

ABUSIVE MANAGEMENT AND WORKPLACE TRAUMA IN THE MENTAL HEALTH
FIELD: A PHENOMENOLOGICAL STUDY

Amanda Dawn White

A Dissertation Presented in Partial Fulfillment

Of the Requirements for the Degree

Doctor of Education

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Abstract

Workplace trauma can take place in various forms including abusive supervision or management, workplace bullying, vicarious traumatization, violence, compassion burnout, and workplace stress. For the most part, the perpetrators of these incidents can either be strangers, peers, or management within the organization. The aftermath of workplace trauma can be detrimental to a person's physical, emotional, mental, and spiritual health and cause work-related issues. The purpose of this phenomenological study was to understand the personal experiences of those in the mental health field who have been traumatized in the workplace specifically by the management within the organization. This study was directed by several theoretical frameworks, including the conservation of resources theory, social learning theory, social identity theory, social dominance theory, and gender role socialization theory. Candidates participated via an open-ended guided interview process where they could discuss their experiences and the aftermath of those experiences. The answers were then evaluated for common themes within the phenomenon. Suggestions for organizations to help reduce the occurrence of this type of workplace trauma and how to handle the aftermath should it occur are also included.

Keywords: workplace trauma, workplace bullying, abusive supervision, mental health, vicarious traumatization, compassion fatigue, abusive management, leadership style, employee well-being, toxic work environment

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Dedication

This research study is dedicated to those who graciously told me their stories. Workplace trauma is hard to navigate, especially when that trauma is caused by the management of the organization. Thank you for trusting me with your story. I can only hope that by having the discussion, changes can begin to be made in the mental and behavioral health world so that those working in the field do not experience the same thing.

To those who have experienced this type of trauma but have not been able to tell your story: You are not alone. May this give you the courage to tell others what has happened to you, and remember, you do not have to stay in an organization that does not value as an employee or subjects you to this type of management behavior.

Acknowledgments

To my husband, Eric. I love you. Thank you for giving me the push I needed to leave the place that was destroying me both mentally and physically. Thank you for always being my number one fan and supporting me through my entire journey in going back to school, conducting my study, and writing this dissertation. Words cannot even describe how much you mean to me, and I appreciate all you have done so that I can pursue my passion and dream.

To Dr. Torres and Dr. Wheelus, my dissertation chair and reader, thank you for your support through this journey. I appreciate all your valuable insight and feedback you have given me.

Thank you to the others who have supported me through this journey: Rylie (my bonus daughter), my friends (Will, Meghan, and Mandy) and family, my current supportive supervisor (Jeff), area organizations who supported me and the study's mission, and the online Liberty University doctoral student and community care and counseling groups. At times, this process was tough, and your support and friendship were able to help me get to the end.

And last, but not least, thank you Jesus. You gave me a dream, and because of you and the support you surrounded me with, I was able to reach the finish line. I only hope that I can continue the mission to help others as you have put on my heart to do.

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List of Abbreviations

Case Manager (CM)

Chief Financial Officer (CFO)

Cognitive Behavioral Therapy (CBT)

Community Mental Center (CMH)

Continuing Education (CE)

Human Resources (HR)

Institutional Review Board (IRB)

Licensed Professional Counselor (LPC)

Methicillin-resistant Staphylococcus aureus (MRSA)

Qualified Mental Health Professional (QMHP)

Trauma Focused Cognitive Behavioral Health Therapy (TF CBT)

Chapter One: Introduction

Overview

Trauma occurs when a person is threatened, harmed, or witnesses another experience of either of those occurrences and can cause a person to feel helpless and afraid (Friedman, 2015; Sanderson, 2013). More specifically, workplace trauma either occurs at the workplace or is associated with the work environment and can be experienced firsthand or as a witness to the incident (DiMonaco et al., 2017). In the mental and behavioral health field, several types of trauma experiences can occur including vicarious traumatization, compassion fatigue, violence, harassment, burnout, secondary traumatic stress, workplace bullying, and toxic or abusive leadership. There are both long-term and short-term consequences of such experiences for the employee, clients, and organization. In addition, consequences may also affect those being served by the organization.

The study conducted focuses on one gap in the literature: the lived experience of those in the mental and behavioral health field who have had an abusive supervisor or management and suffered trauma because of that leader. This chapter reviews some historical, social, and theoretical background regarding workplace trauma and leadership. Next, the problem and purpose statements are reviewed. Then, the significance of this specific study is discussed. Finally, the chapter ends with both the research questions and important terminology being defined.

Background

Historical

Workplace trauma is still a newer phenomenon being studied. It was not until the 1990s that researchers in occupational health and other fields really began to focus their efforts on

understanding workplace bullying and the effects it has on employees and organizations (Feijó et al., 2019). However, before the 1990s, psychiatrist Carroll Brodsky had written a book entitled *The Harassed Worker* discussing the experiences of those who had lived through incidents of harassment or other types of workplace bullying with both their co-workers and supervisors as the perpetrators (Matthiesen & Einarsen, 2010). In the mid-1980s, Swedish therapist Heinz Leymann coined the term mobbing, which was the term used in European countries to describe the indirect and direct conflict in the workplace taking place, otherwise known as bullying, the term more commonly used in The United States (Feijó et al., 2019; Matthiesen & Einarsen, 2010). In the early 1990s, the term workplace trauma was introduced by Wilson (Chirilă & Constantin, 2013). Since that time, Einarsen has played a vital role in what is known about workplace bullying incidents, especially in European countries.

Over the time workplace bullying and trauma have been studied, there has been no standard definition given to either concept as each researcher has tended to label and define the concepts slightly differently (Chirilă & Constantin, 2013; Feijó et al., 2019). Such terms as mobbing, bullying, harassment, critical incident, and trauma have been interchangeable in the literature (Chirilă & Constantin, 2013). However, for this study, workplace trauma is defined as incidents that occur both at and outside of work and can either be experienced firsthand or witnessed (DiMonaco et al., 2017). Workplace bullying is defined as incidents that occur more long-term, can be systemic, and usually happen when a person is unable to defend themselves (Nielsen & Einarsen, 2018). Other types of workplace trauma such as compassion fatigue, burnout, vicarious traumatization, and secondary trauma stress have been added to the literature as focuses of studies; however, these concepts also remain new and continue to evolve as researchers learn more.

Social

Workplace trauma is detrimental to both the employee and the organization, and it can have both short-term and long-term effects (Lacerte et al., 2017). For the employee, experiencing trauma in the workplace can cause elevated mental health issues, physical health issues, and social issues. Such issues can include elevated depression, anxiety, panic, depersonalization, insomnia, heart issues, and divorce (DeFraia, 2015; DeFraia, 2016; DiMonaco et al., 2017; Feijó et al., 2019; Kerman et al., 2022; Nielsen & Einarsen, 2018; Nielsen et al., 2015; Ritchins et al., 2020). Organizationally, there can be turnover, loss of productivity, financial loss, and an increase in other traumatic incidents (DeFraia, 2015; DeFraia, 2106; Feijó et al., 2019; Kerman et al., 2022; Nielsen & Einarsen, 2018; Ritchins et al., 2020).

In the mental health and behavioral health sector, these consequences also go beyond the organization and employee and begin to negatively affect those whom the agency serves (Botez & Cotet, 2021; Caesens et al., 2017; Christoff, 2014; Einarsen et al., 2016; Francioli et al., 2018; Hackney & Perrewé, 2018; Hon & Lu, 2016; Samnani & Singh, 2016; Stollberger et al., 2020). Finally, those who have experienced workplace trauma may also use negative coping skills to help them deal with what has happened. Such negative coping skills include increased drinking, substance misuse, increased risk-taking, lack of eating or increased eating, or elevated conflict with others (Armes et al., 2020).

Leadership style plays a vital role in the occurrence and frequency of workplace trauma, and it can also be a trigger to the trauma. In the mental and behavioral health fields, supervisors are key to helping workers better handle the caseloads and other assignments they have, which can help prevent trauma such as vicarious traumatization, compassion fatigue, and secondary traumatic stress (Cayir et al., 2021; Poslins & Gall, 2020; Westbrook et al., 2022). Essentially,

supervisors serve as role models for the type of behavior that employees see as acceptable; therefore, supervisors must take that into account when working with their supervisees (Bassuk et al., 2017; Cayir et al., 2021; DeFraia, 2016; Hilton et al., 2021; Miller et al., 2022; Posluns & Gall, 2020; Wolf et al., 2014). When leaders are abusive, employees struggle to maintain a positive, empathetic attitude, which in turn affects how they work with others including their clients (Farh & Chen, 2014). Therefore, leaders should utilize more servant, transactional, or transformative leadership styles as these tend to have more positive outcomes for the employee, leader, clients, and organization (Choy-Brown et al., 2020; Guerrero et al., 2016; Montano et al., 2017; Powell et al., 2017; Westbrook et al., 2022).

Theoretical

The complexity of workplace trauma disallows for one specific theoretical framework and concept to shape one's understanding of the phenomenon studied. First, social identity theory was coined by Tajfel to understand in-groups and outgroups within society, which also exist inside the workplace environment (Nielsen & Einarsen, 2018; Salin & Hoel, 2013). This theory helps explain why certain groups may be more of a target for bullying in the workplace or abusive treatment by supervisors and management. Social dominance theory, developed by Sidanius and Pratto (1999) is a more complex theory made of several others; however, it helps one understand why those in leadership may be abusive toward subordinates to exert their authority.

Additionally, Hobfoll's (1981) conservation of resources theory explains that one will do whatever it takes to protect their resources if they feel those resources are threatened. Regarding abusive supervision and workplace trauma, this explains why employees are more hesitant to initiate a complaint against the perpetrator as that person has control over their job, promotions,

and raises (Xu et al., 2015). Bandura's social learning theory explains the potential trickle-down effect that occurs in organizations. This happens when newer supervisors see others engaging in abusive supervisory behaviors with no consequences; therefore, the behavior continues instead of being corrected with each new hire (Tu et al., 2018).

Finally, the gender role socialization theory by Eagly explains the type of behavior that may occur including manipulation by females and aggression by males (Salin & Hoel, 2013), both of which are issues with abusive supervision and workplace bullying. Argyle et al. (1981) explained that in certain settings and situations, there are more acceptable behaviors. When this happens, one may engage in more toxic behavior to achieve the goals they have set and are considered important in the specific setting.

Situation to Self

The primary motivation for me to conduct this study was that I had experienced workplace trauma caused by the management within a mental health organization in which I once worked. I have also had several friends and work colleagues who have had similar experiences. My own lived experience is complex and difficult to summarize for this dissertation. However, toward the end of my tenure at the company, I experienced bullying by my immediate supervisor when I finally turned them in for their unprofessional and unethical behaviors. I was laughed at by upper management and human resources when I asked to be moved to another supervisor and explained how all my supervisor's work was delegated to me or others while they shopped online or worked on their side business all day during working hours.

Instead, the situation was treated like we were only having issues because we were females fighting, and it would blow over. As part of the solution, the manager, also the chief financial officer (CFO) of the organization, became the mediator, not addressing the situation at

all. When I reached out for help because of the intense toll the tasks assigned to me were taking on my mental and physical health, I was offered assistance that was never implemented. I finally quit my position because every time my phone rang, I cried. I had severe panic attacks, and for weeks, I could not sleep. To this day, I keep my phone on silent most of the time because I do not want to hear the sound.

Working in the mental health or behavioral health field can have its own triggers for workplace trauma including those that are later discussed in the literature review. However, when the trauma is caused by those overseeing staff and programs, it makes for a much more difficult environment in which to work and tends to decrease the self-worth felt by the victim of the experience. My own lived experience ignited a passion inside of me that led me to apply to the doctoral program and later focus my dissertation on this phenomenon. I hope that by studying the lived experiences of others who have encountered the same type of work trauma, the data will help support the need to make changes within organizations to help decrease the likelihood of this type of workplace trauma from occurring.

The philosophical assumption guiding my research was ontological. I chose the ontological philosophical assumption as it recognizes that each person has a different reality and perspective of the phenomenon that has occurred (Creswell & Poth, 2018). I have experienced workplace trauma caused by the management of the company for which I worked; however, my experience is different than the participants of the study conducted. By using the ontological assumption, I can see various realities of the phenomenon but then can bring those realities together to highlight the themes of the lived experiences (Creswell & Poth, 2018). Furthermore, a pragmatic framework is used for this study as it allows for “viewing people’s ideas and beliefs as tools for problem-solving and acting in new ways” (Kelly & Cordeiro, 2020, p. 3). Workplace

trauma caused by management is a gap in the literature. Therefore, this study will allow for the lived experiences of those who have faced this type of traumatic event to contribute to finding a solution to the problem and help with further prevention efforts.

Problem Statement

The problem is abusive supervisors or management in the mental and behavioral health field. In 2021, over 25,900 social services employees missed work due to a workplace injury or illness and over 623,000 workers in the healthcare and social service industry experienced a workplace injury or illness (Bureau of Labor Statistics, 2022). While the type of workplace injury or illness is not specifically defined, these numbers do confirm that trauma is experienced in the workplace. A study conducted by the Workplace Bullying Institute in 2021 concluded that 65% of those surveyed had experienced workplace bullying at the hands of the supervisor or management (Namie, 2021). Furthermore, the study showed that 60% of the participants had reactions that were dismissive or accepting in nature when workplace bullying incidents occurred.

