When Work Becomes Wounding:

Rethinking "Burnout" as Cumulative Workplace Distress in Organizations

Danielle Lord, PhD

Executive Summary

Organizations have spent years treating "burnout" as an individual problem, solvable through resilience workshops and self-care campaigns, but the patterns emerging across industries tell a different story: people are being injured by the way work is structured, led, and experienced over time. What looks like burnout in leaders and staff is more accurately understood as Cumulative Workplace Distress (CWD), a slow, repeated erosion of wellbeing and identity caused by chronic exposure to psychologically injurious workplace conditions.

Psychologically, this maps to what clinicians describe as Level II trauma: not a single catastrophic event, but ongoing, relational and contextual harm that accumulates through repeated violations of safety, dignity, and moral integrity. In the workplace, Level II trauma emerges when people must continually suppress their values to meet demands, navigate unpredictable or punitive power dynamics, and absorb others' distress without repair or meaningful influence over the system causing it. Over time, this chronic strain reshapes the nervous system, narrows the "window of tolerance," and drives patterns like emotional numbing, hyper-vigilance, cynicism, and disengagement.

For leaders, especially physicians and managers in mission-driven, high-stakes environments, leadership itself becomes a site of trauma: they are asked to hold mission, metrics, and human suffering while lacking control, protection, or honest partnership from the systems they serve. This shows up in defended teams who externalize culture, leaders who feel done-to rather than agentic, and organizations stuck in prolonged "neutral zones" where trust is thin and every change feels like another wound rather than an opportunity.

Trauma doesn't just live in bodies; it lives in the stories people tell about work, who was silenced, who was punished, and who was protected.

D. Lord, PhD, 2026

The Archetype Trauma Series reframes these dynamics as systemic and relational, not personal weakness. Across the articles, the series explains the psycho-neuro-physio-social mechanics of chronic stress, illustrates what organizational and leadership trauma look like in practice, unpacks how trauma is now driving manager disengagement, and offers trauma-informed, developmentally grounded pathways for recovery, repair, and renewed capacity to lead. The call to action is clear: stop pathologizing distressed leaders and teams, recognize and name Level II trauma for what it is, and redesign the architecture of work so that people can heal, contribute, and grow over time.

1. Stop Calling It Burnout: Understanding Cumulative Workplace Distress

For years, organizations have talked about burnout as if it were a fleeting, individual problem, something that happens when people can't handle stress, take too few breaks, or forget to "practice self-care." But it's time to stop calling it burnout.

What we are witnessing is not burnout; it's years of Cumulative **Workplace Distress (CWD),** a term described in the research of *Lord, Kodama, and Granzotti (2025)*to represent the slow, repeated, and deeply personal form of trauma that unfolds through prolonged exposure to harmful workplace conditions. CWD is not a momentary loss of resilience; it's a systemic outcome of how modern organizations are designed and led.

From Scientific Management to Systemic Damage

The modern workplace is still largely governed by principles of scientific *management,* a framework developed over a century ago to maximize efficiency, standardization, and control. These ideas made sense in the industrial age but have quietly eroded human wellbeing in today's knowledge- and service-based world.

Systems built on productivity metrics and rigid hierarchies have created an environment where people are treated as components rather than contributors. The result is disengagement, high turnover, and widespread emotional exhaustion that leaders often mistake for personal weakness rather than organizational failure.

As one executive once told me when I directed leadership development for a large healthcare system, "Burnout in our clinical leaders isn't my problem." That statement, though disheartening, perfectly captures the deeper issue: organizational trauma is often denied, minimized, or outsourced to individual "resilience" training rather than treated as the shared responsibility it is.

The Nature of Level II Trauma

CWD reflects what psychologists call Level *II trauma*. Unlike acute, event-based trauma, what we think of after a fire, accident, or episode of violence, Level II trauma is slow, insidious, and cumulative. It emerges through repeated exposure to environments that violate psychological safety, moral integrity, and professional identity.

The workplace becomes a site not of growth or purpose, but of chronic emotional injury. Over time, this manifests as:

- Compassion fatigue and moral injury
- Identity erosion (the loss of self through surface-level acting)
- Heightened cynicism, disengagement, and detachment
- Increased health problems and absenteeism

The tragedy is that these outcomes are preventable. They arise from systems that prize control over curiosity and metrics over meaning.

When Systems Fail to See the Human

CWD doesn't happen in isolation; it's cultivated by systemic blind spots that many organizations unintentionally reinforce. We see it in:

- **Bad management practices** that reward compliance over connection.
- **Lack of leadership development** that neglects the human side of leading.
- **A fundamental misunderstanding of leadership itself,** treating leaders as task managers instead of relational stewards.
- **Cultural inertia**, believing that the workplace still functions as it did in 1950.
- **Pop culture distortions that** glorify overwork and "grind" mentalities.

