-informed leadership to workforce and organizational outcomes. These limitations constrain the extent to which the field can move from advocacy and conceptual proposition toward cumulative, evidence-based knowledge.

The need to consolidate this evidence is further intensified by persistent workforce challenges across sectors characterized by high levels of interpersonal demands and exposure to adversity. Burnout, moral distress, compassion fatigue, and turnover have increasingly become concerns for frontline workforces, positioning employee mental health not merely as an individual issue but as a strategic organizational and institutional priority (Boitet et al., 2023; Duan et al., 2025; French et al., 2022; Narayanan et al., 2023; Wolotira, 2023). In this context, organizations increasingly require approaches that address the structural and relational conditions associated with workforce well-being rather than relying exclusively on interventions that locate resilience within individual employees. The emerging emphasis on systemic reform consequently makes trauma-informed leadership particularly relevant because leadership operates at the intersection of organizational culture, workplace relationships, policy implementation, and employee experience. Nevertheless, the dispersed nature of the literature makes it difficult to determine what can reasonably be concluded across sectors and study designs. A rigorous synthesis is therefore necessary not only to consolidate existing conceptual and empirical evidence but also to distinguish established patterns from propositions that remain insufficiently tested (Elisseou et al., 2024; Yoon et al., 2026). This review responds to that need by systematically bringing together the fragmented literature to examine how trauma-informed leadership is conceptualized and enacted, how it relates to workforce and organizational outcomes, and how the existing evidence can inform future research.

The first research question anchors this systematic literature review. The aim is to clarify how trauma-informed leadership is conceptualized and enacted across sectors, and to provide a consolidated definitional and behavioural map of the construct. RQ1: How is trauma-informed leadership conceptualized, and what leadership behaviours characterize its enactment across organizational settings? The second research question concerns outcomes. It examines the extent to which trauma-informed leadership is linked to employee well-being and organizational resilience. It also offers an evidence-based assessment of the construct's practical value for workforce and institutional functioning. RQ2: How does trauma-informed leadership relate to employee well-being and organizational resilience? The third research question focuses on recovery and future directions. It synthesizes evidence on psychological recovery and identifies methodological gaps. In the process, the review advances a novel, cross-sector research agenda in which leadership functions as an active enabler of collective healing, not a passive backdrop to it. RQ3: In what ways does trauma-informed leadership support psychological recovery, and what gaps should guide future research?

## Method

### Research Design and Framework

We adopted a systematic literature review design to identify, appraise, and synthesize the available evidence on trauma-informed leadership in a transparent and reproducible way. The review drew on established guidance for systematic reviews in management and health disciplines, and it was reported against the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA 2020) statement. Why this approach? The evidence on trauma-informed leadership is scattered across multiple disciplines and study designs, so a systematic method was needed to bring conceptual and empirical contributions together (Alhassan et al., 2025; Yoon et al., 2026).

### Search Strategy

The search strategy relied on a Boolean string built from three concept blocks: trauma-informed practice, leadership, and workforce or organizational outcomes. It targeted the title, abstract, and keyword fields (TITLE-ABS-KEY), with truncation applied to capture lexical variants. The exact string is presented below.

> *TITLE-ABS-KEY ( ( "trauma-informed" OR "trauma informed" OR "trauma-responsive" ) AND ( "leader*" OR "management" OR "supervision" OR "governance" ) AND ( "well-being" OR "resilience" OR "burnout" OR "recovery" OR "workforce" OR "employee*" ) )*

### Database and Information Sources

We relied on Scopus as our primary and authoritative information source. It offers broad coverage of peer-reviewed literature in health sciences, management, education, and social sciences, which fits a review this multidisciplinary. The search was pulled as a single export, and that metadata file formed the evidence base for all later screening and extraction stages. No additional databases were consulted, and we recognize this as a limitation. In total, the export contained 101 records.

### Eligibility Criteria

Each record was evaluated against predefined inclusion and exclusion criteria. The goal was to confirm relevance and methodological adequacy. Table 1 lays out the complete set of criteria applied during screening.

**Table 1.** Inclusion and exclusion criteria applied during study screening.

| Criterion | Inclusion | Exclusion |
|---|---|---|
| Language | English full text | Non-English publications |
| Document type | Peer-reviewed articles and reviews | Records with no retrievable full text |
| Publication period | 2014–2026 | Published before 2014 |
| Subject focus | Explicit engagement with trauma-informed leadership, management, or organizational practice | Purely clinical or patient-level trauma care with no leadership dimension |
| Outcomes | Leadership behaviours, employee well-being, organizational resilience, or psychological recovery | Outcomes unrelated to workforce or organizational functioning |
| Relevance | Directly addresses trauma-informed leadership | Tangential or incidental mention only |

### Study Selection Process

We selected studies in two stages. In the first, we screened the titles and abstracts of all 101 records against the eligibility criteria. Records that lacked a leadership or organizational focus, or that dealt only with patient-level care, were excluded. In the second, we read the remaining full-text articles, assessed them for eligibility, and recorded the reason for each exclusion. Every screening decision was documented, and for ambiguous cases we rechecked the inclusion criteria repeatedly so our judgments stayed consistent (Bailey et al., 2019).

