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By Jesse A. Greer
Wayland Baptist University

Abstract- Employee empowerment was first introduced in literature during the 1950s but has become a highly researched topic. This theoretical review investigated if employee empowerment could be viewed through a trauma-informed lens. The trauma-informed care approach consists of six core principles, empowerment being one of them. Although similarities were noted between the characteristics of empowering individuals receiving trauma-informed care and the literature covering employee empowerment, new ideas on how to approach empowerment in the workplace are offered. Future research is needed to see if a difference truly exists between the two types of empowerment.

Keywords: *empowerment, trauma, trauma-informed.*

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Viewing Employee Empowerment through a Trauma-Informed Care Lens: Is there a Difference?

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Abstract- Employee empowerment was first introduced in literature during the 1950s but has become a highly researched topic. This theoretical review investigated if employee empowerment could be viewed through a trauma-informed lens. The trauma-informed care approach consists of six core principles, empowerment being one of them. Although similarities were noted between the characteristics of empowering individuals receiving trauma-informed care and the literature covering employee empowerment, new ideas on how to approach empowerment in the workplace are offered. Future research is needed to see if a difference truly exists between the two types of empowerment.

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I. Introduction

How an individual processes a traumatic event will determine if this experience has a lasting impact. Research has shown that while an event may be viewed as being traumatic to one person, it does not necessarily mean that the same event would be transmitted as being traumatic to a different individual (Fallot & Harris, 2011; Isobel et al., 2021; Ranjbar et al., 2020). Additionally, Ranjbar et al. (2020) believe trauma could be considered a public health crisis because of the frequency and effect trauma has on people. Specific to the workplace, the 2023 American Psychological Association (APA) Work in America Survey showed that 22% of the workforce's mental health had been negatively affected (APA, 2023).

People desire to feel needed and appreciated, and this mindset crosses over into the workplace. Employee empowerment has been shown to have a positive impact on areas like performance (Alshemmari, 2023), organizational commitment (Murray & Holmes, 2021), and retention (Jena & Nayak, 2023). Empowerment can give companies a competitive advantage (Mathew & Nair, 2022). However, could employee empowerment be viewed through a different lens? This theoretical review sets out to first provide an overview of employee engagement, discusses the trauma-informed care approach, entertains a new approach to employee empowerment, considers limitations, and ends with future research recommendations and a summary.

Author: PhD in Management, School of Business, Wayland Baptist University, College of Business, Engineering & Technology, National University. e-mail: GreerJ@WBU.edu

II. Employee Empowerment

From a theoretical perspective, Perkins and Zimmerman (1995) believe empowerment connects individual well-being with the larger social and political environment, linking "mental health to mutual help and the struggle to create a responsive community" (p. 569). Bandura (1989) explains empowerment as the rise and fall of individual's opinions of themselves about their work environment. Empowerment directs people to think of wellness instead of illness, strengths versus weaknesses, and competence in place of deficits (Perkins & Zimmerman, 1995). Spreitzer (1995) defines empowerment as an increase in task motivation expressed through four categories: impact, competence, meaning, and self-determination. Conger and Kanungo (1998) state that "empowerment refers to a process whereby an individual's belief in his or her self-efficacy is enhanced" (p. 474).

At the organizational level, Perkins and Zimmerman (1995) contend that empowerment includes joint decision-making and shared leadership. Employees who feel empowered will push themselves harder, take ownership of their work, and help the company succeed (Alshemmari, 2023). Spreitzer (1992) contends that ambiguity and uncertainty must be kept to a minimum when trying to empower others in the work setting. Ertürk and Vurgun (2015) explain employee empowerment as offering freedom, power, autonomy, and liberty, allowing staff to work proficiently. Alshemmari (2023) recommends providing employees with the latitude to make decisions relating to their work. This has been shown to increase worker confidence, positively influencing performance.