When systems fail to adapt, they perpetuate harm. Employees learn to hide distress, leaders normalize dysfunction, and organizations quietly hemorrhage their most talented people. The emotional toll is not just burnout; it's systemic trauma masquerading as individual weakness.

Rethinking Leadership and Accountability

If we are to address Cumulative Workplace Distress, we must reimagine leadership, not as positional authority, but as the practice of creating conditions where humans can thrive.
That means:

- Shifting from performance management to relationship *stewardship*.
- Redefining resilience as reciprocal *support*, not personal endurance.
- Integrating trauma-informed leadership frameworks into all levels of development.
- Holding organizations accountable for the psychological safety of their people.

We already understand the J-curve of change: performance drops before it rises, and if we don't support people in the dip, the initiative fails. Cumulative Workplace Distress is the human side of that same curve, a predictable bottoming-out of emotional capacity when we keep asking leaders to absorb more without redesigning the system around them. The question is no longer

whether burnout exists; it's whether we are willing to treat that bottom of the J as our responsibility. If we can redesign workflows, we can redesign support. If we can measure productivity, we can measure distress. The real call to action is simple: stop pathologizing the people in the dip, and start rebuilding the system so they don't have to climb out alone. CWD reminds us that human distress at work is not a side effect; it's a vital signal that the system itself is unwell. The solution begins not with another wellness initiative, but with rethinking the very architecture of work.

What we label burnout is often the visible scar of a deeper injury: years of cumulative workplace distress.

D. Lord, PhD, 2026

Author's note:
*Cumulative Workplace Distress (CWD)*is an emerging framework developed by Lord, Kodama, and Granzotti (2025) to describe the prolonged exposure to psychologically injurious workplace conditions that lead to chronic emotional trauma. Their research reframes "burnout" as a systemic and relational failure rather than an individual deficit.

2. Stress, the Nervous System, and the Making of Level II Trauma at Work

Stress sets off a whole-body chain reaction that prepares a person to survive a threat, but when that reaction is chronic it begins to damage physical health, emotional balance, and even long-term brain functioning. Drawing from your research, stress can be understood as a psycho-neuro-physio-social experience: thoughts and emotions trigger brain and hormonal changes that then reshape behavior and health over time.

How the stress response works
When a person perceives danger or intense pressure, the brain rapidly shifts control from the higher thinking centers to more primitive survival circuits, a pattern sometimes called an "amygdala hijack." In this state, decisions and behavior are driven more by fear and urgency than by careful reasoning or long-term judgment.

At the same time, the body releases a potent mix of stress chemicals. This includes neurotransmitters and hormonal secretions that increase heart rate, sharpen focus, and prepare muscles for action, creating the classic fight-or-flight response. Even emotionally charged situations without physical danger can generate measurable biochemical changes, showing that the body responds to psychological stress much like it responds to physical threat.

What stress does to the body
Short bursts of stress can be useful, but persistent stress begins to wear down physical systems. Common physiological effects include increased blood pressure, elevated cortisol levels, weakened immune responses, and physical sensations such as anxiety, nervousness, and trouble relaxing.

Over time, this constant activation erodes the body-mind connection and makes emotional "reset" or recovery more difficult. People may notice more frequent illnesses, sleep disruption, tension headaches, digestive issues, or a general sense of feeling "wired and tired" at the same time.

How stress reshapes the brain
Chronic stress doesn't just change how a person feels in the moment; it can gradually change how the brain works. Repeated episodes of intense emotion without recovery time strengthen

survival pathways and weaken the circuits involved in reflection, empathy, and flexible problem-solving.

This pattern can show up as emotional numbing, difficulty holding mixed or complex feelings about oneself or others, and a tendency to rely on denial or detachment to get through the day. Under pressure, people may react in automatic, rigid ways, snapping at others, shutting down, or avoiding difficult conversations, even when those reactions clash with their values.

Stress, role demands, and identity

Stress is amplified when people are asked to perform in high-stakes roles with unclear expectations, constant visibility, or conflicting definitions of "success." In these situations, individuals can feel isolated, inadequate, or like they are "failing" even while working hard and carrying significant responsibility.

When identity is strongly tied to performance or being seen as infallible, any mistake, or even the fear of making one, can become a major psychological stressor. Over time, this combination of pressure, ambiguity, and lack of support fuels burnout, emotional exhaustion, and a growing sense of disconnection from work, colleagues, and self.

Organizational trauma survives through story: the hallway legends, the 'remember when' moments, and the quiet warnings passed to every new hire.

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When stress becomes harmful

Your research notes that prolonged exposure to high stress without meaningful support is linked to burnout, depression, substance use, and, in extreme cases, suicidality in high-demand professions. These outcomes are not signs of personal weakness; they are the predictable result of sustained psycho-neuro-physiological strain in environments that discourage recovery and help-seeking.

