Registered Nurses' Perceptions of Trauma-Informed Care Graduate Educational Training in Online and In-Person Modalities

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Abstract

Trauma-informed care (TIC) stands as a beacon of transformative change within healthcare organizations, advocating for consistent practice models and bolstering mental health education across diverse settings (Bunting et al., 2019). For registered nurses (RNs) operating in the high-pressure environment of emergency departments (EDs), TIC emerges as a guiding principle, aiming to cultivate care practices that alleviate patient trauma and safeguard against retraumatization of patients and staff (Fleishman et al., 2019). This research investigated the importance of providing trauma-informed education to RNs in EDs, focusing on RNs' perspectives. The study used qualitative narrative inquiry research design to explore RNs' perceptions of TIC continuing education initiatives led by organizational leadership, particularly in enhancing organizational outcomes. The study highlights the critical need for ongoing education, especially given the challenges posed by the COVID-19 pandemic and the experiences of RNs in the field. This study emphasizes its significance in improving organizational outcomes and patient care quality by contributing to the existing body of research on TIC education. Recommendations stemming from this research include integrating TIC education into nursing curricula, offering online training, promoting collaboration across healthcare disciplines, and establishing institutional policies supportive of TIC principles. Drawing from the TIC conceptual framework and the implications of this study, future research directions are proposed, including investigating the impact of TIC training on nursing practice in person and online, identifying obstacles to TIC implementation, and exploring TIC's potential in addressing healthcare disparities.

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Trauma-informed care necessitates a profound understanding of trauma's enduring impact on patients' lives, underscoring the imperative for healthcare staff to receive comprehensive and up-to-date training (Simons et al., 2020). Despite the growing awareness of TIC's significance, there remains a concerning gap in consistent education, particularly given the substantial number of trauma survivors actively engaging with healthcare services (Fleishman et al., 2019). Central to TIC is the recognition of addiction as a coping mechanism for trauma, necessitating healthcare providers' understanding and empathy, even amidst apparent dysfunction or distress (Young et al., 2019). As healthcare professionals increasingly appreciate the profound effects of trauma, there is a corresponding recognition of the value of TIC in fostering more effective patient engagement and improved outcomes (Menschner & Maul, 2016). Consequently, many healthcare organizations embrace TIC continuing education to serve better trauma-exposed individuals accessing social services (Mihelicova et al., 2018).

Alignment between leadership and nursing in understanding the imperative of TIC education is pivotal for fostering a supportive and safe work environment (Fleishman et al., 2019). Yet, organizational barriers such as a lack of TIC training and resistance to shifting existing models pose significant challenges (Sweeney et al., 2018). Currently, online educational modules are available to registered nurses, but they are not mandatory requirements within the institution. Encouraging participation in these modules can significantly enhance nurses' understanding of TIC principles and their application in daily practice, fostering a more supportive and empathetic healthcare environment for staff and patients. Overcoming these obstacles necessitates a culture shift prioritizing TIC education and supporting ongoing training

opportunities (Sweeney et al., 2018). By incorporating TIC education into both macro-level care strategies and micro-level nurse training, healthcare professionals can enhance their communication skills, sensitivity, and patient awareness (Palfrey et al., 2019).

Purpose of the Study

This qualitative narrative inquiry provided detailed insights into RNs' perceptions of TIC continuing education provided by corporate leadership to enhance organizational outcomes (Fleishman et al., 2019). By systematically exploring nurses' experiences, this study seeks to inform strategies for improving TIC education initiatives in person and online training and ultimately enhancing patient care outcomes. Through narrative inquiry, the study explores the stories and experiences of emergency room nurses during the COVID-19 pandemic and the effectiveness of TIC online and in-person training provided by organizational leadership.

Implications

The findings underscore the critical need for organizational leadership to prioritize TIC education for emergency room nurses, especially amidst the challenges posed by the COVID-19 pandemic. By addressing gaps in TIC education, healthcare organizations can foster a culture of trauma-informed care, leading to improved patient outcomes and organizational effectiveness. Additionally, the study highlights the importance of ongoing training initiatives and collaborative efforts between leadership and nursing staff to ensure the delivery of high-quality, patient-centered care.