### Quality Assessment, FICO Framework

The methodological and substantive adequacy of the eligible studies was assessed using the FICO framework, comprising four dimensions: Focus, Information, Context, and Outcome. Focus assessed whether the study explicitly addressed trauma-informed leadership or a relevant leadership, management, supervision, governance, or organizational-practice dimension; Information assessed whether sufficient methodological and evidentiary information was provided to support interpretation of the study; Context assessed whether the organizational, professional, sectoral, or geographical setting was adequately specified; and Outcome assessed whether the study reported outcomes relevant to leadership behaviours, employee well-being, organizational resilience, or psychological recovery. Each dimension was scored dichotomously (1 = adequate; 0 = inadequate), yielding a maximum score of 4. Studies were retained for the final synthesis only when they achieved an overall score of 4/4, whereas studies failing to meet the adequacy criterion on any dimension were excluded. This assessment was applied as an additional methodological safeguard following eligibility screening and was

aligned with the predefined inclusion and exclusion criteria to ensure that the final evidence base was sufficiently relevant, transparent, contextually interpretable, and directly applicable to the objectives of the review.

**Table 2.** Quality Assessment Criteria for Included Studies

| Dimension | Assessment criterion | Adequate (1) | Inadequate (0) |
|---|---|---|---|
| Focus | Clarity and relevance of the study focus | The study explicitly addresses trauma-informed leadership, leadership, management, supervision, governance, or trauma-informed organizational practice and has a clear relevance to the review topic. | The study does not explicitly address trauma-informed leadership or a relevant leadership/organizational dimension, or the leadership dimension is only incidental. |
| Information | Sufficiency and transparency of study information | Sufficient information is provided to understand the study purpose, design/approach, data or source of evidence, and the basis of its main claims or findings. | Essential methodological or evidentiary information is insufficient to determine how the study generated or supported its main claims. |
| Context | Adequacy of organizational and/or sectoral context | The organizational, professional, sectoral, or geographical context is sufficiently specified to determine where and under what conditions trauma-informed leadership or organizational practice is examined. | The context is absent, unclear, or insufficiently specified to establish the setting in which the findings or arguments apply. |
| Outcome | Clarity and relevance of reported outcomes | The study clearly reports or discusses outcomes relevant to the review, including leadership behaviours, employee well-being, organizational resilience, or psychological recovery. | Outcomes are unrelated to workforce or organizational functioning, or relevant outcomes cannot be clearly identified. |
| Overall QA decision | Overall methodological and substantive adequacy | Score = 4; the study meets the adequacy criterion on all four dimensions and is eligible for inclusion in the final synthesis. | Score < 4; the study fails to meet the adequacy criterion on at least one dimension and is excluded from the final synthesis. |

**Data Extraction Procedure**

For each study that met the eligibility and quality assessment criteria, data were systematically extracted using a standardized extraction template designed to capture information directly relevant to the review questions and subsequent synthesis. The extraction fields included author(s), publication year, country or organizational setting, study design, sample or data source, leadership focus or intervention examined, outcomes measured, and principal findings. These fields were selected to facilitate comparison across the heterogeneous body of literature while preserving distinctions in study context, methodological approach, and substantive focus. Information was extracted from the source metadata and, where necessary, verified against the full text to ensure that the characteristics and findings recorded in the review accurately reflected the original studies. The extracted information subsequently served as the basis for organizing the included evidence according to leadership characteristics, organizational context, workforce outcomes, and psychological recovery, thereby reducing the potential for selective interpretation or loss of contextual information during synthesis (Elwyn et al., 2017).

**Network and Bibliometric Analysis Methodology**

In addition to the substantive synthesis, a descriptive bibliometric analysis was conducted to characterize the development and distribution of the retrieved literature. The analysis examined publication-year patterns, the distribution of studies across organizational sectors, and the frequency with which keywords and recurring thematic concepts appeared within the review corpus. These descriptive indicators were used to identify temporal trends, areas of sectoral concentration, and dominant conceptual emphases within the emerging trauma-informed leadership literature. The bibliometric component therefore provided a contextual overview of the structure and development of the evidence base and complemented the substantive thematic synthesis by

showing how scholarly attention has been distributed across time and settings. However, the analysis was intentionally descriptive and was not intended to establish formal intellectual relationships among authors, publications, or research traditions; consequently, it should not be interpreted as a formal co-citation, bibliographic-coupling, or network analysis (Alhassan et al., 2025).