Protective factors include time and space for emotional regeneration, healthy role models, mentoring or coaching, and cultures that normalize feedback, learning, and imperfection. When individuals can process experience, stay connected to others, and recover between demands, the same stress that once felt purely damaging can instead become a catalyst for growth and more sustainable leadership over time.

3. When Leading Is Traumatic: How Organizational Wounds Break Our Capacity to Care

Leadership that feels like a threat

In 2026, many leaders don't experience leadership as a promotion; they experience it as a threat to their nervous system. Many managers describe lying awake after meetings replaying confrontations, dreading emails from senior executives, and bracing for the next accusation from colleagues or staff. In traumatized systems, leadership work itself becomes a site of repeated injury: public shaming, impossible demands without resources, union showdowns, social media pile-ons, and the quiet exile of anyone who names the dysfunction.

In those conditions, "burnout" is far too small a word. Burnout suggests overwork and depletion; many leaders are actually experiencing Cumulative Workplace Distress (Lord, et al., 2025) and, for physicians in particular, a layering of moral injury on top of an already intense clinical load.

Beyond burnout: calling it trauma

Organizational scholars are increasingly naming what you're living: leadership actions can cause psychological and emotional damage, and those in leadership roles can themselves be traumatized by their work. Trauma here doesn't only mean a single catastrophic event; it can come from repeated exposure to impossible, high-stakes situations with little control and little repair.

Nonprofit and healthcare settings are especially vulnerable because leaders are asked to carry mission, margin, and human suffering simultaneously. Over time, that looks like exactly what you're seeing in your case work and research: leaders who are technically in charge but feel utterly done-to, defensive teams who insist "we're not the problem," and groups who can talk about culture but can't imagine owning it.

How trauma shows up in leaders

Trauma doesn't just live in stories; it lives in bodies, decision patterns, and meeting rooms. Several patterns show up again and again:

- Narrowed window of tolerance. Managers arrive already close to the edge; a single challenging question can spiral into shutdown, over-explaining, or attack.

- Mis-encoding of threat. Reasonable accountability or inquiry is experienced as persecution: “Why are we doing this? We’re not the problem.”
- Collapsed agency. Leaders talk about themselves as conduits, “we’re waiting for the CEO,” “we don’t have any information to give our teams,” instead of as sense-makers and culture carriers.
- Eroded capacity to extend support. As you’ve named, the more trauma accumulates, the less likely people are to offer additional support to others; they go into self-protection and accusation.

Physician leaders often add another layer: they carry direct exposure to patient suffering, death, and ethical compromise, then step into roles where they must enforce policies that sometimes conflict with their clinical values. That’s a near-perfect recipe for moral injury and empathic distress, especially when organizational responses frame the problem as personal resilience rather than system design.

When the system is traumatized

Many leaders you work with are not only traumatized as individuals; they are leading traumatized systems. Organizational trauma can emerge from acute events (abusive executives, sudden leader departures, union showdowns) or from long-term exposure to chronic stressors (pandemic waves, relentless cost-cutting, secondary trauma from clients).

In one situation, leaders inherited years of financial strain, an abusive former leader, and unresolved labor conflict. The result was a leadership group that spoke of a “toxic culture” but responded to culture work with defensiveness, distrust, and a sense of being singled out. That is classic organizational trauma: people hold real wounds, but they have so little belief in repair that any intervention feels like another injury.

Healthcare organizations show similar dynamics: high burnout, staff departures, escalating patient expectations, and public scrutiny create systems where every meeting feels like triage. In that context, leaders naturally reach for control, blame, and policy rather than curiosity, shared power, and relationship, even as the literature on trauma-informed leadership emphasizes distributing control and reducing power imbalances.

What “trauma-informed leadership” actually asks of us

Trauma-informed leadership is not a soft add-on; it is a different way of understanding what leadership work is in a wounded system. Recent models emphasize four core behaviors: understanding trauma, regulating distress (your own and others’), empowering rather than controlling, and intentionally making space for emotional processing and healing.
For the leaders you support, this means at least three shifts:

- From performance to capacity. Instead of asking “Why won’t they just lead?” you ask “What has this system done to their capacity to lead, and how do we rebuild it?”
- From individual toughness to shared conditions. You move from resilience workshops to redesigning workload, decision authority, and psychological safety, especially for physician leaders whose autonomy and voice are strongly linked to burnout and recovery.
- From culture slogans to micro-repair. You stop expecting big retreats to reset everything and instead focus on repeated, small behaviors that demonstrate reliability, fairness, and honest sense-making.