Research on workplace trauma in the mental and behavioral health field primarily focuses on trauma caused by bullying, vicarious trauma, secondary traumatic stress, compassion fatigue, and burnout. Some research does explore caseload supervision issues; however, this is not the same as abusive supervisors or management. When workplace trauma does occur, it not only affects the employee but can affect the organization as well. Negative effects include an increase in mental health symptoms including depression, anxiety, poor sleep, and change in appetite, physical health symptoms including cardiovascular issues, and organizational issues including decreased productivity, turnover, and other issues (Radey et al., 2021; Rodriguez et al., 2021).

Minimal, if any, research exists in the literature that addresses workplace trauma caused by supervisors and management in the mental or behavioral health field. Therefore, this study will focus on the trauma caused by supervisors or management that is experienced by those working in this type of work setting. This study is essential to help describe the experiences of those who have experienced this phenomenon and how both they and the organization handled the situation. In turn, this study may help guide future prevention and intervention models going forward.

Purpose Statement

The purpose of this phenomenological qualitative study is to understand the lived experiences of those who have worked in the mental or behavioral health field and experienced trauma due to abusive supervisors or management. For the purpose of this research, workplace trauma will be generally defined as trauma encountered at the workplace or another setting but work-related. There is not one exclusive theory that can be used to explain the phenomenon being studied due to its complexity in nature. However, current theories used to help guide this study include social rules theory, social identity theory, social dominance theory, gender role socialization, conservation of resources, and social learning theory. These theories help provide insight into each potential trigger to abusive supervisors or management in the mental health field.

Significance of the Study

This study is significant because it will help to provide a better understanding of workplace trauma that is specifically caused by supervisors and management in the mental and behavioral health field. In the mental and behavioral health field, studies usually focus on other trauma types that plague the field including workplace bullying, compassion fatigue, and

vicarious traumatization. While it is imperative to work to prevent these types of traumatic occurrences, this study also shows how abusive supervision and management play a significant role in the likelihood of those experiences happening (Bassuk et al., 2017; Cayir et al., 2021; DeFraia, 2016; Hilton et al., 2021; Miller et al., 2022; Posluns & Gall, 2020; Wolf et al., 2014). For example, the literature discusses how leadership can help improve employee self-care by making it a priority when meeting with employees and implementing policies that allow for self-care to be a focus (Cayir et al., 2021; DeFraia, 2016; Rollins et al., 2021; Shier et al., 2021; Wu et al., 2021).

This study will help contribute to the literature by explaining why organizations must have policies and procedures in place to help in the prevention of abusive supervision and management. The current literature mainly focuses on abusive supervision and management in other sectors of the workplace, which are usually a very different environment than one would encounter in the mental or behavioral health field. However, by understanding the lived experiences of those who have gone through this type of trauma, solutions for prevention and intervention can be developed to help organizations become more focused on employee well-being and supportive work environments. When organizations are more focused on employee well-being and supportive work environments, those being served by the organization benefit significantly because there is a decrease in staff turnover and discouraged employees who struggle to help the clients they serve (Glisson & Williams, 2015).

Research Questions

The research questions being used in this study will help to better understand the phenomenon being studied. The proposed questions include:

RQ1: *What are the lived experiences of those who have experienced workplace trauma via abusive management in the mental health or behavioral health field?* Phenomenological qualitative studies focus on the lived experiences of participants to better understand the phenomenon being studied (Creswell & Poth, 2018; Kemparaj & Chavan, 2013; Mertens, 2018).

RQ2: *How did the participants describe the environment of the organization in which the workplace trauma they experienced took place?* To better understand the phenomenon, it is imperative to also understand the environment in which the traumatic experience took place. Research shows that organizational environments play a key role in the prevention and aftermath of workplace trauma (Botez & Cotet, 2021; Christoff, 2014; DeFraia, 2016; Glisson & Williams, 2015; Sammani & Singh, 2016; Vivian & Hormann, 2015).

RQ3: *What short-term effects did participants experience because of this type of trauma?* When trauma is experienced, the person may experience short-term consequences and symptoms that are caused by the trauma (Armes et al., 2020; Ondrejková & Halamová, 2022; Radey et al., 2021; Rodriguez et al., 2021). This question will help to better understand the immediate costs of the workplace trauma experienced.

RQ4: *What long-term effects did participants experience because of this type of trauma?* Trauma can also cause long-term consequences, and it is imperative to learn what those are to better understand the nature of the phenomenon (DeFraia, 2015; Einarsen & Nielsen, 2015; Lacerte et al., 2017; Senreich et al., 2018; Tu et al., 2018).

Definitions

The following terms and their definitions are pertinent to this study and are located throughout this dissertation paper.

1. *Burnout* – exhaustion and depersonalization felt in the workplace (Leake et al., 2017; Pappa et al., 2021).
2. *Bracketing/Epoche* – setting aside preconceived assumptions and beliefs throughout the study to decrease the likelihood of influence and bias on the data (Chan et al., 2013; Creswell & Pothm, 2018; Durdella, 2019; Moustakas, 1994; Shufutinsky, 2020).
3. *Compassion Fatigue* – a combination of burnout and secondary traumatic stress that may decrease a person’s empathy levels and ability to help others (Figley, 1995).
4. *Reflexivity* – self-reflection of beliefs and assumptions to help determine any personal influences that may affect the study (Chan et al., 2013; Shufutinsky, 2020).
5. *Secondary Traumatic Stress* – indirect exposure to trauma, which causes elevated mental and physical health symptoms similar to posttraumatic stress disorder (Armes et al., 2020; Greinacher et al., 2019; Jirek, 2020).
6. *Vicarious Trauma* –an increased negative world viewpoint experienced when working with those who have experienced trauma (Ham et al., 2022; Kanno & Giddings, 2017; Roberts et al., 2021; Turgoose & Maddox, 2017; Vivan & Hormann, 2015).
7. *Workplace Bullying* – has no traditional definition and is not a one-time incident (Chirila & Constantin, 2013; Nielsen & Einarsen, 2018); however, can be verbal or written incidents including those over the internet and includes micromanagement (Radey et al., 2023).
8. *Workplace Harassment/Violence* – when an employee experiences bias, bullying, threats, physical, sexual, or verbal aggression by co-workers, management, or clients (Natalier et al., 2021; Radey et al., 2023; Shier et al., 2021).

9. *Workplace Trauma* – trauma that occurs at the workplace or is associated with work, including witnessing the traumatic event(s) (DiMonaco et al., 2017).

Chapter One Summary

The study of workplace trauma continues to evolve but remains a newer concept with much more exploration to be done. Current literature in the mental health field focuses mainly on the effects of working with those who have experienced a traumatic event. Leadership is vital to the well-being of employees, and when a supervisor or management is abusive or toxic, employees may experience trauma as a result. This study aims to help fill in a gap that remains in the literature for workplace trauma, more specifically within the mental and behavioral health field. By learning more about how abusive leaders in the mental health field trigger traumatic experiences for employees, organizations can develop and implement policies and procedures to help prevent such abusive behaviors and incidents and intervene when necessary to lessen the consequences experienced by the employee and organization.

Chapter Two: Literature Review

Overview

It is not rare for those in the mental or behavioral health field to experience trauma in the workplace. However, most research has primarily focused on types of workplace trauma such as vicarious traumatization or compassion fatigue and not the treatment of workers by management staff. In addition, thus far, research has also primarily focused on abusive supervision in various sectors but not in the mental health or behavioral health sector. Usually, when abusive supervision is studied, the research focuses on business and retail-type organizations, with the occasional focus on the nursing or healthcare field.

However, when supervision is discussed in the mental health or behavioral health field, the research or discussion is primarily focused on when a therapist receives supervision over their caseload. When this happens, the person may receive supervision from someone in the same company or outside of the company for licensing purposes. In addition, when the employee-manager relationship is studied, the focus is also primarily on the support needed to prevent workplace trauma. Such focus usually includes compassion fatigue, vicarious traumatization, or burnout that frequently occurs in the mental health field instead of the traumatic treatment of employees by the management staff within the mental health or behavioral health organization.

This chapter will first discuss potential theoretical frameworks that may help explain the phenomenon of workplace trauma. The discussion will then continue with what is currently found in the literature regarding workplace trauma, including workplace bullying, vicarious traumatization, burnout, secondary traumatic stress, compassion burnout, religion and workplace trauma, leadership style, and, more specifically, abusive leadership, employee well-being, and

then finally organizational environment with a focus on trauma-informed organizations. All these topics lend themselves to the more significant discussion at hand with this specific research question and help show the current gaps in the literature and the premise of why the present study is essential. Finally, the chapter will also be able to further explain why this study is unique in comparison to what the literature currently reports.

Theoretical Framework

To better understand the abusive behaviors in which management engages within the mental or behavioral health field, it is first essential to also look at what theory or theories guide closely related behavior such as workplace bullying. This is vital because abusive supervisory behavior could also be labeled as a workplace bullying incident and viewed by the victim as such. Currently, there remains a gap in the literature regarding the theoretical framework and what can explain workplace trauma, especially when considering workplace bullying incidents (Nielsen & Einarsen, 2018). However, Nielsen and Einarsen did offer one such theory, social rules, as a theory that may help better understand this phenomenon regarding why it happens and how it is handled internally.

Social rules theory explains what the norms are in society such as what should or should not happen, or how a person should or should not act according to a particular setting. It is a theory developed by Argyle et al. (1981) and discussed in their text *Social Situations*. They stated:

it is a familiar psychological principle that an individual person or animal will discover routes to desired goals, either by trial and error or by other forms of problem-solving...groups of people will find routes to their goals, and these routes will be collective solutions, including the necessary coordination of some behaviors. (p. 133)

This could help explain workplace bullying as a route for some to obtain the goals they have set for themselves. Furthermore, it could also potentially explain abusive supervisory behavior as they may have goals in mind that trigger such behaviors that they deem necessary to obtain that goal.

Another theory that has been used to help explain workplace bullying is the social identity theory, which was developed by Tajfel (Nielsen & Einarsen, 2018; Salin & Hoel, 2013). Tajfel (1974) explained that there are both in-groups and outgroups within society, and we each identify with a group as part of our social identity. Conflict could arise if a group feels its status is being threatened. Nielsen and Einarsen (2018) believed that this theory explained this experience as “a relational process where the marginalization experienced by the target is caused by an experience of being hidden or de-valued by the in-group” (p. 77). Salin and Hoel (2013) described bullying as the in-group asserting its dominance over others, especially when the groups are gendered-based.

Furthermore, according to Salin and Hoel (2013), two different theories may potentially help better explain why workplace bullying incidents occur: social dominance theory and gender role socialization theory. Gender role socialization theory, developed by Eagly (1987), described the roles that society placed on genders and how these roles play out in various aspects of our social lives. According to Salin and Hoel (2013), these roles can help explain why males and females respond the way they do to bullying incidents and the type of bullying in which they may participate. For example, for men, it would tend to be more aggressive, and for women more manipulative in nature.

Social dominance theory, developed by Sidanius and Pratto (1999), consolidated various social theories into one main theory. Essentially, this theory “focuses on the way that both social

discourse (e.g., ideology, attitudes, and stereotypes) and individual and institutional behavior contribute to and are affected by the nature and severity of group-based social hierarchy” (p. 38). The authors relate abusive supervision to systemic terror behavior at the organizational level when dominance over subordinates occurs. Salin and Hoel (2013) believed this could help explain abusive supervision, especially towards women in male-dominated fields, as males strive to stake their dominance over women in the field.

Further, regarding abusive supervisory behavior, one theory that may help better explain its ability to continue to occur is the conservation of resources theory. This theory was developed by Hobfoll (1989), who asserted that people strive to conserve their resources, which they view as the things that help make them successful and build their self-esteem. People will focus on protecting those resources when they feel the resources are threatened in any way. Xu et al. (2015) believed that this theory helps explain the ability for this type of behavior to continue to happen because employees are protecting the asset, or in this case, an abusive supervisor, that can help them gain or conserve their resources, such as keep their job or receive a promotion or raise, in the organization. This theory may also explain another aspect of the workplace relationship in which employees hesitate to receive feedback from their abusive supervisor. Whitman et al. (2014) stated, “given that abuse triggers exhaustion and represents a resource loss, avoiding feedback from an abusive supervisor may serve as a passive coping mechanism” (p. 39). This in turn causes more issues as the employee may miss out on important information needed to do their job.

Finally, Bandura’s social learning theory is another theoretical framework that could be used to explain abusive supervision. Tu et al. (2018), believed this may help explain the trickle-down effect or continued line of abusive behavior that is sometimes seen within organizations. In

other words, if a new supervisor sees that their supervisor or other supervisors get away with being abusive toward employees, they will also be abusive to those they oversee. The cycle will then continue unless it is stopped and disallowed to continue. However, it does require intervention by human resources or other management staff.