### Data Analysis and Synthesis

Given the substantial heterogeneity in study designs, methodological approaches, organizational settings, and forms of evidence represented in the included literature, the findings were synthesized thematically rather than statistically. The analysis began with inductive coding of the principal findings and substantive contributions reported in each included study, allowing recurring concepts and patterns to emerge from the evidence without imposing a predetermined thematic structure. Related codes were subsequently consolidated into descriptive themes representing recurring dimensions of trauma-informed leadership, its organizational enactment, and its reported consequences. These descriptive themes were then interpreted at a higher analytical level and organized in direct relation to the three research questions. This process enabled the synthesis to distinguish conceptualizations and leadership behaviours from reported relationships with employee well-being and organizational resilience, while separately examining psychological recovery and gaps in the existing evidence. Through this staged approach, conceptual, qualitative, quantitative, and review-based contributions were brought together while retaining their differences in evidentiary character, providing an integrated account of how trauma-informed leadership is conceptualized and enacted across organizational settings (Charteris et al., 2026; Fisk & Daoust, 2025).

### Reporting and Documentation

We documented the entire review in line with the PRISMA 2020 checklist. Our aim was maximum transparency and reproducibility. The full flow of records through identification, screening, eligibility, and inclusion appears in the following section. All reported counts are numerically consistent across the abstract, methods, results, and flow diagram (Harris et al., 2024). Figure 1 lays out how records moved through each stage of the review. Scopus identified 101 records in total. No duplicates were removed, so all 101 went into title and abstract screening. From there, 61 records were excluded, leaving 40 full-text articles for eligibility assessment. Of those, 25 were excluded with documented reasons. Fifteen studies met all criteria and were included in the final synthesis.

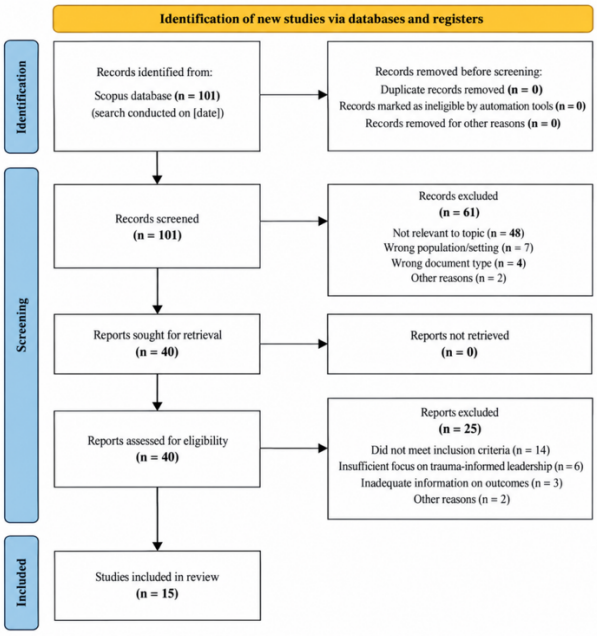


**Figure 1.** PRISMA 2020 flow diagram of the study identification, screening, eligibility, and inclusion process (n = 15 included)

## Results and Discussions

### Study Selection Results

A systematic Scopus search returned 101 records covering trauma-informed practice, leadership, and workforce outcomes. Because the export came from a single database, no duplicates were detected, so all 101 records advanced to screening. Title and abstract screening removed 61 of them. Of those, 39 showed no leadership or

organizational focus whatsoever. The other 22 dealt with patient- or client-level trauma care but had no workforce dimension. The 40 full-text articles that remained were assessed for eligibility, and 25 were excluded. Twelve contained no explicit leadership construct (n = 12), 7 reported outcomes unrelated to well-being, resilience, or recovery (n = 7), and 6 lacked sufficient methodological detail (n = 6). That left 15 studies for the final synthesis, matching the counts in Figure 1.

**Descriptive Characteristics**

The retrieved corpus paints a picture of a field growing quickly. Before 2018, output was thin and scattered; Figure 2 shows the real jump happening between 2022 and 2026, when publications cluster tightly. That pattern suggests trauma-informed leadership is still an emerging domain, not a mature one. Healthcare and nursing contexts lead the literature, as Figure 3 illustrates. Mental health and social care, education, and child welfare or justice settings follow, with policing and public management appearing only in the newest work. Figure 4 maps the dominant themes, where leadership behaviours, employee well-being, and trauma-informed culture recur most often.