Practical moves when leading is traumatic

When you walk into a room of a traumatized leadership team, or a distressed physician leadership cohort, you are walking into a nervous system, not just a meeting. Practical trauma-informed moves include:

- Normalize the experience, without collapsing into victimhood. Name that the system has been through trauma and that current reactions make sense in that light, while still insisting that leaders have agency in how people experience the next chapter.
- Slow down decisions, speed up feedback. Tools like Fist-to-Five create safer ways to register dissent and strength of support, and also give leaders a concrete record of shared commitments that can be revisited later.
- Centralize coordination, distribute control. Clarify a simple backbone for change (who is coordinating what, on what cadence), while sharing as much decision authority as possible with those closest to the work, exactly the pattern resilience and trauma-informed literature recommends.
- Build leader-only recovery spaces. Physician leaders consistently report that peer spaces where they can speak candidly about moral injury, fear, and doubt are a precondition for any sustainable behavior change back on the job.

These moves don’t erase the trauma, but they widen the window of tolerance so that leaders can do more than merely survive their roles.

Rethinking “leadership development” in a traumatic era

If leadership itself is a site of trauma, then leadership development must become, at least in part, leadership healing. For physicians, that means explicitly naming moral injury and organizational betrayal, not just teaching time management and strategic planning.

Its time to change: time for a new curricula:

- Teaching leaders to recognize signs of organizational trauma and their own nervous system responses.
- Integrating transitions frameworks (like Bridges) to legitimize the messy, defended neutral zone and guide teams through it.
- Re-framing "resistance" as a reasonable adaptation to past harm, and working with it rather than against it.

In other words, the work is not about making leaders tougher; it is about making organizations safer for leaders and the people they serve.

When leaders are constantly bracing for impact, they don't become less caring, they become less able to show the care they still feel.

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4. Leading in a Wounded System: How organizational trauma drains our capacity to care, and how to rebuild it.

A mid-sized, mission-driven, unionized organization needed support for a leadership team that described itself as operating in a "toxic culture." The history included an abusive CEO, the cumulative stress of COVID, layoffs under a new executive director, and ongoing financial uncertainty. The CEO had outlined a 10-year vision, but leaders reported low collaboration, jaded staff, and little energy for "one more initiative."

The consultant designed a two-part intervention using William Bridges' Transitions (Endings, Neutral Zone, New Beginnings) integrated with trauma-informed principles and a set of recovery tools focused on spheres of influence, span of control, and energy/peer support.

- Session 1 focused on normalizing global and local trauma, naming endings, exploring the neutral zone, and identifying small beginnings.
- Session 2 aimed to shift into agency, inviting leaders to cocreate elements of the 10-year vision and map cross-departmental interdependence.

What actually showed up

The "good news" was that the team did step into a difficult conversation. They spoke about "toxic culture," past harms, and current stressors. But the way they engaged revealed a system still deeply stuck in a defended neutral zone. Leaders, however, frequently externalized responsibility and located power elsewhere:

- "We don't have any information to give to our teams; we're waiting for the CEO to provide us with info."
- "My staff is worried because we can't pay a small bill; we can't spend any money."

When invited to consider who owns culture, the immediate response to, "Who owns the culture, you or employees?" was:

- "Well, they've unionized."

Instead of reflecting on their own daily behaviors, leaders pointed to the union as the primary reason culture felt stuck, effectively using unionization as an all-purpose explanation and shield.

Defensiveness and victim language surfaced repeatedly:

- “Why are we doing this?”
- “Why are we starting this conversation with this team, we’re not the problem.”
- “I don’t see a direct connection to this work and the organization.”

In the room, passive-aggressive comments and indirect expression were common. Leaders spoke about “the culture” as if it were bad weather, something happening to them, rather than something they shape. When conversations sharpened, leaders tended to blend into the group instead of differentiating as steady, accountable adults.

Interestingly, when asked to consider the relationship between their COVID experience and the current state, most did not see a connection. The present pain was held as uniquely leadership-driven; cumulative trauma from the pandemic was compartmentalized and largely absent from their narrative.

Across both sessions, spontaneous helping behavior was low. Leaders showed little inclination to extend empathy to peers or to the CEO; everyone felt “out of extra.” This pattern aligns with research on chronic stress, empathic distress, and compassion fatigue: when people are saturated with threat and loss, their capacity to offer support tends to constrict, even when their values have not changed.

Interpretation: a traumatized neutral zone

Three dynamics stood out.

1. **Trauma had narrowed the capacity to help**
   Chronic and organizational trauma had pushed individuals and the group into self-protection. Under cumulative stress, empathy can flip into avoidance, irritation, or numbing; prosocial behavior declines because caring feels overwhelming, not rewarding. The leadership team’s low willingness to extend support, to staff, to each other, or to the CEO, was less a moral failing than a sign that their “well” was nearly dry.