Related Literature

Workplace Trauma

When working in the mental health or behavioral health field, one is not excluded from experiencing traumatic events. Accordingly, some studies have concluded that many organizations within the mental health or behavioral health field believe that workplace trauma is just part of the job, and employees should be prepared to handle it when the traumatic experience occurs (Natalier et al., 2021; Rodrigues et al., 2021). Several types of traumatic experiences can occur in these types of workplaces including, but not limited to, workplace bullying, vicarious traumatization, compassion fatigue, accidents, toxic or abusive leadership, and violence. When focused on employee trauma experienced in these fields, the research has primarily focused on vicarious traumatization, secondary traumatic stress, compassion fatigue, and client-initiated violence. However, there are times when those in the mental health field encounter supervisors and management that may cause more harm than good.

The consequences of employees experiencing trauma in the workplace can be detrimental to both the employee and the organization. Such consequences can include attitude changes, perceptions of the organization, financial burdens, mental or physical health issues, turnover, and decreases in work productivity (Radey et al., 2021; Rodriguez et al., 2021). Thus, it is imperative when dealing with workplace trauma that organizations have enforceable policies in place to help ensure the well-being of employees. By doing so, the organization will in turn also help the

well-being of those being served by the organization (Botez & Cotet, 2021; Caesens et al., 2017; Christoff, 2014; Einarsen et al., 2016; Francioli et al., 2018; Hackney & Perrewé, 2018; Hon & Lu, 2016; Samnani & Singh, 2016; Stollberger et al., 2020). For this study, workplace harassment/violence, vicarious traumatization, burnout, secondary traumatic stress, and compassion fatigue will be reviewed since these are the primary focus of workplace trauma within the mental health and behavioral health field.

Workplace Harassment/Violence

Violence at the workplace is the fifth leading cause of nonfatal work injuries (Wizner et al., 2022). Within the literature, workplace harassment and workplace violence are usually interchangeable as a concept. Radey et al. (2023) defined workplace harassment as “status-based bias, supervisor bullying, and client violence” (p. 2). In addition, when violence occurs in the workplace in the mental health or behavioral health field, it can be caused by other employees or clients and can include bullying, threats, and physical, sexual, or verbal abuse (Natalier et al., 2021; Radey et al., 2023; Shier et al., 2021). In the healthcare field, workplace violence is primarily done by clients who have behavioral health issues (Yost et al., 2022). The types of violence perpetrated by clients include assault, abuse, and written, verbal, or implied threats (King, 2021). In some organizations, staff are hired to fill roles and may not necessarily have the education usually required for the position. When this happens, Trujillo et al. (2020) reported that the organization may experience an increase in workplace violence incidents as well.

In the study conducted by Natalier et al. (2021), the authors found that more than 50% of the participants had experienced workplace violence by a client being served and 36% of participants experienced workplace violence at the hands of their peers. Another study conducted by Lee et al. (2019) found that 72% of participants had been threatened by callers at a mental

health call center organization. When workplace violence occurs, employees may file a worker's compensation claim. Many times, the harassment or violence that is experienced by employees causes elevated stress levels and an increase in psychological issues (Radey et al., 2023). In California from 2009 to 2018, over 23,000 of the worker's compensation claims filed were due to workplace violence, and 48.9% of those claims resulted in a posttraumatic stress disorder (PTSD) diagnosis (Wizner et al., 2022).

When one works in the mental health or behavioral health field, workplace violence is expected to happen, and many times, workers are unable to deal with what happened because the workplace culture is to just continue working through the shift and with the person who initiated the violence (Natalier et al., 2021; Rodrigues et al., 2021). Many times, workplace violence incidents go unreported by workers for various reasons including, but not limited to, organizational expectations to continue working, no noticeable injury from the incident, peer pressure from supervisors and co-workers, stigma related to reporting the incident, and knowing the client who engaged in conflict is unwell (King, 2021; Natalier et al., 2021; Rodrigues et al., 2021). Lamothe et al. (2021) found that retaliation is one of the main reasons employees fail to report incidents at the workplace. Furthermore, because clients are having an increase in psychological issues at the time, many believe they should not be held accountable for the actions completed (King, 2021). When an employee does participate in a debriefing following a workplace violence incident caused by a client, the debriefing is usually subpar, brief, and places blame on the employee (Rodrigues et al., 2021).

However, sometimes workplace incidents are not caused by the clients being served; instead, the incidents are peer-to-peer, subordinate to manager, or manager-to-subordinate (Shier et al., 2021). When this occurs, the violence is usually triggered by employees feeling burnout,

work overload, or organizational policies and procedures (Natalier et al., 2021). Furthermore, understaffing issues in an organization can also be a primary trigger of workplace violence incidents (Trujillo et al., 2020).

In addition, according to studies completed, supervisors play a vital role in helping reduce the likelihood of workplace violence occurring. In fact, supervisors leading by example and modeling appropriate behavior in the workplace can help significantly reduce workplace incidents (Shier et al., 2021). To do this, the supervisors must show appropriate boundaries, be attentive to staff, treat everyone equally, and deal with situations before they escalate (Lamothe et al., 2021; Shier et al., 2021).

Workplace Bullying

By most definitions, workplace bullying does not happen at just one time (Nielsen & Einarsen, 2018); however, it technically does not have a standard definition (Chirila & Constantin, 2013). Bullying can include verbal or written incidents. According to Radey et al. (2023), bullying can also be via email and include micromanaging employees. In studies conducted regarding workplace bullying, the triggers for such incidents can include many factors. One such trigger includes work assignments (Baillien et al., 2016). Work assignments can cause task conflicts to occur, meaning that a person may be overwhelmed by the tasks being assigned, a person may be jealous of another's work assignments, or a person may use work assignments to purposely overload a person's workload. When this happens, the conflict may start relationship issues and workplace bullying incidents. An example of this trigger to workplace bullying would be if a supervisor delegates tasks to only one person instead of spreading the assignments among the team.

According to Belschak et al. (2015), the personality of employees plays an enormous role in workplace bullying incidents. One such personality that is a frequent trigger to bullying tendencies is that of a neurotic nature because this type of personality makes others angry more quickly than other types of personalities (Nielsen & Knardahl, 2015). On the opposite side, a victim's personality can drastically change after bullying incidents (Podsiadly & Gamian-Wilk, 2017). Consequences of change in the personality include decreased trust, increased aggression, and decreased assistance to others.

Gender also plays a role in bullying incidents. Gender differences exist in both the aftermath of workplace bullying (Erikson et al., 2016) and bullying perceptions (Salin & Hoel, 2013). In addition, women are more likely to experience sickness than men, which may be because women tend to stay to try to fix the situation, and men more often quit their jobs (Erikson et al., 2016). Women are more likely than men to perceive something as a bullying incident (Kakarika et al., 2017).

The aftermath felt by victims of workplace bullying can cause long-term mental health and physical health issues (DeFraia, 2015; Einarsen & Nielsen, 2015; Lacerte et al., 2017; Senreich et al., 2018; Tu et al., 2018). Organizationally, Francioli et al. (2018) found that workers have elevated anger and increased people-pleasing behavior, and both performance and teamwork are negatively impacted when workplace bullying occurs. Nielsen et al. (2015) found in their study that many victims of workplace bullying have enough points on the PTSD scale to receive the diagnosis; however, bullying is not considered an antecedent of PTSD in criteria A.

Studies often show how leadership matters as it can affect the frequency of workplace bullying incidents. Furthermore, when employees experience workplace bullying, some place the blame for the incident(s) on the organization itself, believing the company breached an unwritten

psychological contract (Kakarika et al., 2017). However, another study conducted by Stinglhamber et al. (2015) found that not all employees hold the organization responsible for the behavior of the supervisor if they were the perpetrator as they do not associate the two together. Meaning, that the employee does not view the supervisor as one associated with the organization despite the supervisor being employed there.

Vicarious Traumatization

Those working in the mental health or behavioral health field are highly likely to work with those who have experienced a traumatic event. Sometimes, they experience vicarious traumatization due to working with these clients (Ham et al., 2022; Kanno & Giddings, 2017; Roberts et al., 2021; Turgoose & Maddox, 2017; Vivan & Hormann, 2015). This can happen because listening to a traumatic experience being told may seem like the event is unfolding in real-time to the person listening (Kanno & Giddings, 2017). Vicarious traumatization is when the person begins to have a more negative view of the world than they did before and struggles to help those they serve (Turgoose & Maddox, 2017). One can be assessed for vicarious traumatization using the Traumatic Stress Institute Belief Scale (Kanno & Giddings, 2017). According to the literature, vicarious traumatization is more likely to happen in organizations that lack adequate supervisory support for the workers (Ham et al., 2022). Other factors may play a role in the probability that vicarious traumatization occurs, including the supervisor's gender, caseload, employee's anxiety, gender, salary, and employee/supervisor relationship (Quinn & Nackerud, 2019).

In a meta-analysis study conducted by Roberts et al. (2021), of those surveyed, 50% admitted to experiencing vicarious traumatization. However, even with these staggering numbers, many organizations do not focus on the aftermath of vicarious traumatization but

instead provide some education for employees to have. Many times, employees are left to work through vicarious traumatization alone without support from the organization (Kanno & Giddings, 2017). Nevertheless, some do provide mindfulness training, such as yoga, to their staff members (Kim et al., 2022). Furthermore, no guidelines from the National Institute for Health and Clinical Excellence exist to help staff working with clients or themselves when complex trauma is involved (Coleman et al., 2021).

Organizations can be more equipped to help employees with vicarious trauma, specifically, by using a Vicarious Trauma Organizational Readiness Guide (VT-ORG), which allows them to assess how prepared they are to help prevent or intervene should this happen (Hallinan et al., 2019). Five strategies are part of this guide, and they include: “(a): Leadership and Mission, (b) Management and Supervision, (c) Employee Empowerment and Work Environment, (d) Training and Professional Development, and (e) Staff Health and Wellness” (p. 483). The use of this tool and frequent assessment of the ability to address this type of workplace trauma can reduce the aftermath and lessen the consequences experienced by both employees and the organization.

The literature also emphasizes that employee self-care helps decrease the likelihood of vicarious traumatization happening (Foreman, 2018; Kim et al., 2022). Prevention for vicarious traumatization can further happen through peer support, weekly supervision, peer groups, rotation of client assignments, in-services, and education (Kanno & Giddings, 2017). In addition, appropriate and effective clinical supervision plays a vital role in helping reduce the likelihood of vicarious traumatization and burnout from occurring (Courtois, 2018; Senreich et al., 2018). Studies have found that focusing on the aftermath of experiencing vicarious trauma should also

happen through supervision and ensure that staff has access to mental health services (Coleman et al., 2021; Kim et al., 2022).

Burnout

In Roberts et al. (2021) meta-analysis study, approximately 33% of the participants rated high levels of burnout caused by workplace triggers. Another study conducted with 357 mental health workers during the COVID-19 pandemic concluded that 52% were moderately to severely emotionally exhausted or burnout and almost 20% experienced depersonalization (Pappa et al., 2021). Burnout occurs more commonly because of triggers from the workplace and not from the client's needs (Leake et al., 2017). Burnout occurs because of environmental and organizational reasons such as caseload numbers, organizational policies, expectations, or other reasons (Turgoose & Maddox, 2017). Furthermore, burnout includes employees feeling less accomplished, completely exhausted on an emotional level, and depersonalization to the point of struggling to help those they serve (Leake et al., 2017).

When one feels burnout, it makes it difficult to be empathetic and meet the demands of the workplace. This is because workers begin to feel hopeless and less effective at being able to help others (Ondrejková & Halamová, 2022). Pappa et al. (2021) completed their study with mental health workers during the COVID-19 pandemic and found that the workers experiencing high levels of burnout coped by using negative and unhealthy means such as increased cigarette smoking, increased alcohol use, less exercise, and increased food intake. Furthermore, 26.2% of the participants admitted to an increase in suicidal thoughts associated with their feelings of burnout.

Workers can test their level of burnout using Maslach's Burnout Inventory (Leake et al., 2017; Roberts et al., 2021; Turgoose & Maddox, 2017). In doing so, they may have a better idea

of what they are struggling with and help to better address triggers of their burnout feelings. Finally, studies show that workers with a bachelor's in social work degree compared to other types of bachelor's degrees are less likely to experience burnout (Leake et al., 2017). This may be because social work programs do some education on burnout in the field in an attempt to help decrease the likelihood of this occurring.

Secondary Traumatic Stress

At other times in the workplace, employees may experience what is called secondary traumatic stress. This can occur when someone is indirectly exposed to trauma through the work they do and is commonly seen in first responders, military personnel, healthcare workers, and those who work in social work or mental health (Armes et al., 2020; Greinacher et al., 2019; Jirek, 2020). Furthermore, those who have experienced trauma in the past are more likely to experience secondary traumatic stress (Armes et al., 2020). Secondary trauma was not a focus of research until the 1980s, but it became a focus due to the experience of Vietnam veterans following the war (Kanno & Giddings, 2017). Secondary traumatic stress has symptoms that are very similar to PTSD (Kanno & Giddings, 2017) and include avoidance, fear, insomnia, intrusive thoughts, and hyperarousal (Armes et al., 2020; Ondrejková & Halamová, 2022). It can also cause an increase in negative coping skills such as drinking, using drugs, or other unhealthy habits (Armes et al., 2020).