Study Procedures

The research was conducted in an acute care hospital in a diverse suburban community in Southern California. It is renowned for its outstanding patient care and cutting-edge medical services, highlighted by a dedication to innovation and compassionate treatment. Following

approval from the hospital's Institutional Review Board (IRB), recruitment for the study commenced, initiated by posting flyers in the ED breakroom after approval by the department manager. This flyer provided details of the study's purpose, eligibility criteria, activities, incentives, recruitment dates, and contact information. Eight Registered Nurses from the Southern California Medical Center's Emergency Department, employed since May 2020, were selected based on eligibility criteria and screened individually. Consent was obtained verbally after reviewing the informed consent documents via email or telephone.

The initial 60-minute audiovisual interviews were scheduled using Microsoft Teams following the recruitment process. Data collection utilized an interview protocol, with transcripts being verbatim. Participants were invited to review the transcripts for member checking to ensure data credibility. The second interview, also conducted via Microsoft Teams, facilitated the member-checking process and provided further insights into participants' perspectives.

Transcripts were organized using NVivo Pro and securely shared with participants for review and corrections. Any implications arising were discussed with participants, allowing them to amend their responses if desired. Member checking was performed before the second interview to validate transcript accuracy.

This study formulated three research questions to explore nurses' perceptions of TIC education provided by hospital leadership during the COVID-19 crisis. The research questions for this study are as follows:

RQ1: How do RNs perceive the hospital's organizational leadership providing TIC continuing education during times of crisis at the hospital during the COVID-19 pandemic?

RQ2: How are the perceptions of RNs and the training offered by hospital leadership staff to work with patients who have been exposed to trauma?

RQ3: What steps do RNs perceive as necessary to implement continuing education on working with patients exposed to trauma?

These questions align with the study's purpose, aiming to gain insights into the effectiveness of TIC training and identify areas for improvement. The study seeks to uncover nurses' experiences and recommendations regarding TIC education through narrative inquiry, informing future interventions and policy decisions.

Data Collection

The study involved conducting two semi-structured narrative interviews with eight participants, recorded using the Microsoft Teams application. To ensure the accuracy and trustworthiness of the data, member-checking was done following the first interview. This involved allowing participants to review their interview transcripts and provide feedback to ensure the accuracy and completeness of their responses. The interviews were transcribed verbatim to maintain fidelity to the participants' original expressions. Each interview session lasted approximately 60 minutes, allowing ample time to explore participants' experiences and perspectives on TIC in the emergency department setting. Moreover, before each interview, participants were provided with informed consent forms outlining the study's purpose, procedures, and confidentiality measures, ensuring ethical compliance and participant understanding throughout the research process.

Data Analysis

The research data were analyzed using NVivo Pro, a computer-assisted qualitative data analysis software (CAQDAS), to organize the transcriptions obtained from the initial interview.

A coding schema was employed to obtain themes from the coded responses collected from the narratives. Thematic analysis was used as the primary method to interpret the data, aiming to uncover the underlying meaning of the narrative stories and participants' experiences with trauma-informed care. Before analyzing the data, I conducted and transcribed 16 interviews. I practiced reflexivity by reflecting on my biases while analyzing the transcriptions to ensure rigor and transparency. Taking field notes while reading the transcriptions, codes were created, and patterns were identified to understand the data better.

After completing the interviews and confirming the accuracy of the transcriptions, the data was analyzed using Braun and Clarke's (2021) reflexive thematic analysis framework. The analysis involved several steps, starting with familiarizing oneself with the data by reading and rereading the transcripts to gain a deep understanding of the stories of the narrative interviews.

An initial list of codes was generated based on the research questions and objectives. After listening to all transcriptions, I practiced reflexivity by reflecting on my biases, assumptions, and experiences that may influence my interpretation of the data. The transcriptions were then uploaded to NVivo Pro to initiate the coding process. During coding, transcriptions were read through the transcriptions line-by-line to create a coding schema, all while being mindful of my subjectivity and positionality as a researcher. Descriptive codes were then assigned to these passages to facilitate the organization and analysis of the data.