2. **Culture was externalized; leadership identity was unclaimed**
   Phrases like “the culture is toxic” and immediate references to unionization when culture was mentioned showed that leaders experienced culture as something outside themselves. By locating culture in “them,” the union, staff, history, “the CEO,” leaders avoided seeing their own daily behaviors (how they communicate, respond, close loops, handle conflict) as core levers of culture. In the sessions, very few statements began with “we, as leaders, are choosing…”

3. **The system was stuck in a defended neutral zone**
   Using Bridges' language, the team was conceptually familiar with endings, the neutral zone, and new beginnings, but behaviorally they were lodged in a long neutral zone: high uncertainty, low trust, strong defenses, and a limited sense of agency. The dominant stance was, "Things happen to us, leadership, the union, finances, history, not with us."

Even after leaders change and policies shift, trauma lingers in the narrative, what people believe is possible, safe, or dangerous to say out loud.

D. Lord, PhD, 2026

Recommendations (even without further external support)
Because the agency was unable to continue with external consulting, the consultant focused on small, repeatable moves that leaders could own themselves. Four clusters of recommendations were offered.

1. **Reclaim leadership ownership of culture**

   Develop a concise **leadership team charter** naming 5–7 observable behaviors (for example: addressing issues directly, closing the loop, not disparaging staff, modeling respectful disagreement). This shifts the conversation from "the culture is toxic" to "this is how we behave as leaders in a unionized, financially constrained environment."

   Convene a **leaders-only "what we own" conversation** using circles of control/influence/context:

   - What is genuinely constrained by union contracts.
   - What is fully in leaders' control (behavior, communication, follow-through, how decisions are explained).
   - What sits in shared space to be negotiated.
     This prevents "we're unionized" from becoming an all-purpose alibi.

2. **Shift from pure victim narrative to shared agency**

   Build a simple **re-framing habit** into leadership meetings: when an issue is raised in purely negative or "done-to" terms, pause and ask, "What part of this is ours to own or influence?" This does not deny real constraints; it trains the group to look for agency alongside limitation.

   Introduce **short, structured debriefs** after challenging moments (major announcements, conflicts, difficult weeks) using a basic script: "What happened? What helped? What will we do differently next time?" This normalizes reflective practice and slowly reduces hyper-vigilance.

3. **Strengthen communication and reduce passive-aggression**

   After each all-staff meeting, provide shared **post-meeting talking points**: what was said, what it means, and where questions should go. This reduces rumor and mixed messages and models more aligned, transparent communication.

   Link these talking points explicitly to leadership charter behaviors ("We close the loop," "We don't speculate in hallways"), reinforcing that culture is enacted in small communication choices.

4. **Make the 10-year vision feel shared, not imposed**

   In department meetings, run **mini vision exercises**: ask each team to name one specific way they contribute to the 10-year vision and one dependency they have on other departments. This turns an abstract plan into a web of mutual contributions.

   Periodically communicate **"you said, we did"** examples where staff input has tangibly influenced the 10-year plan or near-term decisions. This begins to replace "their plan" with "our direction" and challenges the narrative of leadership as using the organization as a stepping stone.

Lessons for other organizations

This case surfaces several patterns that are widespread but often unnamed:

- As trauma accumulates, **mutual support erodes**. Leaders and staff do not automatically become more caring under strain; they often become more defended and less able to extend help, even when they deeply believe in the mission.
- In a unionized, high-stress environment, it is easy for leaders to treat unionization, finances, or history as the "reason" culture cannot change. **Unionization does not remove leadership's responsibility for culture; it makes trustworthy, disciplined leadership even more critical.**

- Big, one-off events, even well-designed, trauma-aware workshops, cannot, on their own, move a system out of a defended neutral zone. **Progress depends on small, consistent behaviors and structures that slowly rebuild trust and restore a sense of shared agency.**

For practitioners, this case underscores a hard truth: when the well is empty, you cannot appeal to people's better angels and expect them to step up for each other. You have to help leaders and teams **rebuild capacity,** through boundaries, clearer ownership, and honest communication, before expecting generosity and collaboration to flow again.

5. When Trauma Shows up as Disengagement: Why Management Engagement is Falling Fast

In 2025, for the first time, global engagement data showed that managers' engagement is falling faster than everyone else's. Gallup's State of the Global Workplace 2025 report found that manager engagement dropped from 30% to 27%, even as individual contributors held steady at 18%.

That's not just a morale story; it is a trauma story. Managers, and in healthcare, physician leaders, have been wedged between escalating executive demands and raw, often unprocessed distress from their teams, all while navigating restructures, tighter budgets, and new technologies they did not choose. When leaders are continually asked to absorb fear, anger, and loss without meaningful say in the conditions causing them, disengagement becomes a nervous-system adaptation: a way to numb out enough to keep going.

