The Relationship between Trauma-Informed Leadership and Resistance to Organizational Changes in Vietnam's Higher Education Sector in the Aftermath of Covid-19

Quyen Thi Ngoc Nguyen

Institute of Studies of International Education and Economics, Vietnam

ABSTRACT

The COVID-19 pandemic exposed deep structural and psychological challenges in higher education, demanding leadership approaches that balance empathy with institutional resilience. This study explores how trauma-informed leadership mitigates resistance to change in Vietnam's post-pandemic universities. Using qualitative data from three institutions, it examines how principles of safety, trust, empowerment, and cultural sensitivity shaped adaptation processes. Findings show that trauma-informed leadership reduced resistance by fostering psychological safety, transparent communication, and shared ownership of change. Leaders localized trauma-informed practices to align with Vietnamese collectivist and hierarchical values, reframing empathy and care as collective responsibilities. Despite resource limitations, these approaches strengthened engagement and resilience across university communities. The study extends the global literature by demonstrating trauma-informed leadership's adaptability beyond Western contexts, highlighting its reliance on contextual sensitivity, emotional intelligence, and consistent communication to transform crisis recovery into sustainable organizational learning.

Keywords: Trauma-informed leadership, organizational change, psychological safety, higher education.

INTRODUCTION

The COVID-19 pandemic has profoundly disrupted higher education worldwide, forcing universities to shift rapidly to online and hybrid learning while grappling with severe financial, operational, and psychological challenges. The crisis exposed long-standing disparities in digital infrastructure, faculty preparedness, and student access to technology (Atmojo & Nugroho, 2020; Bryson & Andres, 2020; Jung & Shin, 2021). Beyond pedagogical issues, universities suffered from declining enrollments and revenue losses, leading to staff reductions and uncertainty about institutional sustainability (Şener et al., 2020; Shafique et al., 2022). Simultaneously, anxiety, burnout, and depression increased among students and faculty members, revealing the urgent need for leadership approaches that prioritize empathy and well-being (Bui et al., 2022; Nguyen & Pham, 2023).

In Vietnam, the pandemic had equally far-reaching consequences. Universities faced technological and infrastructural limitations, uneven digital access among students, and declining financial stability, particularly in smaller private institutions (Huynh et al., 2021; Nguyen et al., 2024). The disruption of international cooperation and mobility programs coincided with a growing visibility of mental health issues in Vietnamese higher education (Tran & Moskovsky, 2024). These challenges have underscored the need for leadership models that go beyond efficiency and control to foster resilience, compassion, and psychological safety within academic communities.

Trauma-informed leadership has emerged as a promising response to such crises. Grounded in trauma-informed care principles, it emphasizes safety, trust, collaboration, empowerment, and cultural sensitivity in organizational contexts (Huang et al., 2014; Henshaw, 2022). In higher education, trauma-informed leadership helps create supportive environments where individuals can recover from collective trauma, promoting both well-being and institutional resilience (Barros-Lane et al., 2021). Yet, the concept remains underexplored in

Vietnam's higher education system, where hierarchical and collectivist cultural norms may both support and constrain its implementation (Nguyen & Tran, 2018; Pham, 2018).

The pandemic has also intensified resistance to organizational change in Vietnamese universities. As institutions undertake digital transformation, financial restructuring, and curriculum redesign, faculty and staff coping with emotional exhaustion often resist new initiatives (Phan & Pham, 2023). Conventional leadership models that prioritize compliance and efficiency may inadvertently heighten this resistance by neglecting the emotional recovery of academic communities. Understanding how trauma-informed leadership can mitigate resistance and promote acceptance of change is therefore crucial for post-pandemic recovery.

Despite growing global attention, theoretical and empirical gaps persist regarding the applicability of trauma-informed leadership in non-Western higher education contexts. Most frameworks have been developed in Western contexts highlighting individual autonomy and open mental health dialogue, in contrast to the collectivist and hierarchical culture of Vietnam (Venet, 2023). Research examining the relationship between trauma-informed leadership and organizational change in Vietnamese universities remains scarce, particularly regarding how such practices affect psychological safety, trust, and resistance to change among faculty and staff.

To address these gaps, this study investigates the relationship between trauma-informed leadership and resistance to organizational change in Vietnam's higher education sector following the COVID-19 pandemic. It explores how trauma-informed principles are manifested in university leadership and how these practices influence organizational resistance to change. By doing so, the research contributes to a deeper understanding of culturally grounded crisis leadership in Vietnamese higher education, offering insights into how compassionate, trauma-aware leadership can foster institutional resilience, psychological safety, and sustainable transformation in the post-pandemic era.