The coding schema was then tested by coding a sample of the data and adjusting it as needed. Based on the identified patterns, 25 codes were derived from seven interview questions. Subsequently, themes and subthemes were identified under each category, resulting in 12 subthemes. These themes are defined within the categories and result in seven themes.

This was followed by refining the coding schema, which involved identifying and consolidating similar codes into broader categories or themes. After coding, the names of themes are chosen by looking at patterns in the transcripts. The ten themes are given specific names.

Codes were added or modified based on new insights from the data, resulting in a comprehensive, transparent, and relevant coding schema. Going through the data, the themes resulted in revisions, and seven themes were used instead of 10. The 35 codes were also reviewed, and the result was 26 codes with four subcodes.

Finally, the coding schema was applied to the rest of the data for analysis in NVivo Pro, allowing for the systematic identification of patterns, themes, and insights in the data. This approach ensured a rigorous and systematic data analysis, helping to ensure the trustworthiness and credibility of the study. Themes were chosen and presented in tables clearly and concisely. The tables provide information to justify the seven themes.

The analysis results provided valuable insights into the research questions and helped me understand the participants' stories and perspectives regarding TIC in the emergency department. Table 1 presents the research questions with the emergent themes generated throughout the data analysis.

Table 1

Totals of Emergent Themes for Research Questions 1-3

Research Question	Emergent Theme	Reference Count (Number of Times the Theme was Referenced)	Frequency (Number of Transcripts that Referenced the Theme)	Participants (Participants that referenced the Theme)
RQ1	Theme 1: Lack of understanding	88	8/8	P1, P2, P3, P4, P5, P6, P7, P8
RQ1	Theme 2: Integration of trauma-informed care into clinical practice	85	5/8	P2, P3, P4, P7, P8
RQ2	Theme: 3 Recognizing the need for trauma-informed care education.	14	5/8	P2, P3, P4, P5, P7
RQ2	Theme: 4 The role of leadership in promoting education and training	22	5/8	P2, P3, P4, P6, P7
RQ3	Theme 5: The importance of trauma-informed care in specific populations	89	5/8	P1, P2, P4, P5, P6,
RQ3	Theme 6: Building trust with patients	81	7/8	P1, P2, P3, P4, P5, P6, P7
RQ3	Theme 7: Benefits of seeking out continuing education	81	7/8	P2, P3, P4, P5, P6, P7, P8

Results

Research question 1 focused on RNs' perceptions of their hospital's organizational leadership in providing TIC continuing education during the COVID-19 pandemic. Two themes emerged from RNs' perceptions of the provided continuing education: the lack of understanding of TIC and the integration of TIC into clinical practice. These themes resonated with existing literature highlighting the scarcity of TIC education and the need for further research on RNs' continuing education in TIC, particularly post-pandemic. The study found that while some participants clearly understood TIC, others lacked awareness or had minimal knowledge.

Theme 1: Lack of Understanding

The first theme was lack of understanding; most participants expressed limited knowledge or misconceptions about TIC, highlighting a need for increased awareness and education. Some described TIC as solely related to trauma incidents in the emergency room, while others had no familiarity with the concept. Participants with a clearer understanding emphasized the importance of creating safe environments for patients and considering their life experiences in care provision. Concerning the integration of TIC into clinical practice, participants identified a deficiency in education and training opportunities online and in person. They voiced frustration with the lack of specific requirements and emphasized the necessity for comprehensive, in-person training rather than relying solely on online graduate modules. Additionally, challenges such as scheduling and logistics were highlighted, underscoring the complexities of implementing ongoing education in healthcare settings. Participants recognized the need for enhanced TIC education and training to improve patient care quality.