The data are blunt: managers are now reporting higher daily stress than the people they lead. In traumatized systems, that stress is amplified by organizational trauma patterns—defensive communication, low trust, and chronic crisis—which erode any sense that effort matters or that leaders can influence outcomes. Over time, that looks exactly like what you are seeing in the field: leaders who show up, but with less curiosity, less hope, and less willingness to extend themselves for others.

If we want engagement back, we cannot just coach leaders to "re-engage"; we have to treat disengagement as a symptom of unresolved trauma and redesign roles, decision rights, and support structures so that leading is no longer experienced as a series of wounds. Trauma-informed leadership isn't just a better way to care for teams; it is now the precondition for managers, and physician leaders, to find any sustainable reason to stay in the game

You can't yoga your way out of a system that is actively wounding you; at some point, the work itself has to become part of the healing.

D. Lord, PhD, 2026

6. When No One Is Watching: The Trauma of Being Unled

When “laissez-faire” means no one is home

Laissez-faire is often framed as a sophisticated, modern take on autonomy, “I hire adults; I don’t need to manage them.” Yet, in the research canon that actually studies leadership, laissez-faire isn’t a style at all; it’s the **absence** of leadership.

On the classic Blake–Mouton Managerial Grid, the low production/low people corner is labeled “impoverished” and is often equated with laissez-faire: do nothing, be seen rarely, avoid decisions. Bernard Bass went so far as to argue that laissez-faire is not even worthy of consideration as leadership, because it represents non-leadership, a failure to engage, decide, or take responsibility.

When autonomy crosses into neglect; self-governance becomes adrift.

D. Lord, PhD, 2026

What really happens when no one is watching

When leaders disappear, physically, emotionally, or morally, the system doesn’t sit idle; it adapts. In that adaptation, we see the real legacy of “hands-off” leadership:

- Team members begin to neglect key tasks when they feel unheard or disregarded.
- Workarounds replace clear process; people invest energy in avoiding conflict, not solving problems.
- Small breaches of trust, policy, or respect become normalized because no one with authority intervenes.

Research by Withey and Cooper (1989) shows that when people feel they lack a voice, they respond with neglect and withdrawal. Later, Cuddy, Fiske, and Glick (2013) demonstrated that

when relationships lack both warmth and competence, an easy match for the "impoverished" corner of the grid, people move into passive or even active sabotage.

When leaders are chronically absent, the organization becomes a quiet case study in these patterns. People learn that speaking up is pointless, excellence is optional, and boundaries are flexible for some but rigid for others.

Micro-traumas of being unled

In your ongoing trauma series, the story is often told as a single, large event. But organizational trauma is just as frequently the accumulation of micro-events: the unanswered email, the unresolved conflict, the policy violation no one addresses.

In one of your workplace stories, a forbidden romance becomes the worst-kept secret in the department. HR and leadership look the other way despite a clear no-nepotism policy, as if ignoring the obvious will make it vanish. Over time, people watch:

- Messes, literal and figurative, get left for others to clean up.
- Raises, opportunities, and forgiveness appear to be distributed based on closeness, not contribution.
- Emails from the manager grow sharper, more shaming, and less grounded in fact.

Each incident alone may seem "manageable." Together, they create a predictable trauma pattern: eroded trust, plummeting morale, and a pervasive sense that the rules only apply to some. The injury is not just what happens, it's that no one in authority chooses to see it, name it, or protect people from it.

The false comfort of "I trust my people"

Leaders often defend a laissez-faire stance with a noble-sounding phrase: "I don't micromanage; I trust my people." Trust and autonomy are essential, but they are not the same as abdication.

Healthy autonomy sits on top of:

- Clear expectations and shared definitions (what does "soon" actually mean?).
- Regular 1:1s where goals, metrics, and priorities are refined together.
- Visible engagement with both people and work, not a leader isolated behind an office door.

You've written about a CEO and VP who nearly ruptured their relationship over the word "soon." In a context of stress and low engagement, "soon" became a Rorschach test; each

projected their own meaning, and the absence of clarifying leadership turned a single word into a breach of trust. When no one is watching the words we use, or willing to add metrics, timelines, and clarity, the organization pays the price in confusion and resentment.

Why laissez-faire is not neutral

One of the most dangerous myths in leadership is the belief that doing nothing is neutral. It isn't.

When leaders default to "do nothing":

- Role stress and role compression increase, particularly in flattened organizations where clear development pathways have disappeared.
- Managers under pressure react from stress, not ego alone, sliding into punitive tactics, write-ups, and emotional blow-ups instead of coaching.
- Engagement scores fall, and stressed managers lead from their emotional memory center instead of their executive function, making poorer decisions and escalating conflict.

This is not an absence of impact; it is impact by neglect. In trauma language, this looks like chronic unsafety: people don't know what to expect, who will be protected, or whether anyone will intervene when boundaries are crossed.