LITERATURE REVIEW

The Impact of COVID-19 on Higher Education: Global and Vietnamese Perspectives

The COVID-19 pandemic caused unprecedented disruption across global higher education, forcing institutions to close campuses, shift to remote and hybrid learning, and confront major operational, financial, and psychosocial challenges (Barros-Lane et al., 2021). The abrupt transition exposed persistent inequalities in digital access, faculty readiness, and institutional resilience, while declines in international student enrollments undermined universities' financial stability (Filho et al., 2021). These pressures coincided with widespread stress, anxiety, and burnout among students and faculty, revealing the urgency of leadership models that address both structural and emotional dimensions of crisis management (Bui et al., 2022). Flexible and compassionate leadership that integrates empathy, psychological safety, and transparent communication has been shown to enhance institutional adaptability and trust (Kotter, 1996).

In Vietnam, the pandemic's effects mirrored global trends but were amplified by domestic constraints. The shift to online learning exposed sharp digital divides between urban and rural students, many of whom lacked stable internet access or digital devices (Nguyen et al., 2020). Financial pressures intensified as government funding declined and tuition-dependent institutions, particularly private universities, faced enrollment losses (Tran, 2021). Furthermore, discussions about mental health and emotional well-being remained limited due to lingering social stigma (Nguyen & Pham, 2023). These challenges highlighted the importance of leadership approaches that integrate emotional awareness, empathy, and flexibility alongside managerial efficiency, aligning closely with the principles of trauma-informed leadership.

Organizational Change and Leadership in Higher Education

Organizational change theory provides a foundation for understanding how universities adapt to crises and transformation. Lewin's Change Model conceptualizes organizational change as a three-stage process of unfreezing, changing, and refreezing, emphasizing readiness and stabilization (Hussain et al., 2016). Similarly, Kotter's (1996) Eight-Step Process identifies the creation of urgency, coalition-building, and consolidation of

new practices as essential for sustainable transformation. These models, however, largely focus on procedural and behavioral aspects of change, often overlooking the emotional and psychological dimensions that influence individuals' responses to transformation.

In the context of higher education, leaders must manage not only structural change but also the anxiety, fatigue, and uncertainty that accompany crisis-driven transitions. Trauma-informed leadership complements traditional change frameworks by integrating emotional intelligence and psychological safety into the change process (Bloom, 2010). It helps reduce resistance by fostering trust, transparency, and empathy, thereby addressing both institutional and personal needs. Hiatt's (2006) ADKAR model, which highlights awareness, desire, knowledge, ability, and reinforcement, aligns well with trauma-informed practices by focusing on the human experience of change. Integrating these perspectives offers a more holistic understanding of leadership during post-crisis recovery in higher education.

Trauma-Informed Leadership: Principles and Cultural Adaptation in Vietnam

Trauma-informed leadership is grounded in the recognition that crises and traumatic events can significantly shape individuals' emotions, behaviors, and social interactions. Originating from trauma-informed care in mental health, this framework has been adapted to organizational contexts to promote environments characterized by safety, trust, empathy, collaboration, and empowerment(Huang et al., 2014). In higher education, trauma-informed leadership involves fostering conditions that enable psychological recovery and resilience, which are crucial for students and staff in the post-pandemic landscape.

The key principles of trauma-informed leadership include: safety (ensuring emotional and psychological security within institutional environments); trust and transparency (building confidence through open, consistent communication); peer support and collaboration (encouraging collective problem-solving and mutual aid among members); empowerment, voice, and choice (involving individuals in decision-making to strengthen ownership and reduce feelings of helplessness); cultural and gender sensitivity (recognizing the impact of socio-cultural factors on how trauma is experienced and addressed) (Herman, 2016).Applied to higher education, these principles translate into leadership practices that balance institutional demands with care for human well-being. By emphasizing empathy, relational trust, and empowerment, trauma-informed leaders can mitigate emotional exhaustion, foster resilience, and reduce resistance to change.

However, the Vietnamese cultural and institutional context presents both opportunities and constraints for implementing trauma-informed leadership. Vietnamese higher education operates within a collectivist and authority-oriented culture, where respect for hierarchy and social harmony are deeply ingrained (Nguyen & Pham, 2023). These norms align with certain aspects of trauma-informed leadership, including collaboration and peer support, but may constrain elements such as empowerment and open dialogue about trauma or mental health (Tran, 2021). The stigma surrounding mental health remains a barrier to fostering transparent discussions about emotional well-being.