When someone experiences secondary traumatic stress, they are more likely to leave the position or organization than someone who does not have the same experience (Armes et al., 2020). How the organization responds to trauma and the well-being of employees can play a major role in staff turnover and performance. In a study conducted by Jirek (2020) with a human service organization that serves victims of violence, many of the workers were unaware if their

organization had a policy for dealing with those who experience secondary traumatic stress. Instead, employees were made to feel guilty and shameful when they were not overextending themselves, had minimal support for the work, and believed that workers should address those issues themselves. Exhaustion of employees was considered “a badge of honor” (p. 218). Unfortunately, this is not an uncommon response in the mental health and behavioral health fields as many employees feel abandoned by their organization when faced with workplace trauma like secondary traumatic stress (Rodrigues et al., 2021).

Compassion Fatigue

Sometimes, workers experience compassion fatigue, which is a combination of secondary traumatic stress and burnout (Roberts et al., 2021). Compassion fatigue was first coined by Figley (1995) as a term to describe what was happening to workers who work with trauma victims. These workers were having difficulty continuing to empathize with the clients they serve and began to engage in avoidance behavior of both the client and any reminders of that client’s trauma. When this happens, it makes it more difficult to continue to help others.

According to Ondrejko^{va} and Halamova (2022), compassion fatigue can negatively affect seven different domains in a person including cognitive, work performance, relationships, spiritual, emotional, somatic, and behavioral. A person’s level of compassion fatigue can be measured through the use of the Professional Quality of Life Scale (PCOLS) (Cocker & Joss, 2016). It can occur in several different job types including first responders, nursing, health care, and mental or behavioral health care (Cocker & Joss, 2016; Ondrejková & Halamová, 2022; Roberts et al., 2021). In one study conducted, doctors were found to have the highest levels of compassion fatigue than nurses, psychologists, first responders, and therapists (Ondrejková & Halamová, 2022).

Ondrejková and Halamová (2022) also found that when someone is very critical of themselves and the work they do, that person has a higher probability of experiencing compassion fatigue. Empathy, especially high levels of empathy, is a risk factor for compassion fatigue (Cocker & Joss, 2016; Ondrejková & Halamová, 2022). Contrary to what is usually beneficial in the workforce, length of time at a job or in the mental health field is not considered a protective factor to help prevent compassion fatigue from occurring (Armes et al., 2020). Instead, protective factors include self-compassion, self-care, and mindfulness (Cocker & Joss, 2016; Ondrejková & Halamová, 2022).

In looking at how to prevent compassion fatigue or its triggers of burnout and secondary traumatic stress from occurring in the workplace, organizations must be supportive of their staff and have policies in place that support both self-care and boundaries (Armes et al., 2020; Cocker & Joss, 2016; Jirek, 2020; Leake et al., 2017; Ondrejková & Halamová, 2022; Rodrigues et al., 2021). Examples of support could include mentorship (Armes et al., 2020), resilience training (Cocker & Joss, 2016; van Breda, 2016), peer support groups (Rodrigues et al., 2021), and boundary education (Ondrejková & Halamová, 2022). Many times, workers in the mental health field feel that they lack mental health support or will receive retaliation for getting help; therefore, it would behoove organizations to have an outside counselor available to employees to access should they need to do so (Rodrigues et al., 2021).

Spirituality and Workplace Trauma

The complexity of spirituality and workplace trauma is that it can play more than one role including a causation of the trauma, a way to prevent the trauma, and a way to cope with the trauma that has occurred. The Civil Rights Act VII from 1964 protects employees and their religious beliefs at the workplace including the right to have accommodations and protection

from discrimination (Beane et al., 2017). This protection does not apply to just one religious belief system, but any an employee may have. Unfortunately, organizations are still places where employees experience workplace bullying and discrimination because of their spiritual or religious beliefs.

Workplace bullying or harassment that is religious in nature includes the refusal to work with those of a certain belief system, taunting, and religious slurs (Ghumman et al., 2016). Studies regarding religion in the workplace have found that workplace bullying that is focused on religion tends to be more widely accepted as okay than any other type of bullying (Cantone & Weiner, 2017; Ghumman et al., 2016; Ryan & Gardner, 2021). Workplace religious bullying can be from colleagues who feel the accommodations received for religious beliefs such as getting holidays off are too disruptive (Cantone & Weiner, 2017; Ghumman et al., 2016; Ryan & Gardner, 2021). Religion is viewed as a choice and something that can be changed, which is one of the main reasons that peers have such a difficult time accepting accommodations that are made, especially when those accommodations disrupt the workflow (Ryan & Gardner, 2021). In addition, incidents may occur because of personal bias toward the type of religion (Cantone & Weiner, 2017; Ghumman et al., 2016; Ryan & Gardner, 2021). On the other hand, one could cite feeling harassed when a colleague just mentions their religious beliefs (Ryan & Gardner, 2021). Cantone and Weiner (2017) found from study participants that incidents are rarely reported due to fear of vengeance and the complex process of filing a complaint.

Supervisors may also be the perpetrators of workplace religious bullying or harassment if they impose their own beliefs on their employees (Cantone & Weiner, 2017). One way they do so is by having prayer before meetings (Ryan & Gardner, 2021). Another is when interviewing potential candidates and having religious symbols visible in the room where the interview is

taking place (Beane et al., 2017). Studies further show that it is important for supervisors and management staff to be aware of their own personal religious biases to prevent them from causing a hostile work environment (Cantone & Weiner, 2017).

Studies have found that social identity theory helps to explain interventions by colleagues when a bullying incident occurs. Peers are more likely to intervene when the religion is part of the in-group, as others who are also religious as this is still part of an in-group, and there is a low cost in doing so (Ghumman et al., 2016). To help combat religious workplace bullying, studies have concluded that it is vital for organizations to have training and policies that address cultural competency and diversity in the workplace (Cantone & Weiner, 2017; Ghumman et al., 2016; Ryan & Gardner, 2021). In focusing on a more diverse climate, a more positive environment can be created, allowing for a safe environment for employees.

According to Thakur and Singh (2016), spirituality is not just one's religious beliefs but also includes one's purpose in life. Relating this definition to the workplace and the trauma that can occur, organizations could use spirituality as a guide to their ethical values. The authors further describe this concept as compassion, respect, teamwork, and trust. When companies have these types of values, they are more attractive to both potential candidates and current employees. Finally, when using spiritual values, organizations may be more likely to focus on a work/life balance, community, connection, career development, and other attributes that are imperative for employees to have better success, which in turn helps the organization be more successful (Iftikhar et al., 2020; Thakur & Singh, 2016).

Leadership Style

Leadership within an organization is crucial to its success. Leaders have a responsibility to manage their staff appropriately and effectively. If the leadership is the opposite of this, it can

be quite detrimental to the team and the organization. Bhandarker and Rai (2019) stated that toxic leadership has been shown to decrease work performance and elevate the anger levels of staff members as a result. Harms et al. (2017) further elaborated and stated that leaders must be able to handle decision-making appropriately and not focus on reputation, as this could cause the leader to make bad decisions. In addition, Westbrook et al. (2022) asserted that leadership can affect feelings of burnout, job perceptions, turnover, job satisfaction, and work performance.

Woodrow and Guest (2017) concluded that there are four leadership approaches related to decision-making: constructive management, incomplete management, disengaged management, and destructive management. The type of management is reflective of the type of decisions being made, especially when it comes to workplace bullying incidents. Constructive managers usually effectively deal with the situation, while incomplete management means the situation was dealt with but not effectively. On the other side of the spectrum, disengaged managers do not care about what has happened and do not attempt to resolve the situation, and destructive managers are usually the perpetrators of bullying.

Studies show that leadership can be the trigger for elevated stress levels of the staff they oversee. For example, in a study conducted by Kerman et al. (2022), those working in the homelessness sector of social work cited higher stress levels caused by supervisors. So, the job may be stressful in its very nature, but then staff experienced stress levels on top of working with their clients because of the supervisors. In another study conducted by Hilton et al. (2021), the authors found that almost 50% of the participants, who were psychiatric nurses, cited their management as the trigger to workplace stress levels. Again, nursing, by nature, is a stressful job, and the participants noted the management as a cause for additional stress levels.

Richins et al. (2020) stated from the results of their study that “managers were found to be uniquely capable of creating either a safe learning climate for reflection or a culture of criticism, blame, and stigma” (p. 5). By having a safe climate, employees are more likely to thrive instead of potentially experiencing burnout, compassion fatigue, or vicarious trauma. Stollberger et al. (2020) asserted that managers must also be concerned with their verbal and nonverbal means of communication with and around employees. Therefore, how managers interact with their employees matters and may play a part in whether an employee stays or goes.

One way to interact effectively with staff members is to model ethical leadership skills. According to the literature, ethical leadership is essential because it can help determine staff productivity and the work culture (Bouckennooghe et al., 2015; Laschinger & Fida, 2014; Palanski et al., 2014). Ethical leaders are authentic (Laschinger & Fida, 2014). Therefore, Palanski et al. (2014) asserted that ethics should be trained in organizations to help decrease the probability that the management team participates in unethical behaviors.

On the other hand, there are personality traits and leadership styles that are more detrimental in the workplace. Servant (employee-focused), transactional, and transformational (organizational-focused) leadership include ways that help employee well-being and decrease burnout; however, the laissez-faire leadership style does the opposite (Kelly & Hearld, 2020). Those who are laissez-faire type leaders tend to have no involvement when employees make decisions and only answer questions or provide necessary materials to do the job at hand (Harb et al., 2020). Authoritarian leadership may cause an increase in bullying incidents (Feijó et al., 2019). In addition, certain personality traits are more likely to be found in those who are considered toxic or dark leaders, including callousness, narcissism, and uncompassionate (Spain et al., 2016).

One such example of a dark personality trait type is Machiavellianism. Those with a Machiavellian personality tend to be able to easily manipulate others (Belschak et al., 2015; Bereczkei, 2015). This personality type may be abusive to others; however, it is usually because the person has a belief that they have a lot of power within the organization or over other employees (Wisse & Sleebos, 2016). When a person does not believe this, they are less likely to be abusive to others in the workplace.

Finally, another example of a dark personality trait type is that of psychopathy. A disposition of psychopathy usually indicates a higher likelihood of being abusive. Furthermore, those with this personality type tend to be manipulative, irresponsible, antisocial, and lack remorse (Mathieu & Babiak, 2016). The following sections will review abusive leadership styles more specifically and further in-depth and then discuss more effective and supportive leadership styles that are better for organizations.

Abusive Supervision

Studies conducted regarding abusive supervision have primarily focused on the business sector of the workforce. In a meta-analysis study conducted by Zhang and Bednall (2016), at least 10% of the participants in the studies reviewed had experienced abusive supervision. While this may only seem like a small percentage of the workforce, the aftermath of the experience of abusive management can be felt by not only the victim, but also the victim's family and friends, the entire team, and the organization. In addition, abusive supervision can be detrimental not only to an employee's mental health but also lead the employee to eventually vacate the position (Atwater et al., 2015; Hon & Lu, 2016).

Abusive supervision can also affect the entire team dynamic (Farh & Chen, 2014). Furthermore, additional consequences of experiencing abusive supervision include decreased

productivity, increased agitation, avoidance, vacating the position or company, and talking to higher-level management (Bhandarker & Rai, 2019; Khan & Medica, 2020). Lastly, Han et al. (2017) found that creativity by workers can be indirectly affected by abusive supervision, as those who are a victim of this type of supervision tend to lose sleep and become emotionally exhausted, unable to function as creatively as before.

Behavior by supervisors that are categorized as abusive can be triggered by issues at home (Courtright et al., 2016). Triggers can also include the supervisor's feelings of burnout and lack of job resources (Harms et al., 2017; Lam et al., 2017). Task assignments and goals set by upper management can lead to supervisors engaging in abusive behavior toward others (Baillien et al., 2016; Mawritz et al., 2014). This behavior may also occur because the supervisor is power-hungry and very competitive, leading them to wrongly treat others in their path (Fink-Samnack, 2017). Sometimes, the supervisor is incompetent and abuses staff below them to prevent others from finding out how incompetent they are as a supervisor (Milosevic et al., 2020). Finally, abusive behavior by supervisors may be their personal means of coping with any stressors that they may have, whether those are at work or at home (Zhang & Bednall, 2016).

Studies have also shown that perception matters. According to some studies, an employee's perception of how their supervisor treats them may increase the belief that the supervisor is abusive (Brees et al., 2016; Hackney & Perrewé, 2018; Kant et al., 2013). Khan and Medica (2020) found during their study that there are times when employees may be intimidating to a supervisor, and when this does not work out, the employee may view it as abusive supervision. The authors suggest that there needs to be an investigation to determine if an occurrence is abusive supervision.