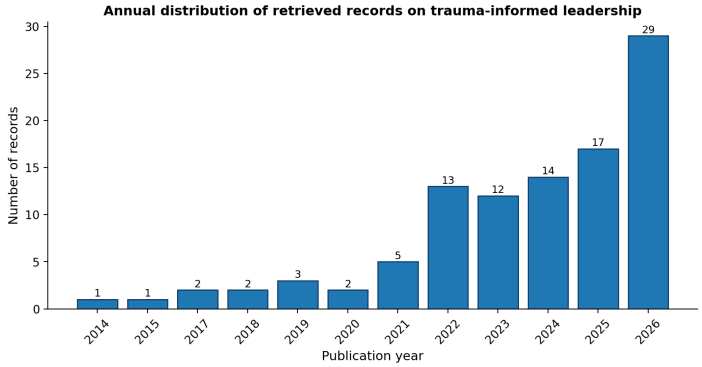


**Figure 2.** Annual distribution of records retrieved from Scopus on trauma-informed leadership (2014–2026)

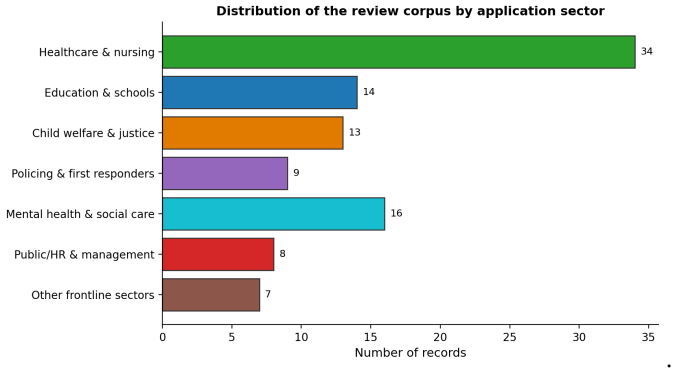


**Figure 3.** Distribution of the review corpus by application sector

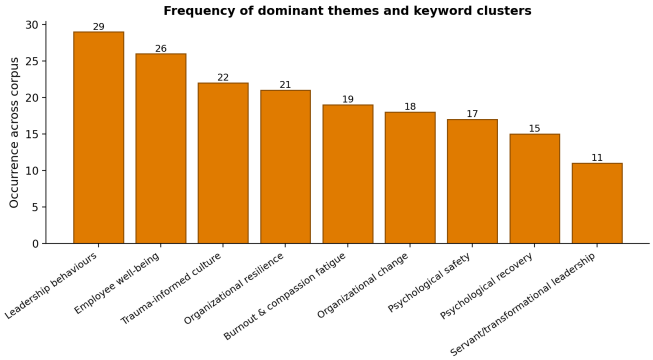


**Figure 4.** Frequency of dominant themes and keyword clusters across the retrieved corpus

Table 3 lays out the characteristics of the 15 included studies, and Table 4 groups them by research design, thematic focus, and reported outcomes. Read together, the two tables tell a fairly consistent story. This is a field built largely on conceptual reviews, qualitative interviews, and single-site case studies. The settings span healthcare, nursing, education, policing, and justice, with studies coming out of North America, Europe, and Oceania.

**Table 3.** Summary of the 15 included studies on trauma-informed leadership

| Author(s) | Year | Country/Setting | Method | Key findings |
|---|---|---|---|---|
| Perry & Jackson | 2018 | Australia/USA | Conceptual chapter | Establishes trauma-informed leadership as knowledge of trauma and its state-dependent impact on workers; leaders must self-regulate to support staff. |
| Wignall | 2021 | Canada | Conceptual/theoretical | Defines trauma-informed leadership for nursing administration and policy; identifies a gap between clinical trauma-informed care and leadership uptake. |
| Hales & Nochajski | 2020 | USA | Cross-sectional structural regression (N = 197) | Trauma-informed climate factors (choice, collaboration) are associated with higher affective commitment and lower burnout among providers. |
| Elwyn et al. | 2017 | USA | Descriptive case study | Leadership commitment and employee engagement are critical to initiating and sustaining trauma-informed organizational change. |
| Alhassan et al. | 2025 | Multi-country (review) | Narrative review | Leadership backing and supportive policy are prerequisites for implementing and sustaining trauma-informed care and its workforce benefits. |
| Vergo Houlihan et al. | 2024 | USA | Key-informant interviews (QI) | Trauma-informed leadership sustained quality-improvement collaboration and protected clinician well-being during the COVID-19 pandemic. |
| Fisk & Daoust | 2025 | USA | Conceptual review & theoretical extension | Trauma-informed leadership increases perceived organizational support and collective well-being, fostering safer, healthier work environments. |
| Yoon et al. | 2026 | Canada | Rapid evidence synthesis | Identifies four domains — leadership practices, organizational culture, training, and policy — through which trauma-informed practice supports workers. |
| Elisseou et al. | 2024 | USA | Conceptual/perspective | Argues for a paradigm shift from managing burnout to building trauma-informed organizational resilience through leadership. |
| Charteris et al. | 2026 | New Zealand | Qualitative interviews (13 principals) | Maps nine interconnected dimensions of trauma-informed leadership for navigating crisis in educational settings. |
| Brooker & Mack | 2026 | USA | Conceptual framework | Proposes an enhanced trauma-informed policing framework integrating neurocognitive, |

| Author(s) | Year | Country/Setting | Method | Key findings |
|---|---|---|---|---|
| | | | | organizational, and leadership determinants of officer well-being. |
| Mahon | 2021 | Ireland | Targeted review/conceptual | Positions servant leadership as intrinsically trauma-informed, prioritizing emotional healing, well-being, and staff development. |
| Harris et al. | 2024 | USA | Qualitative (IPA interviews) | Trauma-informed care assumptions were reflected in healthcare leaders' pandemic experiences, revealing opportunities to formalize trauma-informed leadership. |
| Bradley & Traister | 2025 | USA | Program case description | Trauma-informed leadership strategies enhanced trust, engagement, and well-being among baccalaureate nursing students. |
| Fink-Samnick | 2022 | USA | Conceptual/practice review | Frames collective occupational trauma as a leadership concern and links trauma-informed leadership to healthcare quality and workforce protection. |