What accountable leadership looks like

If laissez-faire is non-leadership, what does accountable leadership offer instead—especially when no one seems to be watching?

Accountable leaders:

- **Show up**: They are visible and accessible, not hiding in their offices or behind dashboards.
- **Name reality**: They address favoritism, policy violations, and low-level harm early, before it calcifies into culture.
- **Clarify words and expectations**: They replace "soon" and "we'll circle back" with concrete timelines, SMART goals, and shared definitions.
- **Invest in relationships on purpose**: They intentionally create space for connection, conversation, and learning together, knowing that engagement is built relationally, not transactionally.

This is where the Archetype work on integration over "on-boarding" is so powerful. To integrate someone into an organization is to say: "You belong here. Here's how we do things. Here's what

we expect, and what you can expect from us." That is the opposite of laissez-faire. It is a commitment to presence.

> *When leaders retreat into absence, teams do not become "empowered"; they become unled, and the system quietly organizes around avoidance, workarounds, and, eventually, harm."*
>
> D. Lord, PhD, 2026

A closing thought for leaders

When no one is watching, your organization is still teaching.

Every unresolved conflict, every silent response to obvious harm, every "soon" that never comes is a lesson about what, and who, actually matters. In that way, leaders are never truly hands-off. Their absence becomes the curriculum.

The question isn't whether you have a leadership style called "laissez-faire." You don't. The real question is: *What are people learning about safety, fairness, and worth when you choose not to lead?*

7. Synthesis: From burnout fixes to healing work

From burnout fixes to organizational healing is a shift from treating symptoms in individuals to redesigning the ecosystem of work itself. Instead of asking “How do we make people tougher?”, it asks “What would it look like to design leadership, culture, and systems so that human distress is heard early, healed in community, and transformed into wiser practice over time?”

Most current responses to distress at work are tactical and individual: resilience workshops, mindfulness apps, wellness days, or coaching offered as a “fix” for people who are struggling. These can be supportive, but they leave the underlying architecture of harm untouched, workloads, decision authority, psychological safety, role clarity, and how leaders are formed and supported.

Organizational healing starts with a different premise: the system is part of the injury, so the system must be part of the repair. That means naming Level II trauma and cumulative workplace distress explicitly, treating distress signals as data about design flaws rather than personal failings, and making visible commitments to change how decisions, communication, and accountability work. Healing becomes an organizational competency rather than a private coping project.

Trauma-informed leadership development

Trauma-informed leadership development recognizes that many leaders are already over their emotional capacity when they arrive in the classroom or cohort. Development, therefore, must double as recovery and regulation space, not just skill transfer.

Key shifts include:

- Moving from “performance gaps” to “capacity and safety gaps” helping leaders understand their nervous systems, triggers, and defensive patterns, and teaching them to co-regulate instead of over-control.
- Integrating moral injury, organizational betrayal, and Level II trauma into the content, especially for physician and mission-driven leaders, so that their lived experience is named, normalized, and worked with.
- Designing peer spaces where leaders can speak candidly (leader-only labs, longitudinal cohorts, confidential circles) and practice micro-repair, feedback, and boundary-setting in a psychologically safe environment.

Structural redesign for safety and agency

No amount of insight will hold if the structural conditions continue to retraumatize people. Organizational healing requires redesigning key elements of the system so that safety and agency are built into the way work gets done.

Priority redesigns often include:

- Clarifying decision rights and span of control so leaders are not forced to absorb demands without authority.
- Reworking workload expectations, meeting cadences, and role design to create actual recovery space, not just rhetoric about balance.
- Building transparent, consistent communication patterns (shared talking points, "you said, we did" loops, predictable escalation paths) that reduce rumor, hyper-vigilance, and learned helplessness.
- Embedding simple practices (Fist to Five, temperature checks, structured debriefs) into governance so dissent, emotion, and uncertainty have legitimate channels.

Micro-repair and everyday practices

Healing is sustained not by one-time summits, but by repeated, observable micro-moves that demonstrate "we are doing this differently now." Micro-repair practices are small, consistent behaviors and rituals that slowly restore trust, dignity, and a sense of shared agency.

Examples include:

- Leaders closing loops quickly and transparently when decisions impact people's identity, workload, or security.
- Brief, structured debriefs after hard weeks, conflicts, or major announcements ("What happened? What helped? What will we do differently?").
- Naming and repairing missteps in real time ("We dropped the ball here; here's what we're changing.") so people see that harm is not ignored or defended.
- Regular cross-role and cross-department "bridge" conversations that reconnect siloed or adversarial groups.

Post-traumatic growth for leaders and teams

The goal is not to erase what has happened, but to metabolize it into wiser, more humane organizations. Post-traumatic growth at work looks like leaders who have a deeper sense of purpose and boundaries, teams that can have hard conversations without collapsing into blame, and organizations that treat distress as intelligence about the system rather than a nuisance.