Empowerment is viewed as a tool managers use to their advantage in hopes of inspiring and engaging employees (Kumar et al., 2022; Murray & Holmes, 2021). Empowering a workforce includes encouraging and providing staff with the opportunity to make essential decisions promptly for the organization's greater good. Empowerment also involves sharing knowledge, company information, and command with all levels of staff (Fernandez & Moldogaziev, 2013). Empowering staff includes enhancing employee decision-making skills, which can help with employee development (Nawaz et al., 2023).Mathew and Nair (2022) maintain that the more empowered an employee feels, the less likely they are to leave the company because the employee will have higher levels of

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satisfaction. As explained by Klein et al. (2000), organizations implement employee empowerment practices to counterbalance staff dissatisfaction, and the costs associated with turnover, sabotage absenteeism, and low quality of work.

III. Trauma-Informed Care

Trauma can be defined as a single event that had a devastating effect involving severe harm or injury or was life-threatening (Haris & Fallot, 2001). Trauma-informed care focuses on the whole person versus a particular symptom or small segment of their lives while helping the individual feel like they are gaining back control (Harris & Fallot, 2001). A significant part of trauma-informed care is not retraumatizing the person by forcing them to retell their story multiple times. Ranjbar et al. (2020) describe trauma-informed care as "a strength-based approach to caring for individuals mindfully, with compassion and clarity regarding boundaries and expectations" (p. 9). Treating individuals with a trauma-informed approach consists of the provider acting like they do not know anything about the person's past experiences and, instead, assuming the individual has experienced trauma at some point in their life (Stokes et al., 2024).

Chu et al. (2023) explain that the trauma-informed care approach seeks to help people find a sense of belonging and encourages individuals to strengthen their self-esteem and self-efficacy. The leading authority of trauma-informed care, the Substance Abuse and Mental Health Services Administration (SAMHSA), has established six essential principles for a trauma-informed approach:

- Safety
- Trustworthiness and transparency
- Peer support
- Collaboration and mutuality
- Empowerment, voice, and choice; and
- Cultural, historical, and gender issues (SAMHSA, 2014).

Harris and Fallot (2001) and Knight (2019) contend that there are five fundamental principles to supporting a trauma-informed environment:

- Safety – Physical and emotional.
- Trustworthiness – Open and honest communication.
- Choice – The client is their own expert.
- Collaboration – Strengthens the provider and client relationship with an emphasis on client choice; and
- Empowerment – Gives the client as much control as possible over their care and outcomes.

Specific to empowerment, the strengths and experiences of those receiving treatment are recognized and cultivated (SAMHSA, 2014). Individuals being served are included in the decision-making and goal-setting processes to help determine their treatment plan. Harris and Fallot (2001) describe the relationship between the provider and the client receiving services as an open and authentic partnership. Clients should have a feasible amount of control over their treatment goals, creating a collaboration between the provider and client (Knight, 2019). Isobel et al. (2021) conducted a study of individuals receiving services and their caretakers with the goal of better understanding how trauma-informed care services should be designed. From a client standpoint, voice was one of the most critical components. Specifically, clients wanted to provide input and help make decisions regarding their care plans (Isobel et al., 2021).

IV. Method

Webster and Watson (2002) contend that to move a topic forward, a sturdy foundation needs to be built through reviewing past research to understand better where future exploration is needed. The current theoretical review adopted this approach by reviewing both seminal and current research on employee empowerment and trauma-informed care. A literature review was conducted through various online databases, uncovering empirical work dating back 35+ years and articles published within the past two years. Once a firm foundation was established, the author explored the similarities and differences between the original thoughts of employee empowerment and the newer idea of empowering employees through a trauma-informed lens.

V. Empowering Employees with a Trauma-Informed Care Approach

There are many similarities between employee empowerment and the trauma-informed care approach. For example, in the literature surrounding employee empowerment, joint decision-making and shared leadership are recommended (Perkins & Zimmerman, 1995). This aligns with the trauma-informed care approach, which recommends including the client in the goal-setting and decision-making process when determining their treatment plan. Likewise, allowing employees the latitude to make decisions regarding their work is recommended when trying to empower staff (Alshemmari, 2023). Knight (2019) offers a similar suggestion regarding clients receiving trauma-informed care services by stating that clients need reasonable control over their treatment goals, creating a collaboration between their providers and themselves. However, the trauma-informed care approach offers new insights into the literature surrounding empowerment in the workplace.