Baillien et al. (2017) conducted a study where the participants wrote in a diary daily for 20 working days. The authors concluded that perception does matter when it comes to incidents that may be deemed abusive or bullying in nature. When victims of bullying wrote in the diaries, their perceptions of conflicts were also different than those who had not experienced bullying. Brees et al. (2016) suggested that one way to help combat misconceptions regarding workplace bullying and how a person perceives what the supervisor is doing is for supervisors to have their staff give them regular feedback through check-ins. This would allow the leader to see how the team perceives them as leaders, especially during disciplinary or work performance conversations. Of course, the caution would be that staff would need to feel safe to give said feedback, especially without fear of retaliation.

There are times, not always, when staff members ignore actions that may be perceived as abusive. This relates to the conservation of resources theory, which is proposed by Xu et al. (2015) as to why some staff never report the abusive behaviors of their supervisors. Employees do not want to risk losing their jobs or the person who can help them get a promotion or raise. Other times, staff may be tempted to cross ethical boundaries to please their abusive supervisor (Fink-Samnack, 2017). Finally, abusive supervision may lead employees to be abusive toward each other as a way of coping with what is happening (Richard et al., 2020). According to Tu et al. (2018), “abusive supervision is particularly deconstructive because it can be contagious and self-perpetuating” (p. 689). This means that the abusive behavior may continue by subordinates or supervisors who see the success of the behavior in which the abusive supervisor participates. This behavior will, of course, continue if it is allowed to and must be stopped to prevent the continued occurrence.

Effective/Positive Leadership

On the opposite side, there are leadership styles that are more supportive and effective when working with employees, especially in the mental health field. These include servant leadership, transactional leadership, and transformational leadership. When organizations strive to hire these types of leaders, they may act as a deterrent to workplace violence and other traumatic issues as these types of leaders are more focused on employee well-being and not just the success of the company or themselves (Choy-Brown et al., 2020; Guerrero et al., 2016; Montano et al., 2017; Powell et al., 2017; Westbrook et al., 2022).

The first, servant leadership, is described by Westbrook et al. (2022) as when the leader is humble, encouraging of others, authentic, a good steward, and able to stand aside when others receive praise. The authors further conclude that these types of leaders are interested in what their subordinates have to say and help instill confidence in them. Furthermore, servant leaders focus on promoting collaboration, empowering staff, and task assignments to help prevent burnout. This type of leader is primarily focused on the employee instead of the organization (Kelly & Hearld, 2020).

Transactional leaders are considered organizational-focused (Kelly & Hearld, 2020); however, transactional leaders are found to be effective leaders in the workplace and help employees be successful (Guerrero et al., 2016). These types of leaders focus on daily work tasks and work with “goal setting, feedback, self-monitoring, and reinforcement” in mind (Powell et al., 2017, p. 3). This type of leadership involves some type of exchange between the leader and subordinate, which can serve as a performance reward (Harb et al., 2020). If one does utilize this type of leadership, six behaviors have been identified as being positive skills during a focus study group with employees. These include demonstrating knowledge of the job or task,

proactively implementing change, promoting a positive climate, supporting staff through promotions and acknowledgment, and being a part of problem-solving (Guerrero et al., 2016).

Finally, transformational leaders are organizationally focused just like transactional leaders (Kelly & Hearld, 2020), but they still focus on employee well-being and achievements. However, these types of leaders are still considered to be effective and more positive in their relationships with employees. In fact, transformational leaders are associated with a more positive climate and employee attitudes (Powell et al., 2017). In addition, like transactional leaders, transformational leaders have been able to help improve staff commitment to the organization through their effective leadership style (Harb et al., 2020). Choy-Brown et al. (2020) asserted that “the transformational leader energizes staff, models ethical behavior, encourages problem-solving and innovation, and develops staff to meet their potential” (p. 333). These types of leaders have also been effective in helping to decrease the likelihood of mental health issues occurring in the workplace (Montano et al., 2017), and they tend to be charismatic in nature (Harb et al., 2020).

Employee Well-Being

The mental health and well-being of those working in the mental health field is an essential focus that both the individual and the organization need to concentrate on to help ensure that the employee can continue to help those the organization serves. Frequently, unfortunately, the mental health and well-being of those in the mental health field are low priorities of the employer (Cayir et al., 2021; Fink-Samnack, 2022). This is especially true in the aftermath of a traumatic event (Richins et al., 2020).

Employee's Role

On the other hand, self-care is often not the focus of those working in the field, as they tend to struggle with making themselves a priority. Counselors surveyed by Barton (2016) felt that self-care was too self-centered and took away from helping their clients, and they admitted to struggling with forming and maintaining boundaries between work and home. In the study conducted by Pappa et al. (2021), most of the participants knew of psychological support they could receive through their organization; however, only approximately 13% of them utilized this service. This lack of self-care focus is surprising given the results of a study conducted by Kelly and Hearld (2020) that found that more than 50% of staff in the field experience feelings of burnout for various reasons such as stress levels, low pay, high caseloads, and lack of advancement chances. Furthermore, those who have experienced workplace trauma may be more likely to use coping skills that are not healthy instead of focusing on self-care. As a result, employee's families and friends are also negatively impacted when self-care is a minimal priority (Okechukwu et al., 2014; Pappa et al., 2021).

Regarding self-care, Barton (2020) stated, "the process of managing good self-care is a journey that begins with little or no knowledge of the importance of self-care, to arriving at a point of realizing its importance and making it a priority" (p. 516). Morrison (2014) added that employee well-being also includes speaking up for oneself; however, when doing so, the employee must have the right motivation, and the organization must have a no-retaliation rule. Furthermore, Sonnentag and Fritz (2015) concluded that detaching oneself from work is essential when attempting to decrease the occurrence of vicarious traumatization and burnout. Still, organizations need to ensure that employees can do so and do not feel obligated to work during vacations, sick time, and other nonwork time.

Leadership's Role

The focus on employee well-being must be a focus of leadership as it plays a crucial role in ensuring employees can have their mental health as a priority (Cayir et al., 2021). DeFraia (2016) stated, “occupational health practitioners should emphasize managers’ pivotal role in employee recovery” (p. 83). While this may not necessarily have been geared toward those in the mental health field, the premise remains just as important. During their study, Budd and Spencer (2015) found that employees are more likely to have positive experiences at work if there is a focus on their mental health, pay, autonomy, and effective leadership.

One way that leadership can help is by providing authentic and effective supervision time with staff members. Posluns and Gall (2020) asserted that “supervision should include the development and monitoring of self-care plans for supervisees” (p. 9). Employees, as previously stated, struggle with making self-care a priority, and therefore, studies show that it must be the priority of the organization due do so with them through supervision and support (Bassuk et al., 2017; Cayir et al., 2021; DeFraia, 2016; Hilton et al., 2021; Miller et al., 2022; Posluns & Gall, 2020; Wolf et al., 2014). Leadership could also provide problem-focused coping skill training, as this is effective in helping to decrease the effects of workplace incidents (Hewett et al., 2018).

Another effective role that leadership can play is to model self-care behavior in the workplace (Rollins et al., 2021). This is essential because it helps employees focus more on their self-care, including a more manageable work-life balance (Shier et al., 2021). Leaders can model self-care by also receiving training on mental health issues and how they impact the workplace (Rollins et al., 2021; Shier et al., 2021; Wu et al., 2021). Furthermore, leaders can focus on employee well-being by focusing on how they manage their team. This includes effective and more frequent communication, especially regarding policy or procedural changes, ensuring

meetings are productive, and implementing efficient conflict resolution skills (Rollins et al., 2021).

Organization's Role

Finally, organizations can be more effective at handling employee well-being and reacting to workplace trauma if they have trauma-informed policies that address both staff and clients (Bassuk et al., 2017; Cayir et al., 2021; DeFraia, 2016; Hilton et al., 2021; Miller et al., 2022; Wolf et al., 2014). However, employees need to know that it is okay to utilize the policy when needed (Dimoff & Kelloway, 2019), as a study conducted by Wolf et al. (2014) found that while organizations may have a policy in place, many of the staff hesitate to use it. Furthermore, organizations can also help safeguard their employees' well-being by ensuring that the climate is person-centered instead of productivity-centered and that enough staff is hired so that clinicians do not also have to focus on other tasks such as answering the phone or door (Rollins et al., 2021).

Miller et al. (2022) identified six key elements of organizational trauma-informed care to include protection, co-worker assistance, choice, partnership, trust, and cultural and gender issue recognition. The literature reiterates that professional development, education, and training are key elements in trauma-informed organizations, which help to improve employee well-being. Ways to help with the prevention of burnout, vicarious trauma, and compassion fatigue include peer support, supervision, peer support groups, client assignments on rotation, and education through training or continuing education conferences (Kanno & Giddings, 2017; Pappa et al., 2021; Trijullo et al., 2020). Both mindfulness and resilience training have also been proven to be effective (Pappa et al., 2021; van Breda, 2016). Stress management can also be an important training to have readily available for employees (Lee et al., 2019). In addition, how to manage

client behavior is also a vital tool that helps in preventing workplace trauma, which in turn improves employee well-being (Yost et al., 2022).

Lastly, one tool that can be used to help evaluate the work environment and the levels of trauma-informed care for staff is the TRICOMETER developed by Bassuk et al. (2017). This tool can be used multiple times throughout the year and with all employees within the organization. If organizations were to use a tool like this, they would be able to ensure that what they are doing is effective. If the organization finds issues, it will be able to make changes accordingly when things are not working for the better well-being of the employees. This is essential because an employee's well-being is affected positively or negatively according to the organizational environment in which they work.

Organizational Environment

The organizational environment sets the tone for workplace trauma incidents, including before, during, and after an incident. The environment, including the culture and climate of the organization, can also affect the services provided in a mental health organization (Glisson & Williams, 2015). In addition, Sammani and Singh (2016) found that the environment is a substantial factor in the frequency of workplace bullying occurrences. Botez and Cotet (2021) found in their study that when the workplace is toxic, this causes increased stress levels in staff members, which then tends to spill over into their home lives as well. Some workplaces have an environment where it is normal for workers to be dehumanized (Christoff, 2014). The aftermath of workplace trauma affects not only the worker but the organization as well (DeFraia, 2016; Sammani & Singh, 2016). Vivian and Hormann (2015) suggest that failure to address workplace trauma can lead the organization to become a "persistent traumatized system" (p. 27).

One way for organizations to combat a toxic work environment and incidents or workplace trauma is to have policies and procedures in place. When developing these policies, there should be zero tolerance for abusive and trauma-inducing behaviors (Khan & Medica, 2020). Einarsen et al. (2016) found that control management helps decrease the possibility of workplace bullying and increases staff productivity. Policies and culture matter and tell employees what is and is not going to be accepted; however, they must be enforced and not just a placeholder (Botez & Cotet, 2021; Caesens et al., 2017; Christoff, 2014; Einarsen et al., 2016; Francioli et al., 2018; Hackney & Perrewé, 2018; Hon & Lu, 2016; Samnani & Singh, 2016; Stollberger et al., 2020).

When working on improving or having a positive environment, Feijó et al. (2019) asserted that “policies to prevent bullying must address the culture of organizations and face the challenge of developing psychosocial safety at work environments” (p. 20). Dollard et al. (2017) explained the importance of a psychosocial safety climate in the workplace that focuses on four parts of the organization: the communication of policies, prevention strategies, the priority of employees’ mental health, and support and actions of higher-level management. Kerman et al. (2022) believed that to have a positive work environment, it is essential to ensure this environment is not the cause of or risk of employees being retraumatized.

Organizations must be more careful when screening candidates to help ensure that they can identify potential toxic or abusive leaders (Kelly & Hearld, 2020; Spain et al., 2016). However, if one were to be hired, organizations need to have policies and procedures in place to deal with such leaders to decrease the magnitude of their actions. Mathieu and Babiak (2016) ascertained that organizations must deal with abusive supervisors immediately because their behavior will not stop unless they are dealt with and made to stop.

One way that employees may be able to deal with abusive supervision in the work environment includes peer support (Caesens et al., 2019): “High support from coworkers might help employees release and remind them how bad the treatment they receive from their supervisors within the work environment is” (p. 723). However, training at the organizational level could also be effective in the work environment. According to studies, the types of training that are offered by the organization matter. Early intervention before trauma happens is critical, according to the study conducted by Richins et al. (2020), as this helps decrease the possibility of elevated mental health and work-related issues.

Early intervention happens through training and education. For example, leaders need communication and leadership training, which can help them in the management of a team and be less likely to become abusive in doing so (Burton et al., 2014; Hon & Lu, 2016). Training should also include self-care and education (Posluns et al., 2020). Conflict resolution, especially supervisor/supervisee conflict resolution, must also be a priority (Burton et al., 2014). In addition, training should also include resiliency and how management can support their employees’ well-being (DeFraia, 2015; Harms et al., 2017; van Breda, 2016).

Chapter Two Summary

As this review of current literature has shown, many workplace trauma studies in the mental health or behavioral health field have focused on other types of traumatic experiences that do not include abusive management. Examples of these traumatic experiences were explored and include workplace harassment and violence, vicarious trauma, secondary traumatic stress, burnout, religion and workplace trauma, workplace bullying, and compassion fatigue. When supervision has been explored, the focus is on the supervision relationship that a therapist has with the person helping them review their caseload. While vicarious trauma, workplace bullying,

and compassion fatigue are all vital experiences to explore, the nature of trauma caused by management is also important to help improve the well-being of the organization and its employees.