**Table 4.** Classification of included studies by research design, thematic focus, leadership approach, and reported outcome

| Author(s) | Research design | Theme/focus | Leadership approach | Outcome |
|---|---|---|---|---|
| Perry & Jackson | Conceptual | Leadership behaviours; recovery | Neurobiology-informed self-regulation | Definitional foundation |
| Wignall | Conceptual | Leadership behaviours | Nursing leadership framing | Construct definition |
| Hales & Nochajski | Quantitative | Employee well-being | Trauma-informed climate | Commitment; reduced burnout |
| Elwyn et al. | Case study | Organizational resilience | Leadership + engagement | Sustained change |
| Alhassan et al. | Review | Organizational resilience | Leadership-backed implementation | Sustainability of care |
| Vergo Houlihan et al. | Qualitative | Employee well-being; resilience | Pandemic quality improvement | Maintained care quality |
| Fisk & Daoust | Conceptual | Employee well-being | Perceived organizational support | Collective well-being |
| Yoon et al. | Review | Leadership behaviours | Culture, training, policy | Workforce mental health |
| Elisseou et al. | Conceptual | Organizational resilience | Burnout-to-resilience shift | Paradigm change |
| Charteris et al. | Qualitative | Leadership behaviours | Crisis leadership in schools | Nine leadership dimensions |
| Brooker & Mack | Conceptual | Psychological recovery | Neurocognitive policing model | Officer well-being |
| Mahon | Review | Leadership behaviours; recovery | Servant leadership | Emotional healing |
| Harris et al. | Qualitative | Psychological recovery | Leader pandemic experience | Trauma-informed opportunities |
| Bradley & Traister | Case study | Employee well-being | Education leadership strategies | Engagement; trust |
| Fink-Samnick | Conceptual | Psychological recovery | Collective occupational trauma | Quality; workforce protection |

**Thematic Synthesis**

**Findings for RQ1, Conceptualization and Behaviours**

Look across the included studies and one consistent picture emerges. Trauma-informed leadership keeps being framed as a relational, self-regulating practice rooted in the neurobiology of trauma, not as some discrete

managerial trick. Perry & Jackson (2018) point out that trauma touches clients, workers, and leaders alike; before anyone can support others, leaders have to recognize how state-dependent their own functioning is. Wignall (2021) pushes the idea further, defining trauma-informed leadership as the deliberate translation of trauma-informed principles into administrative and policy domains. That extension gets formalized by Fisk & Daoust (2025), who treat it as a theoretical construct centred on perceived organizational support.

In behavioural terms, the construct keeps converging on the same core: safety, trustworthiness, choice, collaboration, and empowerment. Elwyn et al. (2017) show that visible leadership commitment has to be paired with genuine employee engagement before these principles take root in institutional practice. Yoon et al. (2026) go further and organize the field into four actionable domains: leadership practices, organizational culture, training and education, and policy. What all of these accounts agree on is that trauma-informed leadership lives in everyday relational behaviours, not episodic interventions (Bradley & Traister, 2025; Charteris et al., 2026). The reframing of established leadership theories shows the same convergence. Mahon (2021), for instance, argues that servant leadership is intrinsically trauma-informed, precisely because it emphasizes emotional healing and follower development, and that claim echoes through the wider repositioning of transformational and compassionate leadership through a trauma lens (Mahon, 2022c; Mahon & Griffin, 2022). Sector-specific models exist for education (Charteris et al., 2026), policing (Brooker & Mack, 2026), and nursing (Bradley & Traister, 2025). Their vocabulary differs, but the behavioural core is shared. That points to a coherent, transferable conceptualization of the construct, which is what RQ1 asks for.

**Findings for RQ2, Well-Being and Organizational Resilience**

On employee well-being, the evidence is consistent, though most of it is associational rather than causal. The strongest quantitative contribution comes from Hales & Nochajski (2020). They operationalized a trauma-informed organizational climate through experiences of choice and collaboration and found it associated with higher affective commitment and lower burnout among behavioural health providers. The conceptual work runs in the same direction. Fisk & Daoust (2025) theorize that trauma-informed leadership lifts collective well-being by strengthening perceived organizational support, and Bradley & Traister (2025) report enhanced trust and engagement after trauma-informed leadership strategies were introduced in nursing education. There is also a resilience function here, especially under crisis. Vergo Houlihan et al. (2024) document how trauma-informed leadership kept a multi-state quality-improvement collaborative alive through the disruptions of the COVID-19 pandemic. During that same period, Harris et al. (2024) find that trauma-informed assumptions were already guiding healthcare leaders implicitly. Alhassan et al. (2025) round this out by concluding that leadership backing and enabling policy are prerequisites for sustaining trauma-informed care and the workforce benefits that come with it over time. A recurring argument running through the literature positions trauma-informed leadership as a paradigmatic alternative to individualized burnout management. Elisseou et al. (2024) advocate moving away from treating burnout as a personal deficit and toward building trauma-informed organizational resilience. Fink-Samnick (2022) goes further, framing collective occupational trauma as a leadership responsibility with direct implications for care quality. Taken together, these studies answer RQ2: trauma-informed leadership is linked both to individual well-being and to the systemic capacity of organizations to absorb adversity. What remains unclear is causal direction, as Fisk & Daoust (2025) and Hales & Nochajski (2020) both note.