While some participants showcased a clear grasp of trauma-informed care, others admitted to limited knowledge. Participant 6 confessed, "My understanding of it is extremely

limited. I had not heard of it until you were invited to this study. I would say my knowledge of it is minimal; I have not really heard much about it." Participant 7 articulated a comprehensive understanding, stating, "My understanding is I am assuming it means it is providing care to patients and family that come into the emergency department and how you perceive them and how you treat them in the type of care you give them."

Theme 2: Integration of Trauma-Informed Care into Clinical Practice

Regarding the integration of trauma-informed care into clinical practice, participants highlighted the lack of adequate education and training. Participant 2 expressed dissatisfaction with the absence of specific requirements, stating, "There is no specific requirement for trauma-informed care. I do not feel very well informed or educated on trauma-informed care." Participant 3 echoed this sentiment, stating, "I am not familiar with any of the pieces that go into continuing education on trauma-informed care." Moreover, Participant 7 emphasized the necessity for comprehensive training beyond mere modules, advocating for in-person sessions. Additionally, Participant 8 talked about the logistical challenges of organizing such training, emphasizing the need for more education and training to enhance patient care quality.

Research question 2 explored the perceptions of RNs and the concerns with the training provided by hospital leadership to handle patients with trauma exposure. The study assessed the effectiveness of the training and continuing education offered by hospital leadership to RNs in their interactions with such patients. Participants were interviewed to gather insights into their experiences with hospital leadership's continuing education initiatives and their strategies for engaging with patients with trauma histories.

Theme 3: Recognizing the Need for Trauma-Informed Care Education

Two key themes emerged from the analysis of responses to research question two, each supported by participants' quotes. First, participants emphasized the necessity of trauma-informed care in specific patient populations. Participant 2 highlighted, "An acute medical illness may influence or dictate how they respond; trauma-informed care education would be helpful." Participant 3 highlighted the need for teaching nurses "the best way to deal with patients without re-traumatizing them."

Theme 4: The Role of Leadership in Promoting Education and Training

Participants also discussed the role of hospital leadership in providing education and training. Participant 6 described, "Our daily huddle announces education opportunities and if there is any type of continuing education that is mandatory." Participant 4 praised the medical site's support by stating, "The hospital definitely pushes education and offers discounts and scholarship opportunities." Participants identified a lack of education on trauma-informed care. Participant 4 suggested, "The entirety of COVID would have been an excellent time to have some trauma-informed care education." Participant 7 highlighted the importance of debriefing after traumatic events, saying, "That is something kind of like that would help, and that would be good."

Participants commended the medical site's support for further education. Participant 5 praised, "They provide a lot of opportunities for education and definitely are supportive of whatever we need to do for continuing education." Participant 4 shared their positive experience obtaining a master's degree supported by the medical site.

The findings underscore the critical need for trauma-informed care education, the role of leadership in providing training opportunities, and the supportive environment for continuing

education at the medical site, as expressed by the participants. Additionally, the integration of TIC principles into continuing education in the medical field can foster a culture of sensitivity and empathy among healthcare professionals. Moreover, ongoing evaluation and adaptation of training programs ensure their effectiveness in meeting the evolving needs of both patients and clinical staff.

Research question 3 examined the steps RNs perceive as necessary to implement continuing education on working with patients exposed to trauma. It explored RNs' viewpoints regarding the significance of continuing education and the essential nature of training to enhance care for patients exposed to trauma while receiving emergency room care. Throughout the interviews, participants were probed about the criteria they consider when employing a trauma-informed approach and their strategies when interacting with such patients. Additionally, they were queried about their pursuit of continuing education outside their employer and how they access it. The analysis of responses to the two questions associated with RQ3 yielded three distinct themes, each supported by participants' quotes, providing a comprehensive understanding of the RNs' perspectives.