Over time, a healing-oriented organization becomes better at:

- Spotting early signs of cumulative distress and acting before crises.
- Sharing power more wisely, especially with those closest to the work.
- Holding complexity, mission and margin, union and management, safety and performance, without defaulting to all-or-nothing thinking.

The **Archetype** ecosystem is intentionally designed to support this kind of growth end-to-end:

- **HelixMD** for physician and clinical leaders' recovery and development.
- **Archetype Learning Solutions** for leadership and culture programs that are trauma-informed at their core.
- **COMPASS** for practical, repeatable tools that make micro-repair and reflective practice part of daily work.
- ***When work Isn't enough*** a practice guide and simulation for businesses and community organizations to better understand how the trauma of poverty shows up at work.
- Thought leadership through **Forge** and other publications to shift the broader narrative from burnout fixes to organizational healing.

If your organization is ready to move beyond "burnout management" and into genuine healing work, the **Archetype ecosystem** offers an integrated path. Start with a focused diagnostic or leadership lab to name the patterns you're living, then pair that insight with structural redesign and simple, durable tools your leaders can actually use.

You don't have to choose between caring for your people and meeting your mission. By treating cumulative workplace distress and Level II trauma as systemic design challenges, not individual flaws, you can build a workplace where leaders and teams recover, grow, and carry the work forward with more clarity, courage, and care. When you're ready, Archetype can walk that road with you.

Healing begins when the stories in a system change from 'this is just how it is here' to 'this is what happened, and this is how we're doing it differently now.'

D. Lord, PhD, 2026

About the author:

Danielle Lord, PhD | Leadership Development researcher & Solutions architect

"A well-developed and committed workforce is an amazing asset, which can yield a tremendous competitive advantage when utilized properly"

Danielle Lord, PhD is a leadership development researcher and creator of evidence-based tools that help leaders repair, reimagine, and rebuild healthier organizations. Drawing on over three decades of work at the intersection of organizational development, well-being, and learning design, she translates complex data and real-world experience into practical playbooks, curricula, and business solutions for clients across sectors.

Her portfolio includes leading leadership development and learning strategy for the Port of Seattle, serving as Chief Learning Officer for the State of Washington, and directing physician and leader development for Providence Health & Services, a five-state health system with 75,000 employees. As founder of her own practice and projects like HelixMD, she designs "leadership labs" and recovery-focused development experiences for physicians and other leaders navigating high-stakes, high-burnout environments.

Since 2008, Danielle has served as graduate faculty at Brandman University, teaching more than 17 different leadership and organizational change courses and developing over 48 custom programs and courses for organizations of all sizes. She earned her PhD in Leadership Theory from Capella University, where she studied nursing dissatisfaction, and continues to conduct qualitative research into the developmental and recovery needs of aspiring physician leaders.

A Pacific Northwest native, Danielle lives in Auburn, Washington with her husband, Stephen, their cat "Kitten," and together they have five adult children. When she is not designing new tools or gathering stories from the field, she can be found antiquing, gardening, or enjoying a good glass of wine.

About Archetype:

Archetype Learning Solutions is a research-based creator of bold development ecosystems for the people who hold everything together: caregivers, clinicians, leaders, and frontline teams.

Founded and led by Danielle Lord, PhD, Archetype translates qualitative research, lived experience, and real-world organizational challenges into practical learning ecosystems that help people recover, grow, and lead well in complex environments. Across healthcare, caregiving, manufacturing, and executive leadership, Archetype designs "labs" where people can think differently, practice new skills, and reconnect to why their work matters.

Rather than offering one-off workshops or generic training, Archetype builds layered experiences: assessments, simulations, cohorts, coaching labs, and practical tools that organizations can embed and scale. Each ecosystem is grounded in research, co-created with participants, and designed to respect time, capacity, and the emotional realities of helping work.

Under the Archetype umbrella sit several focused ecosystems:

- **COMPASS** – A well-being and resilience ecosystem for caregivers and helping professionals, including busy female CEOs who carry both organizational and personal care loads.
- **HelixMD** – A physician leadership recovery and development ecosystem, built around labs, tools, and communities that honor both the science and the strain of modern clinical work.
- **FOG** – A workforce and manufacturing ecosystem focused on mentoring, early-career development, and practical leadership skills for industrial environments.
- **MasterHERmind** – A high-accountability ecosystem for senior women leaders and CEOs to think strategically, recover deeply, and lead with clarity.
- **Poverty Simulations** – Immersive, research-informed empathy labs that help organizations and cross-sector partners understand the realities of poverty and design more humane systems.
- **The Everest Experience –** a two day executive retreat that helps leaders assess how team dynamics, change, and conflict are impacting their strategy.
- **Forge –** a thought leadership magazine aimed at shaping leadership and crafting impact.