Currently, there are no theories that necessarily fully explain the nature of abusive supervision; however, there are various theories that do explain aspects of what occurs. Theories that were explored in this review include the social rules theory, social identity theory, social dominance theory, gender role socialization theory, and the conservation of resources theory. It would be beneficial if research continues to focus on exploring the theoretical framework behind abusive management, as this may help explain how to decrease the likelihood of occurrences.

Organizationally, the environment of a workplace matters. As the literature shows, the environment of the organization plays a vital role in the frequency of traumatic experiences and the toxicity of the workplace (Botez & Cotet, 2021; Sammani & Singh, 2016). The environment shows employees what is and is not allowed, and this permission also includes if management is allowed to be abusive toward their employees. The environment includes both written and unwritten rules. Studying the lived experiences of those who have experienced this phenomenon will allow for a better understanding of what the organizational environment was like before and after the incident(s).

Finally, there is currently a gap in the literature that does not study the abusive supervisory issues experienced by workers in the mental health field. On the other hand, previous studies have stressed the importance of organizations focusing on the style of leadership and the well-being of their employees. Looking at trauma caused by management within the organization can be beneficial for the well-being of the workers and the success of the organization. Therefore, this study will help gain insight into the lived experiences of those in the mental or

behavioral health field who have had a traumatic experience caused by management. Essentially, it will explain how those workers were mistreated by management and experienced trauma at the hands of those who are meant to help mentor and support the staff in their work. It is then the hope of the researcher that further studies will be conducted to better understand this phenomenon, which will allow organizations to combat the issue more effectively through prevention and intervention.

Chapter Three: Methods

Overview

This section will review how the study was conducted, what questions were studied and asked during the research, how the data was analyzed, and how it was ensured the data was valid. The study was conducted to better understand the phenomenon of work trauma that was caused by abusive supervision or management within the mental health or behavioral health field. The lived experiences of those who have endured this phenomenon were analyzed to determine the themes of the topic studied. This analysis occurred by using qualitative data analysis software.

Design

This study was qualitative in nature, which was the most appropriate to use for this topic. According to Kemparaj and Chavan (2013), qualitative studies allow one to gain a “deeper understanding of the social phenomenon” (p. 90). As this study’s purpose was to better understand abusive leadership in the mental health field, it was imperative to study the story instead of the numerical data that is associated with the subject. According to Creswell and Poth (2018), the phenomenological study was best to use to “describe the essence of a lived phenomenon” (p. 67), and the qualitative was best because it would allow “silenced voices” to be heard (p. 45). Furthermore, the phenomenological study focuses on how the participants perceived what happened and felt during the experience instead of an external viewpoint (Mertens, 2018).

More specifically, the study was conducted using transcendental phenomenology. Moustakas’ transcendental approach was chosen because it allowed for the data to be analyzed by being broken up into themes and descriptions of what occurred, and additionally, how it occurred could be explored (Creswell & Poth, 2018). Furthermore, transcendental

phenomenology allowed for the experience to be described by the participants instead of relying on my own interpretation of the data (Creswell & Poth, 2018; Moustakas, 1994). This also decreased the likelihood of my own bias clouding the analysis given.

Research Questions

To better understand the phenomenon being studied, the following research questions were the focus:

RQ1: What are the lived experiences of those who have experienced workplace trauma via abusive management in the mental health or behavioral health field?

RQ2: What was the environment of the organization in which the workplace trauma took place?

RQ3: What are the short-term effects of this type of trauma on the worker?

RQ4: What are the long-term effects of this type of trauma on the worker?

Setting

The purpose of this study was to explore the lived experience of those who have experienced trauma by leadership while working at a mental health organization. No one specific organization or agency was targeted with this study, and each participant chose the setting in which they wanted to be interviewed, whether it was in person at a site of their choosing or an online platform, specifically Microsoft Teams. Teams was chosen as it allowed for the recording of the meeting to be able to be referred to throughout data analysis. Teams also has the capability of being able to transcribe the recordings.

Participants

Participants for this study were a heterogeneous group of 10 individuals who had experienced the phenomenon. This was the recommended type of sample for this type of study

(Creswell & Poth, 2018). Participants were screened by a brief survey using Google Forms to ensure they met the criteria of the study, including being over the age of 18, experiencing workplace trauma caused by a supervisor or management while working at a mental health organization, which is criterion-based sampling (Heppner et al., 2016). This also allowed the sample to be purposeful, helping with the trustworthiness of the data (Cypress, 2017). The answers to the survey allowed the researcher to have a brief introduction to what was experienced by the potential participant to ensure research candidate criteria were met. This survey (see Appendix D) was developed by the researcher and included (a) demographic information, (b) the best way and time to contact potential participants, (c) questions to ensure the potential candidate meets the study criteria, and (d) a brief statement of what happened to ensure it fits the phenomenon being studied. Google Forms allowed for easier processing of the surveys received and allowed for consistency in answering such as making fields mandatory to answer before proceeding. Each participant initially needed to give identifying information; however, they were then randomly assigned a four-digit code that was used for all documentation related to their participation going forward. Following all interviews and questionnaires, participants were then randomly assigned a name to use to help with anonymity and to make the description of their experiences more personable.

Procedures

When conducting research with human subjects, there is a slight risk of harm that may be involved (Heppner et al., 2016). This is especially true when the subject matter involves trauma as it has the potential to cause trauma in the retelling of the experience. Therefore, approval from Liberty University's Institutional Review Board (IRB) was obtained. To find participants for this study, the researcher planned to reach out on social media through the creation of a flyer to

groups within the mental health field as well as social work and counselor listservs. These listservs included organizational collaboratives such as family resource networks that have staff who may not be within the groups but fit the criteria of the ideal candidate. For example, not everyone who works in the mental health field is a licensed counselor or social worker, and many times, these may be the employees who receive the most abuse from management.

Once participants were obtained, interviews were conducted over several weeks. Interviews were then transcribed and sent back to the interviewees to check for accuracy as a part of member checking. In doing so, the credibility and trustworthiness of the data were elevated (Chan et al., 2013; Creswell & Poth, 2018; Cypress, 2017; Durdella, 2019; Kemparaj & Chavan, 2013). Once completed, the data analysis was able to occur. During this analysis, key themes and key statements including direct quotes from participants were identified by the researcher (Creswell & Poth, 2018). By identifying these themes and statements, the phenomenon was able to be better understood.

The Researcher's Role

I never intended to have a long career in the mental health field. Instead, my dream as a child was to be a high school teacher in my hometown. However, at one time a friend suggested I should go into counseling because of everything I had experienced in my childhood. I started to obtain my master's in social work to do just that; however, I did not finish the degree due to personal reasons. I met others in the program who worked for a local mental health agency, and I decided to apply and later accepted a position at the same agency. Over 15 years, I worked for the agency in a few different roles, and almost every day was a struggle both mentally and emotionally.

In said agency, employees were only viewed as bodies that could perform billable

services to make more money for the company. Emergency employee assistance was offered but only in-house, and the agency did not accept the insurance it offered its own employees as a form of payment. When issues were taken to human resources, privacy did not matter, and the perpetrator was always informed of who made the complaint. Understaffing allowed fireable offenses to continue. My own experience at the agency was traumatic in nature and involved my immediate supervisor, the human resources director, and the CFO of the organization. It would not be wrong if one also faulted the chief executive officer as well as they were aware of what happened daily.

I realized that what happened to me was probably more common than not, and I wanted to know how others' lived experience was handled by both the person who experienced it and the organization at which it occurred. In conducting a phenomenological study, I can step aside from my own experience and hear what happened to others. This will allow the data to be fresh and without my own bias or judgment to ensure that it speaks for itself (Shufutinsky, 2020).

Data Collection

The data collected in this study was initially done through a quick questionnaire to ensure participants met the criteria of this study. Following this, only semi-structured interviews were conducted. No artifacts or documentation were requested of the interviewees. However, they were able to refer to artifacts such as emails or letters during the interview process. Following the interview, participants were given a brief questionnaire to explore the phenomenon further in-depth. Finally, reflexive journaling from the researcher served as a final data collection method.

Interviews

This study was conducted via semi-structured interviews with the participants. Due to the nature of the type of study and the phenomenon being explored, the semi-structured interview allowed for standard questions with all participants but also allowed for further exploration of the responses given. This was in line with what Heppner et al. (2016) discussed, stating that the semi-structured interview provides more of a balance, which allows the interviewees “ample opportunity for offering richer and more personalized responses” (p. 374). This type of interview was chosen over unstructured as unstructured interviews would disallow certain data to be obtained by all participants if they did not just readily give that information. Structured interviews are too formal and would disallow for variation and elaboration necessary to better understand the phenomenon.

The interview was administered potentially via two methods, depending on the response of participants, either in person at a location that allows for privacy during the interview process or via an online conference platform such as Microsoft Teams, with the researcher in a secure location as to protect the privacy of the participant. Both types of interview settings still allowed for recording, which is imperative to the process to ensure accurate gathering of the data.

Questions

As previously mentioned, participants were interviewed in a semi-structured nature. The interview was scheduled for a minimum of 2 hours but may have been shorter depending on the participant’s answers and experience. There were 15 questions that all participants were asked; however, the researcher reserved the right to expand upon the answers given to enhance the understanding of the phenomenon. These questions were based on the current working research questions that were discussed previously in the hope that each participant could contribute

knowledge to help answer those questions. The following interview questions were utilized during the study with all participants:

1. Describe the type of organization for which you worked, including any pertinent information regarding the size, location, and type of clients served. Be careful to not name the organization directly.
2. What was your role at this organization?
3. What was the role of the perpetrator at the organization?
4. How many employees were on the team under the management of this person?
5. Describe your relationship with the perpetrator before the phenomenon.
6. Discuss your experience at the organization before the phenomenon.
7. Discuss the environment of the organization.
8. What policies did the organization have in place for workplace bullying or workplace trauma?
9. In your role, what types of training were you offered?
10. The nature of this study is to learn more about workplace trauma caused by a supervisor or management. Can you describe your lived experience with this phenomenon including how long ago it was?
11. What were, if any, the personal affects you experienced following this?
12. How did the organization handle what happened?
13. How did you personally and organizationally handle the phenomenon?
14. What aftermath/affects are you still experiencing from what happened?
15. What other pertinent information would you like to share?

Questionnaire

Instead of focus groups being conducted, follow-up questionnaires were given to participants after they completed their interviews. By completing questionnaires instead of a focus group, participant anonymity was able to remain intact, and this helped to increase the credibility of the study. Furthermore, this helped participants who did not feel comfortable speaking about their trauma around others continue to have a voice regarding the phenomenon being studied. Participants were only given a few questions to answer with the focus of these questions being their suggestions for decreasing workplace trauma incidents and improving the workplace environment. Questions included:

1. Now that you have completed your interview, what else do you wish you would have mentioned about your experience?
2. If you could implement prevention strategies in the organization in which your traumatic experience occurred, what would they be, and why?
3. If you could implement intervention strategies in the organization in which your traumatic experience occurred, what would they be, and why?
4. What other cultural and policy changes do you think need to be implemented in organizations to help prevent this type of workplace trauma from occurring?

Reflexive Journaling

According to Creswell and Poth (2018), reflexive journaling during a qualitative study is important as it allows the researcher to reflect on their experiences during the study. This includes the researcher's own experience with the phenomenon, observations during the study, and any biases or assumptions the researcher may have. Before the study began, I journaled my own experience with the phenomenon. During the study, I also completed a journal entry

following each interview to allow time to write down any notable observations and biases I may develop. Following the interview process, I again reflected on the interviews to ensure I captured my own observations regarding the phenomenon.

Data Analysis

To analyze the data collected, several important steps were taken. First, for interviews conducted in Microsoft Teams, the Teams software was used to transcribe the recording of the interview. This was double-checked by listening to the interviews more than once to ensure the accuracy of the transcription and to correct any issues. Participants were asked to also check the transcription for accuracy and to help with the trustworthiness and credibility of the data (Creswell & Poth, 2018). Participants were emailed a copy of the transcription, which they agreed to during the interview process. Before sending the email, the researcher ensured that the email address was correct and no identifying information remained in the transcript. If interviews had taken place in person, I would have listened to the audio recording of the interview more than once to transcribe the interview verbatim, and participants would also be asked to check for accuracy. However, all participants chose to use the Microsoft Teams platform for their interviews.

Next, both the transcripts from the interviews and the questionnaire answers were uploaded to the data analysis software. The software analysis chosen by the researcher is Delve Tool, which is a qualitative data analysis tool. This allowed for the information to be stored in one area and assisted with grouping the data and finding themes in the information obtained during the interviews. According to Creswell and Poth (2018), computer software allows the researcher to effortlessly search documents to help with the analysis of the data. This also assisted with the validity of the study.