METHODOLOGY

Research Design

This study adopted a qualitative research design to explore the role of trauma-informed leadership in managing organizational change within Vietnam's higher education sector in the aftermath of the COVID-19 pandemic. The qualitative approach was chosen to capture the depth, complexity, and emotional nuances of leadership practices during post-crisis recovery. It allows for a contextualized understanding of how leaders and staff experience and interpret trauma-informed leadership, emphasizing meaning-making and lived experience (Creswell & Poth, 2018).

A qualitative design is particularly suitable for investigating trauma-related phenomena because it provides flexibility and sensitivity in addressing participants' emotional responses. Through in-depth interviews and case studies, the study sought to uncover how trauma-informed principles of empathy, psychological safety, and transparency shaped leadership decisions and influenced organizational resilience. This approach

facilitates an interpretive understanding of leadership behaviors in relation to both institutional transformation and individual well-being (Braun & Clarke, 2006; Flick, 2018).

Sampling

The study involved leaders, faculty members, and administrative staff from three Vietnamese universities representing both public and private institutions. This purposive sampling strategy was designed to ensure diversity across institutional types, positions, and experiences. The inclusion of multiple perspectives captures how trauma-informed leadership practices are enacted and perceived at different organizational levels (Miles, 2014).

A total of 20 participants were selected, comprising 10 university leaders (e.g., rectors, deans, department heads) and 10 employees (faculty and administrative staff). The selection criteria included: 1) Active involvement in decision-making or institutional responses during and after the pandemic; 2) Direct experience with organizational changes influenced by leadership decisions; 3) Willingness to discuss personal and professional experiences in a post-pandemic context.

This composition enabled an examination of leadership from both strategic and operational viewpoints. Diversity in gender, age, and professional background provided a broad understanding of how trauma-informed practices were perceived and applied within Vietnam's hierarchical higher education structures.

Data Collection

Data were gathered through semi-structured interviews and institutional case studies, conducted between March and July 2025. This triangulated approach ensured both breadth and depth in the data.

Semi-structured interviews were conducted with all 20 participants. This format offered flexibility to explore participants' experiences while maintaining consistency across key themes such as empathy, communication, psychological safety, and resistance to change (Brinkmann & Kvale, 2018). Each interview lasted 60 - 90 minutes and was recorded and transcribed verbatim with participants' consent.

In addition to interviews, three institutional case studies were developed to examine specific examples of trauma-informed leadership in action. These case studies allowed for detailed exploration of contextual dynamics, leadership strategies, and outcomes within each university. The cases captured variations in institutional size, resources, and culture, providing insight into how leaders balanced operational change with emotional recovery.

Data collection proceeded in three phases:

- Phase 1: Initial interviews with leaders to explore leadership strategies and perceptions of trauma-informed principles.
- Phase 2: Follow-up interviews with staff to capture their experiences and reflections on these leadership practices.
- Phase 3: Development of institutional case studies integrating data from documents, interviews, and field notes to illustrate real-world examples of trauma-informed leadership in post-pandemic recovery.

This multi-phase design enabled the study to examine leadership from multiple perspectives and contextualize findings within broader institutional realities.

Data Analysis

Data were analyzed using thematic analysis, following Braun and Clarke's (2006) six-step framework. This method was selected for its suitability in identifying, organizing, and interpreting patterns of meaning in qualitative data. The process involved: familiarization, coding, theme development, reviewing and refining themesi, nterpretation. This iterative process ensured that findings were grounded in participants' experiences while connected to established theoretical perspectives.

RESULTS AND DISCUSSION

University 1: Building Safety, Trust, and Empowerment

At University 1, leadership practices evolved sequentially from establishing psychological and technical safety to empowering faculty autonomy and embedding collective resilience in institutional culture.

The onset of the COVID-19 pandemic heightened leaders' awareness of safety as the foundation of effective change. Technical safety was prioritized through immediate collaboration with IT units to ensure uninterrupted access to learning management systems and video-conferencing tools.As one staff member explained, "I worked closely with IT services to ensure that all faculty had access to necessary tools like learning management systems and video conferencing platforms". Clear operational protocols minimized confusion and maintained student progress.

Alongside technical stability, leaders actively nurtured psychological safety. Faculty were granted mental-health days "without needing to explain their reasons", and informal check-ins created non-judgmental spaces for sharing concerns. By demonstrating empathy and acknowledging personal strain, these practices embodied trauma-informed responses appropriate for crisis contexts.Trustworthiness further anchored this phase. Transparency and consistency became deliberate tools to manage anxiety and uncertainty. A dean reported, "I consistently shared all major decisions with my team, explaining the rationale behind them and seeking their input whenever possible". Such communication cultivated confidence and reduced resistance by clarifying institutional intentions.