Theme 5: The Importance of Trauma-Informed Care in Specific Populations

Theme 5 emphasized the importance of trauma-informed care in specific populations and emerged unanimously among participants. Seven out of eight participants acknowledged the pivotal role of continuing education in enhancing their patient care practices. Participant 1 conveyed the limitations of continuing education despite its helpfulness in staying current: "The hospital tries to keep you current and up to date or provides resources, but I mean continuing education can only do so much with the work we do in the emergency room." Similarly, Participant 2 talked about the challenges of staying informed in a dynamic emergency room

environment: "In the ER, I struggle sometimes because I have to be a jack of all trades. So, it is a challenge for me to try to stay as informed and knowledgeable and to provide care to a patient." Participant 4 also highlighted the benefits of cultural sensitivity training acquired through continuing education: "Continuing education for me helps to have a better understanding of different cultures and family dynamics. That was really helpful for me." Participant 5 underscored the significance of personalized care tailored to individual patient needs: "It helps me to remember that everyone's care needs to be catered to. It is not a one-size-fits-all. I feel like they are definitely supportive of whatever we need to do for continuing education."

Theme 6: Building Trust with Patients

Building trust with patients emerged as a pivotal theme in response to RQ3, with all eight participants advocating for trauma-informed approaches to care. Participant 1 highlighted the importance of empathy and communication in building trust with patients, stressing the need for individualized care: "There is no real criteria. Reading the room and understanding your patient. You have to be empathetic and explain to them what is going on." Participant 2 emphasized the importance of objectivity and awareness in employing trauma-informed approaches, irrespective of specific patient criteria: "I do not think the patient necessarily has to have certain criteria, and I have to be more cognizant to try and remain objective." Participant 3 and Participant 4 advocated for specific criteria in utilizing trauma-informed approaches, while Participant 5 adopted a universal approach, advocating for trauma-informed care for all patients: "We do it for everybody. It is something we should do for all of our patients."

Theme 7: Benefits of Seeking Out Continuing Education

The benefits of seeking out continuing education were highlighted by all participants, with seven out of eight participants describing their experiences and methods of accessing

continuing education outside the medical site. Participant 2 detailed accessing education through various sources, including professional associations and online platforms: "I am a member of the Emergency Nurses Association. The medical site itself has health stream modules or conferences and websites with virtual platforms." In contrast, Participant 3 mentioned only pursuing continuing education when mandatory, reflecting a more passive approach: "I usually look through the nursing associations related to a specialty I'm interested in." Participant 4 expressed contentment with the education provided by the medical site. At the same time, Participant 5 demonstrated a proactive stance in seeking continuing education relevant to her professional growth: "I seek out a significant amount of education outside for my national certifications. If there are interesting topics, I will search online." Participant 6 also exhibited proactive behavior, initiating self-education efforts to enhance her skills and understanding: "I initiated going online to get better at certain things I deal with daily in the emergency room." Participant 7, however, relied on the medical site for continuing education. At the same time, Participant 8 actively attended conferences and utilized online graduate resources for self-improvement: "I attend different conferences, and there are a lot of resources offered."

These themes collectively underscore the critical importance of trauma-informed care education, the strategies RNs employ to foster trust with patients, and the benefits of seeking continuing education outside the medical site, providing valuable insights into the perspectives and practices of RNs in emergency room settings.

Recommendations for Future Practice

The findings of this study add to existing research on TIC education and how it can assist in improving organizational outcomes and patient care. It highlights that tailored training programs can enhance staff resilience and empathy, fostering a more supportive and

compassionate healthcare environment. The study emphasizes the importance of ongoing professional development in TIC for healthcare professionals, emphasizing its role in improving patients' health outcomes. Ultimately, these insights contribute to the knowledge aimed at refining strategies for delivering high-quality, patient-centered care within healthcare settings. The recommendations for future practice are based on the seven emergent themes of the study, existing literature, and the conceptual framework of TIC. The three recommendations for organizational leadership to consider for future practice are as follows: (a) incorporate TIC education into nursing curriculums, (b) increase collaboration between healthcare professionals, and (c) develop institutional policies and procedures.