Following this, steps identified by Moustakas (1994) were used. First, the horizontalization method was used, where significant information from the interviews and questionnaires was highlighted and separated (Creswell & Poth, 2018). The statements were then grouped in clusters to identify themes that were recurrent among the participants. Once the themes were identified, both textural and structural descriptions were written, which was then followed by a composite description of the phenomenon being studied (Moustakas, 1994). By doing this, readers can have a better understanding of what has happened and how it happened, giving further understanding of the phenomenon.

Trustworthiness

The validity of this study was partially based on the responses of the participants. This was a phenomenological study in which the data was solely based on the lived experiences of the participants, which they perceived to be accurate. Interviews were recorded either via a tape recorder if in person or the Microsoft Teams program if online. The researcher then transcribed the interviews, which participants were able to review for accuracy. Transcriptions were reviewed also by listening to the interview recordings following the transcription to ensure their accuracy as well.

Researcher Bias

To assist with research bias, the researcher used the bracket-out method, which is a part of transcendental phenomenology. This method is where the researcher removes themselves from the study to have a fresh perspective regarding the phenomenon (Chan et al., 2013; Creswell & Poth, 2018; Durdella, 2019; Heppner et al., 2016; Moustakas, 1994; Shufutinsky, 2020). To do so, the researcher kept notes or diary entries throughout the process to help identify

any potential bias and allow for a clearer and better mindset while interviewing the participants and analyzing the data.

Potential bias included the researcher's prior knowledge and beliefs regarding workplace trauma and management's role in this. To help during the bracketing process, the researcher also wrote down any thoughts before and after the interviews. Journaling before an interview assisted with any initial thoughts that may have clouded the interview process, which included any of the previous types of thoughts mentioned regarding the researcher's previous job. Journaling after conducting an interview assisted with allowing any thoughts that formed during the interview to be released as to not cloud any judgment or further interviews conducted. Once the interviews and transcripts were all completed, the researcher was then able to also use this technique to release any thoughts or opinions before analyzing the data to further prevent any bias that could occur.

Credibility

Credibility in a qualitative research study allows the reader to have "confidence in the truth of the data and interpretations of them" (Kemperaj & Chavan, 2013, p. 94). To maintain credibility, this study utilized member checks to allow participants to validate the data. The participants in the study were selected purposefully, which ensured that they had accurate descriptions of the phenomenon being studied.

Dependability and Confirmability

Dependability is very similar to reliability, which is used in quantitative studies (Kemperaj & Chavan, 2013). Essentially, dependability means that the study is stable and consistent over time (Cypress, 2017; Durdella, 2019). To assist with dependability, this study was reviewed through an inquiry audit completed by the dissertation team (Kemperaj & Chavan,

2013). Confirmability ensures that others agree with the data analysis. During the study, a reflexive journal and steps of how the analysis was conducted were completed to help certify confirmability.

Transferability

When a qualitative study is transferable, it is applicable beyond the study itself. One way to do so is through the description of the data (Cypress, 2017; Kemparaj & Chavan, 2013). This study utilized thick descriptions including both quotes and descriptions from participants. Furthermore, transferability can be obtained when participants are from a purposeful sample (Cypress, 2017). To meet this criteria, potential candidates were chosen based on answers from a pre-study survey to ensure they worked in a mental health organization and had experienced trauma caused by leadership at the organization.

Ethical Considerations

In qualitative studies, ethics must be considered throughout the entirety of the study. Ethics in research include “respect for persons, concern for welfare, and justice” (Creswell & Poth, 2018, p. 54). All participants signed a consent form, which discussed the intent of the study, their privacy protections including how the data was stored during and after the study, and information regarding a participant’s right to exit the study at any time before its publication (see Appendix E). All participants will be assigned a four-digit code during the study to ensure their anonymity. Furthermore, during the study, all information will be stored on a locked computer by the researcher and any paper copies of surveys or notes will be initially stored in a locked file cabinet and then shredded following the study’s conclusion. Information will also be added to the qualitative analysis software chosen to which the researcher will be the only person with access.

Chapter Three Summary

This chapter reviewed the methodology of the study of workplace trauma in the mental health sector caused by leadership. In this section, the design of the study, including the research questions and setting, was discussed. Purposeful sampling was used to ensure the trustworthiness and credibility of the study was maintained. The study was conducted using semi-structured interviews with no artifacts or physical evidence being analyzed. However, participants were allowed to refer to such items during the interview process. Data was analyzed using Delve Tool qualitative analysis software to help identify themes and pertinent statements regarding the phenomenon being studied. Finally, the study utilized member checks and other techniques to confirm the trustworthiness of the data being presented.

Chapter Four: Findings

Overview

The goal of this phenomenological was to understand the lived experience of those who have experienced workplace trauma via an abusive supervisor or management while working at a mental or behavioral health organization. Four research questions were the focus of the semi-structured interviews and included:

RQ1: What are the lived experiences of those who have experienced workplace trauma via abusive management in the mental health or behavioral health field?

RQ2: How did the participants describe the environment of the organization in which the workplace trauma they experienced took place?

RQ3: What short-term effects did participants experience because of this type of trauma?

RQ4: What long-term effects did participants experience because of this type of trauma?

The purpose of this chapter is to introduce the participants and review the data that was gathered from them. First, a review of participant recruitment and participation is discussed. Then, a description of each participant is given. Finally, the chapter then reviews data analysis and findings from the study conducted. Both the themes developed from the interviews and how the research questions were answered by participants are included in this data analysis.

Participants

Once IRB approval was obtained, participants for this study were recruited through various methods (See Appendix A). First, using a flyer (See Appendix B), then social media postings (See Appendix C), and finally, by being shared via two listservs after receiving permission to do so (See Appendix F): The Family Resource Network of Wetzel County, West Virginia and the Wetzel and Tyler County West Virginia Chamber of Commerce's weekly

update email of local happenings. Potential candidates were prompted via a QR code to a pre-study questionnaire that asked questions based on study eligibility criteria, demographics, and contact information. Study eligibility criteria included being 18 years or older, experienced workplace trauma by a supervisor or management while working at a mental or behavioral health agency, and having the experience was at least 1 year ago.

Thirty responses were received, and of those 30 responses, 14 were eligible to participate; however, only 10 participants scheduled interviews and followed through with the study. Of the remaining four eligible participants, one concluded they had a conflict with the study, and three never responded to inquiries to schedule an interview. Of the 16 potential candidates that were not eligible for the study, one did not respond to further questions, 11 were determined to be spam accounts, and four did not meet the study criteria.

In addition to the pre-study questionnaire, participants also completed a virtual semi-structured interview via Microsoft Teams. Interviews took place in October to November 2023. During the interviews, the researcher took additional notes, which were later typed. These notes included any keywords or phrases as well as any facial or bodily expressions that stood out during the interview process. Interviews were recorded and transcribed via the Microsoft Teams platform. After the interview, the researcher then listened to the recording and compared it with the transcription to check for accuracy. Participants were also emailed, with their permission, the transcripts and asked to verify the accuracy of the transcript. This form of member checking assisted with the trustworthiness and validity of the study (Creswell & Poth, 2018). All participants sent back any changes they wished to have made including any removal of potential identifying information. All changes were completed before data analysis.

Following this interview, participants were then sent a link for a follow-up questionnaire that asked the following questions:

1. Now that you have completed your interview, what else do you wish you would have mentioned about your experience?
2. If you could implement prevention strategies in the organization in which your traumatic experience occurred, what would they be, and why?
3. If you could implement intervention strategies in the organization in which your traumatic experience occurred, what would they be, and why?
4. What other cultural and policy changes do you think need to be implemented in organizations to help prevent this type of workplace trauma from occurring?

All participants answered the questionnaire via the Google form or via email (See Appendix H).

Transcripts and post-interview questionnaire answers were then uploaded to the Delve Tool platform for easier ability to code and conduct thematic analysis.

Participants were originally given a code number, which was randomly assigned using an online random number generator. Following the interviews, all participants were then assigned a random name, which was assigned via a random name generator and picked via an online spinning wheel after inputting all the names. All participants were over the age of 18. Of the 10 participants, nine were females, and one was a transgender male. Furthermore, eight of the participants were White, one was Black, and one was Afro-Caribbean. Finally, one participant had a doctorate degree, seven had their master's degree, one had a bachelor's degree, and one had a high school diploma. Table 1 shows the breakdown of participant demographics according to their pseudonyms.

Table 1

Demographic Information of Participants

Name	Gender	Race/Ethnicity	Highest degree obtained	Role at organization
Faye	Female	White	Bachelor's	Project coordinator
Annie	Female	White	Master's	Supervisor/Therapist
Rachel	Female	Black	Doctorate	Therapist
Leslie	Female	Afro-Caribbean	Master's	Intern
Paige	Female	White	Master's	LPC
Lillian	Female	White	Master's	Therapist
Joann	Female	White	Master's	Therapist/CM supervisor
Amelia	Female	White	Master's	Therapist
Garry	Transgender male	White	Master's	Residential technician
Janice	Female	White	High school diploma	Department leadership

Faye

Faye identifies as an adult White female whose highest degree obtained is a bachelor's degree. At the time of her experience, she worked for a nonprofit mental health organization in West Virginia that mostly focused on youth and was located in more than one county. The team she was on was small, consisting of only four people, and her position at the time was within their prevention department where she also assisted with leading the area coalition. She did not elaborate on the size of the organization or the state in which the organization was located.

Annie

Annie identifies as an adult White female whose highest degree obtained is a master's degree. She worked for a larger community mental health organization located in West Virginia. She noted a few hundred employees worked for the company. The organization served those

who received state health insurance, Medicare, private insurance, and charity care. They also had grant programs. During her time there, she had several roles including technician, crisis supervisor, and therapist. Annie began her supervisor role with her bachelor's in social work and then obtained her master's in social work while employed there. This is important to note as it played a role in her experience at the organization.

Rachel

Rachel identifies as an adult Black female whose highest degree obtained is a doctorate degree. She worked for a smaller private practice in Georgia that provided therapy services mostly for the Black population. Employees at this organization were remote, independent contractors, and less than 20 employees were working there. She also noted that at this practice, all employees were Black. Her role at this organization during her time of employment was a therapist. At the time of her interview, Rachel was finishing her last week of employment at this organization.

Leslie

Leslie identifies as an adult Afro-Caribbean female whose highest degree obtained is a master's degree. She works for a medium-sized nonprofit in Florida with a focus on mental health issues, especially for the indigent population. She noted that less than 50 employees are at the organization. Most clients were served through grant programs; however, some were able to pay for the services. At the time of the phenomenon, she was a counseling intern. Leslie continues to work at this organization; however, she is currently exploring options to leave soon.

Paige

Paige identifies as an adult White female whose highest degree obtained is a master's degree. She worked for a smaller private practice trauma counseling center in an urban area of

Texas with less than 20 employees. While working there, she was first an intern, then a provisional counselor, and then a licensed counselor.

Lillian

Lillian identifies as an adult White female whose highest degree obtained is a master's degree. She worked for a large community mental health agency in Ohio with several hundred employees. During her time at this agency, she held several roles including a home-based therapist, outpatient therapist, and a school-based therapist.

Joann

Joann identifies as an adult White female whose highest degree obtained is a master's degree. She worked for a private organization that was structured like a community mental health agency in Ohio. This organization served mostly Medicare and state insurance recipients. Joann is a licensed master's level social worker. Joann had several roles while working for this organization including a therapist, case manager supervisor, and then back to therapist.

Amelia

Amelia identifies as an adult White female whose highest degree obtained is a master's degree. She worked at a medium sized community mental health agency located in Ohio that served children primarily but had other sites that worked with adults. At her particular site, there were less than 20 employees. During her employment at this organization, Amelia was a therapist who worked with children. Amelia is also a licensed master's level social worker.

Garry

Garry identifies as an adult White transgender male whose highest degree obtained is a master's degree. He worked for a large community mental health organization in West Virginia as a residential grant technician. During the time of employment, Garry's highest degree level

was a bachelor's degree, which is important to note as he feels it impacted his decision making at the time of his experience, which will be discussed later.

Janice

Janice identifies as an adult White female whose highest degree obtained is a high school diploma. She works for a non-profit in West Virginia that provides mental health services geared toward women. The organization has less than 75 employees, and her role at this organization is in a leadership position within one of their departments. Janice still works at the organization at which the phenomenon occurred.

Results

To best understand the results of this phenomenological study, both the identified themes from interviews and responses to the research question are discussed. Researchers have several options when working through data analysis to help with thematic development including manual analysis and software analysis. For the purpose of this study, the researcher chose to use software to help with the data analysis and subsequent thematic development. Creswell and Poth (2018) explained that use of software during data analysis helps with the validity of the study and the ability to have a smooth process while examining and sorting the data. Delve Tool was the software chosen, which allowed the transcripts to be uploaded to a secure site to help code the data from the interviews into themes. To protect the anonymity of the participants, transcripts were saved with their code number and all identifying information was removed. Furthermore, only the researcher had access to the password for the software and computer used for the study.

Before discussing the themes identified in the study, it is important to understand additional dynamics of the lived experiences of the participants. Included in this is the role in which the perpetrator worked at the time and a more specific breakdown of the type of

organization in which the incidents occurred. Figures 1 and 2 below show both of these data points.