Once safety and trust were secured, leaders concentrated on generating desire by fostering motivation and emotional readiness to engage with institutional changes.Peer support networks were the primary mechanism: informal faculty circles enabled colleagues to exchange experiences and co-create adaptive strategies. A senior administrator recalled, "We used informal networks to help each other adapt to the sudden changes in teaching methods". These circles transformed isolation into solidarity, stimulating shared commitment rather than compliance.

Cultural sensitivity amplified engagement. Recognizing Vietnam's collectivist orientation and respect for hierarchy, leaders reframed trauma-informed concepts like empathy and openness within culturally familiar values of harmony and group responsibility. As one leader reflected, "We focused on group harmony and avoided framing issues as individual problems, ensuring everyone felt included and supported". This localization legitimized trauma-informed strategies, transforming them into culturally resonant forms of care.

The knowledge phase emphasized capacity building and structural enablement. Leadership organized targeted training sessions to strengthen digital pedagogy and ensure equitable access to technological resources. As one staff member noted, "We introduced training sessions tailored to faculty needs to build confidence in new systems".By addressing both technical gaps and the emotional side of competence, this investment helped reduce anxiety related to technological change, with empowerment serving as the foundation for knowledge acquisition. Faculty were encouraged to experiment with new methods without fear of sanction. A senior administrator highlighted the role of empowerment in fostering innovation that,"I empowered faculty to try innovative approaches, reassuring them that mistakes were part of the learning process". This approach shifted the institutional narrative from control to trust, enhancing intrinsic motivation and learning agility.

The ability stage reflected the translation of new knowledge into practical and sustainable behaviors.University 1 established multiple channels for voice, including feedback surveys and group discussions that informed real-time adjustments. As one staff member observed, "Feedback platforms allowed stakeholders to voice concerns and co-create solutions, ensuring everyone felt heard". This two-way communication transformed decision-making from hierarchical to participatory, increasing ownership and alignment.Choice was expressed through policy flexibility. Leaders implemented asynchronous learning options and adaptive deadlines, acknowledging disparities in home environments and connectivity. Emphasizing inclusivity as a form of structural empathy, a dean explained, "We ensured that everyone could engage at their own pace,

accommodating varying schedules and connectivity issues". Flexibility in this context reflected structural empathy, translating trauma-informed awareness into equitable practice rather than signaling leniency.

Reinforcement centered on consolidating progress and embedding trauma-informed values into institutional routines.Leaders emphasized recognition and celebration of collective effort: "Acknowledging the faculty's achievements in hosting successful online workshops helped sustain morale". Such acknowledgment reinforced psychological safety and validated adaptation efforts.Cultural alignment remained integral. By emphasizing "community-based solutions and group resilience rather than individual responsibility", leadership ensured that trauma-informed leadership practices resonated with Vietnamese cultural norms. This collective framing transformed trauma-informed responses from temporary crisis management into enduring organizational ethos.

Collectively, these mechanisms demonstrate how University 1 leadership transformed crisis management into a structured learning process that balanced empathy with efficiency. Safety and transparency built readiness; peer collaboration and cultural resonance fostered motivation; empowerment and flexibility enabled behavioral change; and recognition ensured institutional learning and morale.

Summary, trauma-informed leadership operated not as an isolated set of compassionate gestures but as a strategically sequenced system of change in University 1. Leaders blended technical competence with emotional intelligence, aligning the human side of adaptation with structural reforms.This integration of trauma-informed leadership and ADKAR established psychological safety as the precondition, empowerment as the pathway, and cultural harmony as the glue binding the institution's resilience. The case illustrates how context-responsive leadership can transform pandemic disruption into a sustainable culture of trust, adaptability, and collective efficacy.

University 2: Cultivating Collective Resilience amid Scarcity

At University 2 - a smaller than University 1, leadership prioritized low-cost, high-touch interventions (weekly forums, mentorships, flexible assessments) to offset limited infrastructure and training. The result was a pattern of collective containment (reducing anxiety, stabilizing routines) that enabled gradual but sustained change.

Leaders began by strengthening technical and psychological safety even in the face of severe resource constraints. As one counselor put it, "I worked with little to no resources, often relying on my personal network to connect people with external support". Weekly group discussions became "a safe space for staff to share their struggles and feel supported".

Trustworthiness was cultivated through predictable, transparent routines. Weekly all-hands provided a structured venue for airing concerns "without fear of judgment", while frequent updates "reassured students and helped them navigate the uncertainties of online learning".According to internal monitoring, these practices engaged more than 50 stakeholders per session, and 68% of surveyed students reported reduced anxiety when regular updates were maintained. Awareness, therefore, rested on consistency and candor, reflecting a trauma-informed response that normalized uncertainty and minimized rumor-driven resistance.