The first recommendation is to incorporate TIC education into nursing curriculums. Currently, the study site has free online continuing education units (CEUs) available on TIC for all employees. To foster healing and build trust in healthcare settings through the implementation of TIC, it is essential first to gain a thorough understanding of trauma. These courses are all recognized by the California State Boards of Nursing and approved for CEUs needed to keep RN licenses active. The study highlighted the need for nursing students to be equipped with knowledge and skills related to TIC. Future nursing curriculums could incorporate TIC education to provide new graduates with a foundational understanding of trauma and the importance of TIC. Nursing curriculums and mandatory training could be updated to include more education on working with and caring for patients with trauma. The available trainings include the prevalence and impact of trauma, principles, strategies for providing TIC, and the importance of self-care for healthcare professionals. There are opportunities to practice these skills while using role-playing scenarios in the classroom or natural clinical and online graduate settings. Having nursing students complete TIC education online can ensure that new nursing graduates have a

fundamental knowledge of trauma and TIC, so they are more prepared to offer better quality care to patients with a history of trauma. It can also help reduce the stigma associated with mental health and trauma, promoting a more empathetic culture in healthcare settings.

The second recommendation is to increase collaboration between healthcare professionals: The study revealed that RNs might not feel equipped to provide TIC alone and may need support from other healthcare professionals. Increasing collaboration between healthcare professionals, such as social workers and psychiatrists, can encourage RNs to offer more comprehensive and practical care for patients who have experienced trauma. Providing adequate TIC can require a multidisciplinary approach involving various medical team members. Collaboration between healthcare professionals, including RNs, social workers, and psychiatrists in the hospital setting can more holistically address patients' physical, emotional, and psychological needs. Increasing collaboration between team members can be useful to assure that patients receive comprehensive and coordinated care that can improve the overall quality of care provided to patients who have experienced trauma and reduce the risk of secondary trauma for health professionals. It can also foster a culture of collaboration and teamwork within healthcare institutions, positively affecting job satisfaction and staff retention.

The third recommendation is to develop institutional policies and procedures. The study also highlighted the need for institutional policies and procedures supporting the utilization of TIC. Developing clear policies and procedures can confirm that TIC is consistently implemented and practiced throughout the institution by establishing a committee or team that includes representatives from different teams involved in patient care. This committee could develop policies and procedures that reflect the unique needs and experiences of the patient population served in the healthcare setting. Organizations can enhance employee support by offering

education and training on TIC practices, policies, and procedures. Implementing mandatory online training for all staff members can ensure the successful integration of TIC education across the organization. This could involve workshops, seminars, online graduate initiatives, training programs on TIC policies and procedures, and opportunities for healthcare professionals to engage in peer-to-peer learning and time for reflection.

Recommendations for Future Research

Because of the changing dynamics of healthcare delivery, it is imperative to identify strategies that optimize nursing practice and enhance patient outcomes. The following recommendations address critical areas, such as the efficacy of TIC training and barriers hindering its integration into nursing practice and its potential to mitigate health disparities. The three recommendations are as follows: (a) further investigation of the impact of online TIC training on the nursing practice, (b) exploration of barriers to implementing TIC into nursing practice, and (c) investigation of the role of TIC in addressing health disparities in the field of domestic and international emergencies.

The first recommendation is to investigate the impact of online TIC training on nursing practice. While many educational opportunities, such as conferences, seminars, and online studies, are available to nurses to increase their knowledge and skills, employees are expected to provide continuing professional development (Cant & Levett-Jones, 2021). This study found that TIC training was generally perceived positively by registered nurses. It would be beneficial to conduct further research on the specific impact of this training on the nursing practice. Researchers could investigate whether nurses who have received TIC training are more likely to recognize signs of trauma in patients and whether they are more effective in providing sensitive care. It would also be valuable to explore how TIC training may impact patient outcomes, such

as patient satisfaction, quality of care, and recovery. Researchers can also investigate the benefit of nurses engaging in online training, allowing them to learn at their own pace and on their schedule. This flexibility enables nurses to fully absorb the information in a comfortable environment that suits their learning styles. While the study found that RNs generally perceived TIC training positively, there are still many unanswered questions about how this training impacts nurses providing care to patients who have experienced trauma.