In a study by Greer (2024), the principles of trauma-informed care (safety, trustworthiness, choice,

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collaboration, and empowerment) were explored to understand which principles were needed from the employee standpoint to create a more trauma-informed work environment. This was accomplished using a modified consumer satisfaction survey in Fallot and Harris's (2011) published article *Creating Cultures of Trauma-Informed Care: A Self-Assessment and Planning Protocol*. The article's purpose by Fallot and Harris (2011) was to provide guidelines for agencies wanting to introduce trauma-informed care services into a clinical or community (e.g., school) setting. Because the survey was initially designed for an environment where services were provided, adjustments were made to make the survey appropriate for the work setting.

Greer's (2024) study revealed that empowerment was the most influential category when applying a trauma-informed care approach to the workplace. Twenty-nine percent of the participants did not believe their supervisor did an excellent job of letting them know they valued them as a person. This result relates explicitly to how Harris and Fallot (2001) believe trauma-informed care should focus on the whole person versus a specific symptom or segment of the client's life. Leaders must view their employees as people, not tools to do the job. Managers can accomplish this by taking an interest in their employees' lives and making time to get to know their staff more personally. Employees' comfort levels with sharing their personal lives will vary, so it is essential for supervisors not to push their staff to share if they are not comfortable doing so. This recommendation ties back to implementing the trauma-informed care approach and not retraumatizing the person by forcing them to retell their story multiple times. Not sharing should be acceptable, but employees need to feel welcome to share if they wish to do so.

An additional 23% of participants did not feel like their supervisor was helping them learn new skills to support them in reaching their career goals (Greer, 2024). SAMHSA (2014) contends that the strengths and experiences of those receiving trauma-informed care should be recognized and cultivated. Supervisors must identify their employees' strong points while helping them further develop these skillsets in the work setting. If possible, managers could connect their staff with additional learning opportunities. Many companies have online learning platforms for required training that also offer optional courses that may interest staff. However, they are not aware that these online courses are available. For smaller organizations that cannot offer online learning modules, managers could allow staff to cross-train in other company areas. Even if an employee's career goals take them away from the manager's department or the overall company, it is still essential that the manager takes the time to help their staff achieve their aspirations. The reason for this is that the organization would benefit from an employee further developing their skills and leaving the company with a positive mindset and the possibility they may return to the organization later in their career versus the employee's goals being ignored and leavingangry. This also relates to the first suggestion of supervisors viewing their staff as people and taking the time to know them personally.

When asked if the participants felt stronger as a person because of where they worked, 21% stated no (Greer, 2024). This response can be tied back to Chu et al. (2023) and the explanation that the trauma-informed care approach aims to help individuals find a sense of belonging and inspires people to strengthen their self-esteem and self-efficacy. Managers need to help their staff recognize the value they bring to the organization while helping employees recognize their capabilities. For example, if an employee has absorbed new job duties and is having difficulties learning how to succeed in their new role, this could lead to self-doubt. Instead of the supervisor becoming frustrated, they could help refocus this employee by showcasing their strengths and helping the individual realize they bring value to this new position; it will take time to learn how to complete these new tasks and that they are capable of mastering these duties.

VI. Limitations and Future Research Recommendations

The major limitation of this paper is that the recommendations were not produced based on an empirical study. This theoretical review provides information and makes suggestions from empirical research, but the paper was not constructed from observations or experiments. To help advance this topic, qualitative studies could be conducted that include human participants so a conversation centered on empowering employees based on trauma-informed principles could occur. Likewise, an analysis of variance (ANOVA) or t-test could be carried out to determine if a difference exists between the traditional employee empowerment principles and the trauma-informed care approach.

VII. Summary

Although this theoretical review established some similarities when looking at employee empowerment through a trauma-informed lens, new ways of viewing empowerment were also offered. Employees want to be valued as people, desire to learn new skills to help them reach their career goals, and need to feel stronger as a person because of where they work. For some companies, a cultural shift would need to occur before empowerment could be viewed in this manner. Further empirical research needs to be conducted to verify any definitive differences between the two styles of empowerment.

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Data Availability Statement

The data that support the findings of this theoretical review are available from the sole author upon reasonable request to protect the study participants' privacy.

Ethics Approval

This qualitative theoretical review was exempt from IRB review/approval because no human participants were involved.

Consent to Participate

This qualitative theoretical review had no human participants. Therefore, consent to participate was not necessary.

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