With safety stabilized, leaders worked to build desire, fostering motivation to participate in change.Peer support functioned as the primary lever: informal faculty mentorships and collaborative problem-solving networks "encouraged [colleagues] to support one another", while senior students "guided their juniors to overcome challenges in online learning".As reflected in institutional records, the implementation of these practices coincided with a 15% reduction in dropout rates during the study period.Cultural sensitivity amplified buy-in.

Leadership explicitly respected hierarchical norms while reframing support around collective well-being and harmony: "We adapted leadership practices to respect cultural norms while encouraging openness". This localization reduced stigma around help-seeking and reinterpreted empathy not as exception-making but as a collective duty, thus aligning trauma-informedleadership with prevailing values.

The knowledge stage revealed major structural limitations within University 2, particularly regarding faculty training and student connectivity. Many participants acknowledged that faculty had no formal preparation for online teaching, while students often struggled with unstable internet access. To address these issues, the university implemented micro-trainings, peer demonstrations, and curated toolkits instead of large, resource-intensive programs.Despite these constraints, faculty members showed considerable adaptability. Approximately 70% reported experimenting with new teaching methods, encouraged by strong signals of empowerment from leadership. One instructor shared, "We were told to experiment without fear of failure", highlighting how supportive leadership fostered confidence and innovation in a resource-limited environment.Here, empowerment functioned as permission architecture: leaders lowered perceived risk, converting modest skill gains into practical innovation. This mattered in a low-resource context where formal capacity-building lagged; psychological permission substituted for expensive infrastructure.

Ability was built by institutionalizing voice and choice. Weekly forums and feedback channels captured input from approximately 80% of the student body, enabling co-creation of solutions (e.g., schedule adjustments, assessment redesigns). Choice materialized in flexible assessments and extended deadlines, which directly addressed differential access and caregiving burdens; around 60% of students who struggled with personal or technical barriers reported benefiting from these adjustments.By presenting these accommodations as fairness mechanisms instead of leniency, leadership adopted a trauma-informed approach that upheld academic integrity and reduced inequities emerging from crisis-related disruptions.

To sustain momentum, leaders placed strong emphasis on recognition and collective resilience. They celebrated small victories to maintain a sense of progress and motivation among faculty and staff. One leader explained, "Celebrating small victories helped sustain a sense of progress". At the same time, leadership reinforced a collectivist framing of recovery, prioritizing shared responsibility and mutual support. As another participant reflected, "We focused on building community and group resilience rather than solely individual responsibility". Survey snapshots indicated a 25% increase in faculty satisfaction over the study window, consistent with qualitative reports of improved morale. In short, reinforcement at University 2 relied less on formal policy codification and more on ritualized appreciation and shared ownership of constraints and solutions.

Compared with institutions with stronger infrastructure, University 2 illustrates a "high-touch, low-resource" pathway to trauma-informed change: 1)Predictability and relational containment (weekly routines, open forums) rather than technology alone; 2) Peer mentorship and culturally resonant narratives of harmony and mutual care; 3) Empowerment cues that made experimentation psychologically safe despite training gaps; 4) Voice/choice structures that converted stakeholder input into flexible, standards-aligned practices.These mechanisms collectively reduced resistance by transforming anxiety and scarcity into structured collaboration rather than suppressing dissent.

Two vulnerabilities remained salient. First, fragile resourcing (personal networks, ad-hoc toolkits) risks practice drift once key individuals rotate. Second, although the collectivist framing has helped reduce stigma around mental health, it may still discourage some groups from seeking help. Addressing these limits likely requires light-weight institutionalization (e.g., minimal written protocols, peer-led micro-trainings, simple onboarding guides) that preserve flexibility while reducing dependence on champions.

Summary, University 2 demonstrates that in low-resource environments, trauma-informed leadership can lower

resistance to change by moving from predictability to solidarity, permission, flexibility, and recognition. The case shows how culturally attuned, relationship-centric practices can substitute for missing infrastructure, converting scarcity into collective efficacy and sustaining change beyond the initial shock of crisis.

University 3: Embedding Cultural Harmony in Adaptive Leadership

At University 3 - a large, research-oriented institution, leaders confronted the dual challenge of sustaining academic excellence and addressing the psychosocial strain of a diverse community that included both domestic and international stakeholders. This leadership approach demonstrated a mature form of trauma-

informed governance: combining empathy with innovation, balancing hierarchical norms with distributed autonomy, and using cultural resonance to embed institutional resilience.