The second recommendation is an exploration of barriers to implementing TIC into nursing practice. Research shows that patients' health outcomes improve a positive work environment and enhance nursing retention (Hartley et al., 2019). TIC is a model that offers a solution to professionals to create an atmosphere of trust and respect for their patients (O'Dwyer et al., 2019). This study focused on RNs' perceptions of training on TIC, but it would be valuable to learn more about the experiences of patients who have received care sensitive to trauma. Researchers could investigate the impact of TIC on patients' perceptions of care, their overall health outcomes, and their experiences with the healthcare system. It would also be useful to explore the perspectives of a patient who may be particularly vulnerable to experience trauma, such as survivors of sexual assault or individuals experiencing homelessness.

The third recommendation is to investigate the role of TIC in addressing health disparities. Adopting a trauma-informed approach to care can improve patient health outcomes and the well-being of providers (Schulman & Menschner, 2018). Several web-based, publicly available foundational TIC training resources may serve as a starting place for organizations needing more financial resources to hire a trainer or the capacity to create their material (Schulman & Menschner, 2018). Researchers could study the potential of TIC to address health disparities among different populations, specifically in domestic and international emergencies.

Researchers could also investigate whether Trauma-Informed Care (TIC) is particularly effective in meeting marginalized and international communities' healthcare needs and reducing variances in health outcomes between different groups. This includes addressing the unique needs of marginalized domestic and international field emergencies that may lack access to online and face-to-face training. Additionally, the benefits of online TIC courses for rural and international healthcare facilities should be explored, particularly for those lacking specific TIC units and facing natural or other disasters. Online training can provide facilities with essential knowledge and resources globally, overcoming geographical barriers and ensuring comprehensive care during critical times. This curriculum could be developed via the Internet to implement a culturally responsive and accessible approach.

Conclusion

In conclusion, this qualitative narrative inquiry study comprehensively explored registered nurses' experiences, stories, perspectives, and behaviors regarding TIC education and training. The findings indicated a positive perception among RNs towards TIC education, considering it essential for delivering patient-centered care to individuals with trauma exposure. Themes derived from the data emphasized several key aspects, including the lack of understanding of trauma-related issues among healthcare professionals, the integration of TIC principles into clinical practice, the necessity for ongoing TIC education and training, the role of leadership in promoting education and training, the importance of TIC in specific populations, the significance of building trust with patients, and the benefits of seeking continuing education and training in TIC.

The findings support the conceptual framework of TIC using the Substance Abuse and Mental Health Services Administration's (SAMHSA) framework and five core principles: safety,

trust and transparency, choice, collaboration, and empowerment (Wright & Laurent, 2021). The SAMHSA is one of the leading institutes in TIC (Dawson et al., 2021). Trauma-informed care (TIC) approaches to care are defined as a service system grounded in and directed by understanding how trauma affects the survivors' neurological, biological, physiological, and social development (Dawson et al., 2021). These principles, which started in healthcare-related fields and are now recognized as valuable frameworks across various professions and situations, can improve organizational processes (Wright & Laurent, 2021).

The findings suggest that many RNs acknowledge the importance of TIC education and training in delivering quality patient care to trauma-exposed individuals. The identified themes highlighted the need for enhanced understanding of trauma-related issues among healthcare professionals, the integration of TIC principles into clinical practice, the necessity for ongoing education and training, the role of leadership in promoting education both face-to-face as well as online graduate initiatives, the importance of TIC across specific populations, the significance of building patient trust, and the benefits of continuing education and training opportunities in TIC. The study emphasizes the ongoing need to fully integrate TIC principles into healthcare education systems and ensure that healthcare professionals possess the requisite knowledge and skills to deliver adequate care to patients with trauma exposure histories. To achieve this, healthcare curricula must incorporate comprehensive online and in-person TIC training modules that address practical aspects of trauma-informed care. Additionally, there is a pressing need for continuous professional development opportunities that keep healthcare workers updated with evolving best practices in trauma-informed care. Enhanced focus on these areas will improve patient outcomes and contribute to a more empathetic and resilient healthcare workforce.

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