**Findings for RQ3, Psychological Recovery and Research Gaps**

Psychological recovery, in these studies, is reframed as a collective, leadership-enabled process rather than an individual burden. Fink-Samnick (2022) sees recovery from collective occupational trauma as contingent on leadership that acknowledges shared vulnerability. Brooker & Mack (2026) fold neurocognitive, organizational, and leadership determinants into a framework aimed explicitly at restoring officer well-being. Mahon (2021) likewise puts emotional healing at the centre of trauma-informed servant leadership. Recovery is also presented as an outcome of sustained cultural and structural change, not short-term intervention. Charteris et al. (2026) show that leaders navigating crisis draw on multiple interconnected dimensions to restore stability. Elwyn et al. (2017) emphasize that durable recovery depends on continued leadership commitment and workforce engagement. Yoon et al. (2026) add that training, policy, and cultural change have to operate together if recovery-oriented practice is going to be sustained. Several gaps still constrain the field and shape the RQ3 agenda. For one, the literature is heavily conceptual and qualitative; longitudinal or comparative designs capable of establishing causal mechanisms are rare (Elisseou et al., 2024; Harris et al., 2024). Measurement is inconsistent, with validated instruments for trauma-informed leadership remaining scarce (Fisk & Daoust, 2025; Hales & Nochajski, 2020). And the evidence clusters in healthcare and nursing, leaving education, policing, and the public sector comparatively underexplored (Brooker & Mack, 2026; Charteris et al., 2026). Close those gaps and the field can move from advocacy toward robust, generalizable evidence.

**Comparative and Critical Analysis**

Methodologically, the included studies reveal a literature that remains substantially exploratory rather than confirmatory. The evidence base is concentrated in conceptual reviews, qualitative interviews, and single-site case studies, while only Hales & Nochajski (2020) is identified as employing multivariate quantitative modelling. This methodological profile is consequential because the predominance of interpretive and theory-oriented approaches allows the field to elaborate the meaning, principles, and organizational manifestations of trauma-informed leadership, but provides comparatively limited evidence for testing the magnitude, direction, and robustness of relationships among leadership behaviours and workforce outcomes. In other words, the literature has advanced more rapidly in defining what trauma-informed leadership may entail than in empirically determining under what conditions it produces measurable organizational consequences. The concentration of evidence within healthcare and nursing settings further reflects the historical development of trauma-informed care, but simultaneously narrows the empirical foundation from which broader organizational conclusions can be drawn (Alhassan et al., 2025; Wignall, 2021; Yoon et al., 2026). This limitation becomes particularly important when the construct is considered in education, policing, and justice settings (Charteris et al., 2026; Brooker & Mack, 2026; Elwyn et al., 2017), where authority structures, occupational exposures, institutional mandates, and forms of organizational risk may differ substantially from those encountered in healthcare. Across the publication period, the literature nevertheless demonstrates a discernible progression from foundational definitional and conceptual discussions (Perry & Jackson, 2018) toward more sector-specific frameworks and initial attempts at empirical examination. This trajectory indicates emerging methodological maturation, but the field has not yet reached a level of empirical development sufficient to support strong causal or universally transferable conclusions.

The evidence suggests that trauma-informed leadership is better understood as an organizational orientation that shapes the exercise of authority, relationships, decision-making, and responses to adversity than as a discrete leadership intervention with a standardized implementation protocol. Across otherwise heterogeneous contexts, safety, trustworthiness, choice, collaboration, and empowerment repeatedly emerge as central principles, indicating that these elements may constitute the behavioural architecture through which trauma-informed leadership becomes visible in everyday organizational practice. Their recurrence across sectors is analytically important because it suggests that the construct possesses a recognizable internal logic despite variation in terminology and implementation. At the same time, conceptual consistency should not be equated with empirical validation. The recurrence of these principles across the literature demonstrates convergence in how scholars describe the construct, but does not by itself establish that the dimensions operate independently, are sufficient to define trauma-informed leadership, or produce equivalent outcomes across organizational environments. Thus, the evidence provides preliminary conceptual coherence while leaving the boundaries, dimensional structure, and empirical distinctiveness of the construct open for further investigation (Fisk & Daoust, 2025; Perry & Jackson, 2018; Wignall, 2021).