Awareness began with efforts to ensure both emotional and procedural safety. Leaders deliberately foregrounded care and presence. One vice-president explained,"I made myself available for one-on-one conversations with staff and students who needed someone to listen". These micro-interactions humanized authority and signaled that well-being was a legitimate organizational concern.At the same time, small symbolic gestures reinforced inclusivity and calm. A staff member described, "I'd start meetings with casual chats to lighten the mood or ask colleagues how they were feeling before diving into work". These gestures helped lower collective stress and set a relational tone for subsequent discussions.

Technical safety complemented psychological safety. Leaders ensured reliable access to communication platforms and maintained visible accessibility online. Regular virtual town-halls, introduced by the senior advisor to the board of trustees, provided transparent updates on institutional measures and policy shifts. As the advisor noted, "These sessions reassured the community and strengthened their trust in us". Together, these practices converted awareness of crisis into a shared sense of stability and preparedness.

After establishing a stable base, leaders turned their attention to fostering collective willingness and motivation to engage constructively with change. Leaders emphasized peer support as an activating mechanism. Mentorship programs paired senior and junior faculty as well as senior and first-year students, enabling consistent check-ins that addressed both technical and emotional needs. A vice-president recalled,"We introduced a mentorship program where senior faculty and students could check in with junior colleagues and peers". These horizontal networks fostered solidarity, reduced isolation, and encouraged mutual accountability.

Cultural sensitivity deepened motivation by anchoring initiatives within shared social values. Leaders explicitly invoked collectivism and harmony as cultural resources. The senior advisor explained,"Trauma-informed approaches in Vietnam must integrate values like collectivism and harmony, which can be leveraged to create culturally resonant support systems". By aligning empathy with cultural norms, leaders transformed trauma-informed ideas, commonly viewed as Western or individualistic, into expressions of collective care and shared responsibility. Consequently, faculty and staff viewed participation not as compliance but as contribution to a communal recovery effort.

In the knowledge stage, University 3 addressed the infrastructural and cognitive dimensions of adaptation. Leaders first confronted digital fatigue and infrastructure gaps, a recurring theme. A communications officer admitted,"Social media became one of the main ways we stayed connected, but it was overwhelming to handle everyone's frustrations online". The administration responded by investing in selective training sessions, digital toolkits, and departmental champions to mediate information flow, focusing on usability rather than the expansion of technology.

Empowerment formed the intellectual and psychological backbone of this phase. Deans encouraged academic freedom in course design and assessment. One leader explained, "I encouraged faculty to experiment with hybrid teaching methods and gave them the flexibility to design their courses". This permission to innovate fostered self-efficacy, helping faculty reinterpret the uncertainty of the pandemic as an opportunity for pedagogical growth rather than mere crisis management. The combination of structural provision and psychological empowerment thus enabled a rapid collective learning cycle.

Ability emerged when the principles of safety, empowerment, and empathy were operationalized in day-to-day practice. Leadership took a proactive stance toward early signs of disengagement and burnout. A vice-president recalled,"I reached out privately to faculty who seemed disengaged and learned they were experiencing burnout. Addressing these issues directly helped them regain confidence". Personalized follow-ups transformed well-being from an abstract policy to an enacted care practice, reinforcing belonging and trust.

Flexibility was the second mechanism driving ability. Administrative teams adjusted workloads, expectations, and timelines to accommodate diverse personal circumstances. A staff member said,"I adjusted expectations and reassured colleagues that we were all adapting together". This approach illustrated the principle of choice

in trauma-informed leadership by balancing individual autonomy with collective responsibility. Through iterative dialogue, ability was collectively constructed, not individually imposed.

The reinforcement phase transformed short-term coping into long-term resilience. Leadership intentionally celebrated incremental successes, maintaining morale despite ongoing uncertainty. The senior advisor reflected,"Acknowledging the efforts of faculty and staff helped maintain a sense of progress, even during the most challenging times".Recognition rituals, including public shout-outs in meetings and internal newsletters, normalized appreciation as an institutional practice rather than an ad-hoc gesture.

Culturally grounded initiatives further consolidated these gains. The dean of technology emphasized, "We prioritized community-based solutions rather than individual interventions, which resonated deeply with our stakeholders". Group workshops, peer-learning events, and collaborative reflection sessions strengthened the sense of interdependence. In effect, reinforcement at University 3 did not merely sustain previous gains but institutionalized collective resilience as a cultural norm.

Through this progression, University 3 evolved from reactive adaptation to intentional learning organization. Safety and transparency created the trust base for experimentation; mentorship and cultural harmony mobilized collective desire; empowerment and structural support converted knowledge into capacity; voice and choice ensured individualized responsiveness; and recognition practices secured long-term sustainability.

By bridging emotional care and operational innovation, the institution managed to protect performance while deepening social cohesion. The case of University 3 illustrates how trauma-informed leadership, when paired with the ADKAR logic of sequential readiness, can re-define crisis response as a process of cultural regeneration rather than mere continuity.

CONCLUSION

This study examined how trauma-informed leadership reduces resistance to organizational change in Vietnam's higher education during the post-pandemic period. Drawing on qualitative data from three universities, the research identified shared principles and context-specific adaptations that shaped leadership practices in times of crisis.

Findings indicate that trauma-informed leadership effectively mitigated resistance while fostering engagement, resilience, and trust across institutional communities. Psychological safety, trust-building, empowerment, and cultural sensitivity emerged as key mechanisms supporting adaptive change. Cultural sensitivity played a pivotal role in shaping the application of trauma-informed leadership. By aligning trauma-informed principles with Vietnamese values of harmony, respect for hierarchy, and collective well-being, leaders localized Western-derived frameworks to fit the sociocultural realities of their institutions. This cultural alignment enhanced legitimacy and strengthened community cohesion.Despite these strengths, challenges persisted in resource-limited environments, where insufficient infrastructure and uneven support occasionally constrained the reach of trauma-informed practices. Addressing these limitations requires equitable resource distribution, sustained professional development, and stronger institutional commitment to inclusive leadership cultures.

Overall, this study extends the global literature by demonstrating that trauma-informed leadership is both adaptable and effective beyond Western contexts. Its success relies on contextual sensitivity, emotional intelligence, and consistent communication, which collectively transform post-crisis recovery into lasting organizational learning. In Vietnam's higher education, trauma-informed leadership offers a pathway toward resilient, compassionate, and culturally grounded institutional transformation.

REFERENCES

1. Atmojo, A. E. P., & Nugroho, A. (2020). EFL classes must go online! Teaching activities and challenges during COVID-19 pandemic in Indonesia. Register Journal, 13(1), 49-76. https://doi.org/10.18326/rgt.v13i1.49-76.

2. Barros-Lane, L., Smith, D. S., McCarty, D., Perez, S., & Sirrianni, L. (2021). Assessing a trauma-informed approach to the COVID-19 pandemic in higher education: A mixed methods study. Journal of Social Work Education, 57(sup1), S66-S81.https://doi.org/10.1080/10437797.2021.1939825.

3. Bloom, S. L. (2010). Organizational stress and trauma-informed services. In B. L. Levin & M. A. Becker (Eds), A Public Health Perspective of Women's Mental Health (pp. 295-311). Springer Nature. https://doi.org/10.1007/978-1-4419-1526-9_15.

4. Braun, V., & Clarke, V. (2006). Using thematic analysis in psychology. Qualitative Research in Psychology, 3(2), 77-101. https://doi.org/10.1191/1478088706qp063oa.

5. Brinkmann, S., & Kvale, S. (2018). Doing interviews.SAGE Publications. https://doi.org/10.4135/9781529716665.

6. Bryson, J. R., & Andres, L. (2020). Covid-19 and rapid adoption and improvisation of online teaching: Curating resources for extensive versus intensive online learning experiences. Journal of Geography in Higher Education, 44(4), 608-623. https://doi.org/10.1080/03098265.2020.1807478.

7. Bui, Q. T. T., Bui, T. D. C., & Nguyen, Q. N. (2022). Factors contributing to English as a foreign language learners' academic burnout: An investigation through the lens of cultural historical activity theory. Frontiers in Education, 7, 339.https://doi.org/10.3389/feduc.2022.911910.

8. Creswell, J. W., & Poth, C. N. (2018). Qualitative Inquiry and Research Design: Choosing Among Five Approaches. SAGE Publications.

9. Filho, L. W., Wall, T., Rayman-Bacchus, L., Mifsud, M., Pritchard, D. J., Lovren, V. O., Farinha, C., Petrovic, D. S., & Balogun, A.-L. (2021). Impacts of COVID-19 and social isolation on academic staff and students at universities: A cross-sectional study. BMC Public Health, 21(1), 1213. https://doi.org/10.1186/s12889-021-11040-z.

10. Flick, U. (2018). Designing Qualitative Research. SAGE Publications.

11. Henshaw, L. A. (2022). Building trauma-informed approaches in higher education. Behavioral Sciences, 12(10), 368. https://doi.org/10.3390/bs12100368.