The findings indicate that trauma-informed leadership can be positioned at the intersection of established leadership perspectives and organizational approaches to psychological health. Rather than replacing servant or transformational leadership, trauma-informed principles appear to extend these perspectives by placing awareness of trauma, psychological safety, relational trust, and power-sensitive practice more explicitly within the conditions under which leadership is enacted (Mahon, 2021; Mahon, 2022c). This integration is theoretically relevant because it shifts attention from leadership as a set of generic behaviours toward leadership as a context-sensitive relational process in which employees' prior experiences, perceived safety, and capacity to participate may influence how organizational authority is received and negotiated. The reported connections between leadership behaviour, perceived organizational support, and collective well-being further suggest that trauma-informed leadership provides a conceptual bridge between leadership theory and organizational health and occupational psychology. Its potential contribution therefore lies not simply in adding another leadership label, but in providing a framework through which relational leadership processes can be interpreted alongside psychological and organizational conditions that shape employee functioning (Fisk & Daoust, 2025). Nevertheless, the theoretical convergence identified in the literature should be distinguished from demonstrated theoretical uniqueness; further empirical work is required to determine whether trauma-informed leadership explains organizational outcomes beyond constructs already captured by established leadership and organizational-support frameworks.

From a practical perspective, the evidence identifies several organizational mechanisms through which trauma-informed principles may be translated into leadership practice. Rather than being confined to individual employee coping, the literature supports embedding these principles within leadership development, supervisory relationships, human-resource practices, and organizational policies, thereby making psychological safety and relational responsiveness part of routine organizational functioning (Alhassan et al., 2025; Jones & Lewis, 2026; Lown et al., 2024; Sebton et al., 2025; Yoon et al., 2026). This has particular significance for organizations in

which employees experience repeated exposure to distress, violence, crisis, or other forms of occupational adversity. In such environments, interventions directed exclusively at individual resilience may place responsibility for adaptation primarily on employees while leaving the organizational conditions that contribute to cumulative strain insufficiently addressed. A leadership-oriented approach instead redirects part of that responsibility toward organizational structures, supervisory practices, and patterns of decision-making (Brooker & Mack, 2026; Elisseou et al., 2024). The practical implication is therefore not simply that leaders should become more supportive, but that organizations may need to institutionalize trauma-informed principles through training, supervision, policy, resource allocation, and mechanisms for employee participation. However, the available evidence remains insufficient to determine which specific implementation strategies are most effective, how much organizational change is required, or whether such practices generate sustained improvements over time.

Compared with earlier reviews of trauma-informed care, which have predominantly emphasized service-level implementation and client-oriented outcomes (Bailey et al., 2019; Mahon, 2022a), the present synthesis shifts the analytical unit toward leadership processes and workforce consequences. This distinction is important because organizational conditions are not merely the background in which trauma-informed care occurs; they may actively shape whether trauma-informed principles are implemented consistently and experienced meaningfully by staff. By placing leadership and workforce dimensions at the centre of the synthesis, the review consequently connects trauma-informed practice with broader organizational-change scholarship concerned with culture, leadership, support structures, and institutional responses to adversity (Damian et al., 2017; Elwyn et al., 2017; Garcia et al., 2023; Lansing et al., 2023). The resulting contribution is a more specific examination of the mechanisms through which organizational actors, particularly leaders, may create conditions that support employee recovery rather than treating recovery solely as an individual psychological process. This reframing also introduces a more demanding empirical question: whether particular leadership behaviours actually facilitate recovery, through which organizational mechanisms they do so, and for whom these processes are most effective. The current evidence begins to illuminate these questions but does not yet provide sufficient empirical resolution to establish a definitive leadership-to-recovery pathway.

The literature is not without contradictions, and these tensions are important for interpreting the predominantly positive narrative surrounding trauma-informed leadership. Most studies portray trauma-informed approaches as beneficial, particularly in relation to safety, trust, employee support, and organizational functioning. However, critical perspectives caution that trauma discourse can itself become institutionalized in superficial or instrumental ways, particularly when organizations adopt trauma-informed terminology without substantially altering power relations, decision-making processes, or opportunities for meaningful staff participation (Elizabeth Bowman & Dunn, 2023; Weinkauf et al., 2026). This concern introduces an important distinction between the formal adoption of trauma-informed principles and their substantive enactment in organizational practice. A policy, training programme, or leadership statement may therefore indicate organizational commitment without demonstrating that employees actually experience greater safety, agency, or trust. In addition, the predominantly associational nature of the empirical evidence leaves open the possibility of reverse causation and selection effects. Organizations that already possess healthier cultures, stronger support systems, or more psychologically safe environments may be more likely to adopt trauma-informed leadership practices in the first place (Bland et al., 2025; Hales & Nochajski, 2020; Kalergis & Anderson, 2020). Consequently, the observed relationship between trauma-informed leadership and positive organizational outcomes cannot automatically be interpreted as evidence that leadership practices are the primary source of those outcomes.

At least three substantive research gaps emerge from the synthesis. The first concerns research design. The scarcity of longitudinal and experimental or quasi-experimental investigations limits the ability to determine temporal ordering and causal pathways between trauma-informed leadership and subsequent changes in employee or organizational outcomes (Elisseou et al., 2024; Harris et al., 2024). Future studies therefore need to move beyond identifying whether positive outcomes co-occur with trauma-informed leadership and examine how, when, and under what conditions those outcomes develop. The second gap concerns measurement. Conceptual convergence around safety, trust, collaboration, choice, and empowerment has not yet been matched by sufficiently standardized and validated instruments capable of measuring the construct consistently across organizational contexts (Fisk & Daoust, 2025). Without measurement equivalence, comparisons across studies and sectors remain difficult, and cumulative evidence may be fragmented by inconsistent operational definitions. The third gap concerns contextual breadth. Because much of the existing evidence is concentrated in healthcare, it remains unclear whether the principles identified in that sector operate similarly within education, policing, and public administration, where organizational authority, occupational demands, exposure to adversity, and institutional accountability may differ considerably (Brooker & Mack, 2026; Charteris et al., 2026). These gaps are interconnected: stronger designs, more rigorous measurement, and broader sectoral

representation are all necessary for determining whether trauma-informed leadership constitutes a transferable organizational construct or a context-dependent framework.

This review also has methodological limitations that qualify the interpretation of its findings. First, the reliance on Scopus as the sole bibliographic database restricts the breadth of the retrieval strategy and creates the possibility that relevant studies indexed elsewhere were not identified. The English-language restriction may further reduce representativeness by excluding scholarship produced in other linguistic and regional contexts, while the exclusion of inaccessible full texts may introduce an additional form of availability bias. These limitations are particularly relevant to an emerging and interdisciplinary field in which relevant evidence may be distributed across healthcare, education, organizational studies, social work, psychology, and public-sector research. Second, the predominance of conceptual and qualitative studies within the included evidence base limits the extent to which the synthesis can support claims about effectiveness, magnitude of association, or causality. Thematic synthesis provides an appropriate means of integrating heterogeneous evidence, but it necessarily involves interpretive decisions concerning coding, categorization, and the relative significance assigned to recurring findings. Such interpretive processes can influence the resulting thematic structure even when a systematic procedure is followed (Alhassan et al., 2025; Yoon et al., 2026). Accordingly, the findings should be understood primarily as an evidence-informed synthesis of how trauma-informed leadership has been conceptualized and reported, rather than as a quantitative estimate of its effectiveness.

The research agenda should progress from conceptual consolidation toward stronger empirical verification. First, longitudinal and quasi-experimental designs are needed to examine whether changes in trauma-informed leadership practices precede improvements in employee well-being, organizational resilience, and psychological recovery, while also identifying potential mediating and moderating mechanisms. Second, researchers should develop and validate measurement instruments capable of operationalizing the core dimensions of trauma-informed leadership and testing their measurement stability across organizational sectors. Such work would provide the methodological infrastructure necessary for meaningful comparison and cumulative theory development (Fisk & Daoust, 2025). Third, research should deliberately extend beyond healthcare to education, policing, justice, and public management, allowing researchers to identify both common mechanisms and context-specific boundary conditions (Brooker & Mack, 2026; Charteris et al., 2026; Fink-Samnick, 2022). Emerging examples from emergency management, public-protection policing, community mental-health services, and structured peer or ambassador programmes provide potentially useful starting points for examining how trauma-informed principles can be operationalized under different organizational conditions (Corlew, 2025; Felter et al., 2024; Isobel et al., 2021; Sondhi et al., 2026). Taken together, these directions indicate that the next stage of scholarship should not merely expand the number of studies using the term trauma-informed leadership, but should test its conceptual boundaries, measurement properties, mechanisms, and contextual contingencies. In direct relation to the research questions, the evidence indicates that trauma-informed leadership can be conceptualized as a relatively coherent and behaviourally identifiable construct (RQ1), that the available literature predominantly reports positive associations with employee well-being and organizational resilience while remaining insufficient for strong causal conclusions (RQ2), and that psychological recovery is increasingly framed as a collective and organizationally enabled process rather than solely an individual outcome, although substantial methodological, measurement, and cross-sector gaps remain (RQ3).

## Conclusions

This systematic review drew on 15 studies to clarify how trauma-informed leadership shapes leadership behaviours, employee well-being, organizational resilience, and psychological recovery. On the first research question, the answer is fairly consistent. Trauma-informed leadership emerges as a coherent, relational construct, grounded in the neurobiology of trauma and enacted through five behaviours: safety, trustworthiness, choice, collaboration, and empowerment. The second question gets a similarly clear answer. Across the studies, this kind of leadership is consistently associated with better well-being, stronger commitment to the organization, lower burnout, and greater resilience under crisis conditions, most visibly during the COVID-19 pandemic. On the third, the evidence reframes psychological recovery as a collective, leadership-enabled process, not an individual responsibility. The core contribution of the review is consolidation. A previously fragmented, multidisciplinary literature is drawn into one integrated account, and that account positions leadership as an active determinant of how a workforce recovers. Practically, the findings support embedding trauma-informed principles into leadership development, supervision, and organizational policy as a strategic response to intensifying workforce mental-health crises. Those conclusions come with caveats. The review relied on a single database, the evidence base remains largely conceptual and qualitative, and research is concentrated in healthcare settings. Future work should shift toward longitudinal and experimental designs, measurement tools validated across sectors, and broader inquiry in education, policing, justice, and public administration. That is the only route to causal, generalizable evidence on trauma-informed leadership.

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