12. Herman, R. D. (2016). Executive leadership. In D.O. Renz & R.D. Herman (Eds), The Jossey-Bass handbook of Nonprofit Leadership and Management(pp. 167-187). Wiley.

13. Hiatt, J. (2006). ADKAR: A Model for Change in Business, Government and Our Community. Prosci Learning Center Publications.

14. Huang, L., Flatow, R., Tenly, B., Afayee, S., Smith, K., Clark, T., & Blake, M. (2014). SAMHSA's Concept of Trauma and Guidance for A Trauma-informed Approach. Substance Abuse and Mental Health Services Administration - US Department of Health and Human Services.

15. Miles, M. B., Huberman, M. A., Saldaña, J. (2014). Qualitative Data Analysis: A Methods Sourcebook.SAGE Publications.

16. Hussain, S. T., Lei, S., Akram, T., Haider, M. J., Hussain, S. H., & Ali, M. (2018). Kurt Lewin's change model: A critical review of the role of leadership and employee involvement in organizational change. Journal of Innovation & Knowledge, 3(3), 123-127. https://doi.org/10.1016/j.jik.2016.07.002.

17. Huynh, D. V., Truong, T. T. K., Duong, L. H., Nguyen, N. T., Dao, G. V. H., & Dao, C. N. (2021). The COVID-19 pandemic and its impacts on tourism business in a developing city: Insight from Vietnam. Economies, 9(4), 172. https://doi.org/10.3390/economies9040172.

18. Jung, J.-H., & Shin, J.-I. (2021). Assessment of university students on online remote learning during COVID-19 pandemic in Korea: An empirical study. Sustainability, 13(19), 10821. https://doi.org/10.3390/su131910821.

19. Kotter, J. P. (1996). Leadership Change. Harvard Business School Press.

20. Nguyen, H. T., Bui, N. A., Ngo, N. T., & Luong, T. Q. (2024). Surviving and thriving: Voices from teachers in remote and disadvantaged regions of Vietnam. Asia Pacific Journal of Education, 1-16.https://doi.org/10.1080/02188791.2024.2336246.

21. Nguyen, N., & Tran, L. T. (2018). Looking inward or outward? Vietnam higher education at the superhighway of globalization: Culture, values and changes. Journal of Asian Public Policy, 11(1), 28-45.https://doi.org/10.1080/17516234.2017.1332457.

22. Nguyen, Q. L. H. T. T., Nguyen, D. V., Chu, N. N. M., & Tran, V. H. (2020). Application of total quality management in developing quality assessment model: The case of Vietnamese higher education. The Journal of Asian Finance, Economics and Business, 7(11), 1049-1057.https://doi.org/10.13106/jafeb.2020.vol7.no11.1049.

23. Nguyen, Q. N., & Pham, L. N. (2023). Trauma-informed and inclusive assessment of productive skills in online emergency ELT classes: A netnography study of an English language training center. In E. Meletiadou (Ed.), Handbook of Research on Fostering Social Justice Through Intercultural and Multilingual Communication (pp. 297-318). IGI Global.

24. Pham, H. T. (2018). Assuring quality in higher education in a Confucian collectivist culture: The Vietnamese experience. Journal of Contemporary Educational Research, 2(4), 10-19.https://doi.org/10.26689/jcer.v2i4.

25. Phan, A. N. Q., & Pham, L. T. T. (2023). Online teaching during the COVID-19 pandemic: Vietnamese language teachers' emotions, regulation strategies and institutional policy and management. Policy Futures in Education, 21(4), 405-422.https://doi.org/10.1177/14782103231178644.

26. Şener, B., Ertem, İ. S., & Meç, A. (2020). Online teaching experiences of ELT instructors. Journal of Educational Technology and Online Learning, 3(3), 340-362.https://doi.org/10.31681/jetol.770418.

27. Shafique, S., Bhatti, N., & Saleem, F. (2022). ELT teachers' perceptions for challenges and advantages of virtual teaching: A comparison between the outset of Covid19 & post-Covid19. Journal of Xi'an Shiyou University, 65(9), 55-70.https://doi.org/10.17605/OSF.IO/SMK6J.

28. Tran, L. H., & Moskovsky, C. (2024). Who stays, who leaves, and why? English language teacher attrition at Vietnamese universities. Cogent Education, 11(1), 2384240.https://doi.org/10.1080/2331186X.2024.2384240.

29. Tran, Q. H. (2021). Organisational culture, leadership behaviour and job satisfaction in the Vietnam context. International Journal of Organizational Analysis, 29(1), 136-154.https://doi.org/10.1108/IJOA-10-2019-1919.

30. Venet, A. S. (2023). Equity-Centered Trauma-Informed Education. Routledge.