Figure 1

Role of the Perpetrator

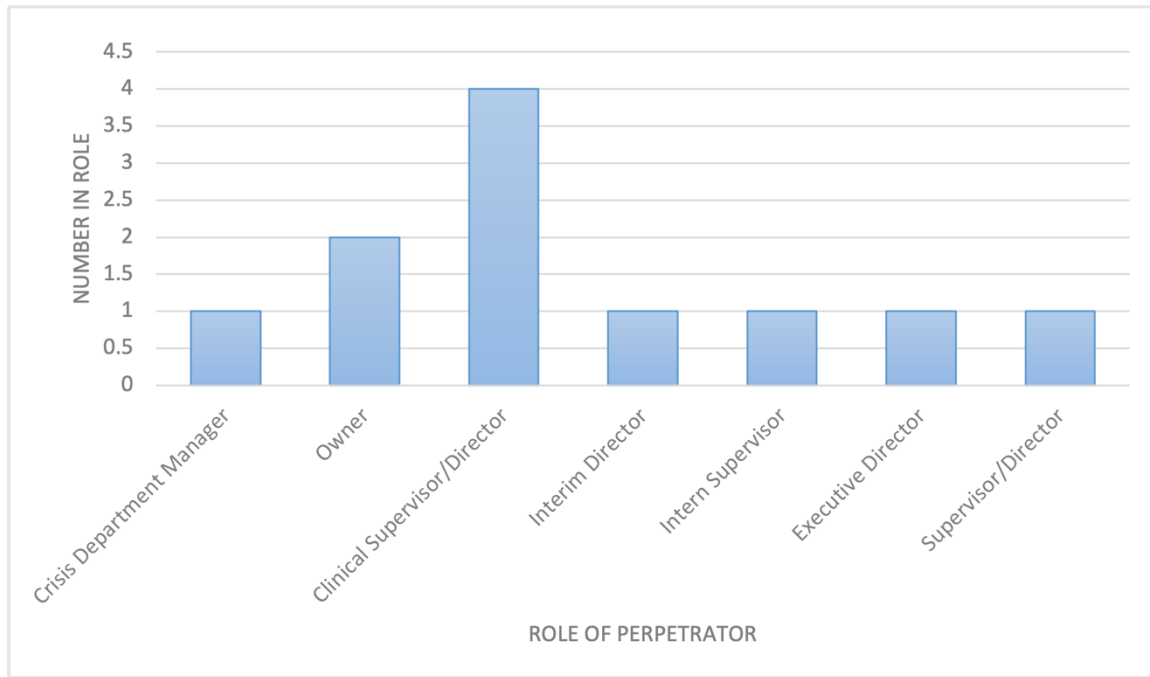
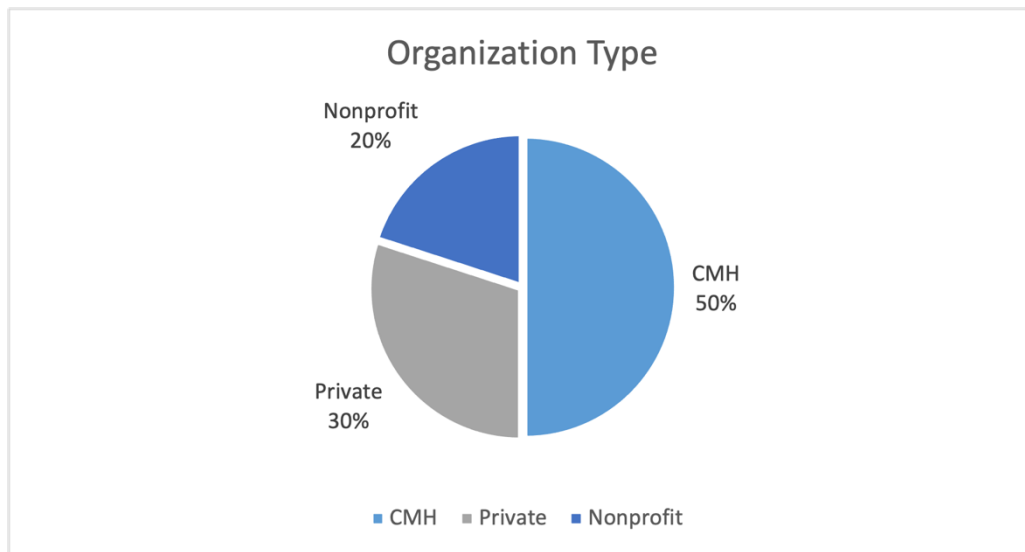


Figure 2

Type of Organization



Theme Development

Themes were able to be identified during the data analysis process through the use of Moustakas (1994) horizontalization method. During this process, the transcripts of each interview were evaluated carefully to identify any important phrases or statements made by the participants (Creswell & Poth, 2018). These phrases and statements were then separated into clusters, which helped identify pertinent themes from the study. To better organize the data, clusters were original broken up into the 15 questions that were asked during the interviews and then further broken down into themes within those clusters based on what statements and words stood out as pertinent in the interview. To help prevent researcher bias from affecting data analysis, the researcher used the bracketing method before and after interviews as well as prior to the data analysis process (See Appendix G). This method helped the researcher have a much clearer mindset when meeting with participants and looking at the data, which is a vital part of the process (Chan et al., 2013). While investigating the data, themes that emerged were both surprising and not. Following identification of the themes, participants were emailed a short description of what was identified and asked for any questions or additional feedback (See Appendix I). This form of member checking assisted with the credibility and validity of the study and the data analysis that occurred (Creswell & Poth, 2018). No participants responded with any disagreement to the themes that emerged in the study. The following table shows the codes identified during the data analysis process.

Table 2

Code Identification for Theme Development

Identified theme	Number of participants
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Themes identified

1. Policies (lack of workplace trauma policies)	10
2. Trainings (lack of workplace trauma trainings)	9
3. Coping mechanisms (what participants used)	10
4. Negative or lack of organizational response	10

Research Question 1

5. Psychological abuse	5
6. Gaslighting	5
7. Feeling stuck	4
8. Verbal abuse	6

Research Question 2

9. Toxic work environment	7
10. Money or productivity focused	5
11. Negative culture	6

Research Question 3

12. Mental health consequences	8
13. Physical health consequences	6

Research Question 4

14. Long-term physical health consequences	2
15. Long-term mental health consequences	5
16. Long-term positive outcomes	4

Theme 1: Policies

Surprisingly, 100% of participants identified that they were either unaware of or their organization had no policies in place to help employees deal with workplace trauma. They were also asked if there were any policies in place to deal with workplace bullying, and all of them had varying answers. However, 50% of participants reported the organization had no policy in place, and 10% could not recall if there was or not. For the remaining 40%, the organizations had policies in place, but the type of policy varied.

Both Leslie and Garry's organizations had open door policies; however, neither organization honored that policy. Garry stated, "they claim they had an open-door policy where you could go above their heads, but if you did, you kind of already knew there was gonna be repercussions that would kind of fall down the line." Annie's organization also had an open-door policy that was not followed. She stated:

I know that there not necessarily a bullying one, but there was a whole if you complain, or like if you have an issue with someone, and it's not resolved, and you go to HR. Like it's supposed to be like they can't like come after you, they can't harass you. They can't reprimand you for that. Uh, like that was supposed to be a thing, but that was never followed. Like you're supposed to be able to make a complaint, and it be anonymous. And in confidence and or confidentiality and like it never was. Like everybody knew about it...When I was a supervisor, somebody went to my supervisor and complained. I knew about all about it before the issue was even resolved. If it was ever resolved. So, I know that was a policy, but it wasn't one that anybody actually followed.

Leslie reported that staff did not feel comfortable using the open-door policy, and the culture at the organization did not allow for employees to use the policy: "no, nothing was really done if you went to someone. There was really nothing you could do."

In contrast, at Faye's organization, the policy stated that you had to approach the person with whom the incident occurred, and then, you could go to others: "first, we were supposed to go to that person specifically and express concerns of how you felt. If that did not work, go to our supervisor, and if that did not work, go to HR [human resources]." And at Rachel's organization, she stated that there were no policies in place, but instead "because it is a private practice, it feels like the rules are made up as you go." Finally, at Paige's organization, they had

someone hired to create a policy and procedure manual; however, the person quit without creating one. She stated that instead “as far as any kind of organizational, umm, operating procedure at all, anyway, everything was always changing with them.”

Theme 2: Trainings

Another surprise during theme development was that only one participant identified having any training in workplace trauma. Janice reported that her organization provided compassion fatigue, de-escalation, communication skills, and team building exercises. The only type of training that came close to potentially being identified as assisting with workplace trauma outside of Janice’s organization was learning de-escalation techniques, which both Garry and Faye had in the form of crisis prevention techniques. Annie stated that they were taught de-escalation techniques; however, they did not actually help with de-escalating a situation.

Some recalled only receiving corporate training like how to do the documentation and CPR/first aid. Some therapists received in-house offerings for therapeutic technique trainings and others were offered none at all. At Paige’s organization, they used the therapists in-house to complete the trainings:

It was usually a - here's a hat with a bunch of different types of counseling modalities, and you're gonna draw one out, and next month you get to teach everybody that at the staff meeting - that would have been the extent of it. There was never any training outside of outside of that.

Joann’s organization held the therapists responsible for their own training because they were all independent contractors. She stated:

We were independent contractors, so we were responsible for our own trainings.

Occasionally, they would, um, they might host something on site. They did do at least a

monthly meeting. I don't think we ever did like any formal CE [continuing education] trainings.

Lillian's organization focused on therapeutic techniques as well. She said she was able to be "certified in collaborative problem solving, which is just an approach that you use with families to try to teach kids like thinking skills and things like that. And they had us do neurosis, neuro-sequential model of therapeutics." Finally, Amelia reports she was able to receive "trainings on substance abuse with adults for the most part, so lots of motivational interviewing. I did receive consultation for TF CBT [trauma focused cognitive behavioral therapy] with an external consultant." However, at her organization, training was not prioritized over productivity, so not many were offered.

Finally, in several, not all, interviews, it was discussed whether the person who perpetrated the experience had received any training in leadership or supervisory techniques. One participant, Janice, believed there had been training because the person in that role had to have a degree. However, 50% of participants knew of no training that had been received. The two, Annie and Joann, who had moved into supervisory roles during their time at the organization had received no formal supervisor training when moved into that role. Amelia noted that the clinical supervisor with whom the experience occurred had no expertise practicing with the population being served. Additionally, Rachel noted that the owner of her organization had opened and closed two other practices prior to the one at which she worked.

Theme 3: Coping Mechanisms

While meeting with participants, they identified what coping strategies they used to help them while going through their experience. Twenty percent of participants reported using no coping strategies at all, and one participant admitted to using avoidance. Annie said:

And then I would just get so angry, and I'd lash out at everyone around me because I felt like I had no outlet. Because you know, a lot of people, they go to the gym, they do yoga, they find music or whatever, and I felt like I didn't even have time to think about 'Ohh Annie, what outlet would you like to do?'

Faye felt that "there weren't any like coping skills that I could do." Furthermore, Paige admitted to using avoidance to help her through. Three of the participants, Joann, Amelia, and Rachel all reported using therapy to help them through what happened. Rachel viewed therapy as a form of self-care stating, "people may not think of therapy as self-care, but that was like self-care cause I needed a place to release." Amelia reported:

So, I did seek my own therapy. And they really worked with me just on mindfulness, and honestly, doing a lot of CBT with myself about like, I am a good parent, like, I'm protective of my children.

She was not the only person who worked on cognitive restructuring. Rachel reported this helped her not only get through the incident but during further incidents that happened as well. She stated that reframing her thoughts was necessary for survival, and because she was challenging negative thoughts, "you could tell there was a shift in me and so she [abusive supervisor] could tell there was a shift in me, and she don't like that shift."

Other participants focused on taking walks or breaks at work. Leslie reported, I told them I will only work for them if I have an hour's lunch. So, I go for a walk, and I leave the building, clear my head, and then I come back in, and I finish out the rest of the day, and I do what I can.

Lillian also used mini breaks during the day stating, “so, I would take times where I would take maybe 5 minutes, go for a walk. Yeah, I walked to the bathroom. Go get a drink. Just - just trying to get through my days.”

Several participants relied on family members to help them cope. Lillian and her husband would take random road trips on the weekends:

Me and my husband did start kind of where on the weekends, we would just say, OK, let's just go somewhere random. We kinda started trying new places and things like that. Like just to get away from the area because I felt so, like consumed by it.”

Garry also felt that his spouse was supportive through what was happening stating:

I don't know that I really had any, like, great coping skills. At the time, I was going through a lot of personal family issues as well with people not accepting. So, I had a lot of stressors at home. Typically, I would just kind of spend time with my spouse and we would watch TV, or, you know, just try to do something nice together just to get our minds off of what was going on.

Rachel also reported having support from her family; however, she also had support from a clinical supervisor outside of the agency and a personal therapist.

Finally, additional coping skills were utilized by participants. Faith was mentioned as a coping mechanism by both Rachel and Janice. Janice reported that she prayed a lot while going through her experience. Rachel also reported that she found sound therapy, massages, and journaling to be helpful. Crying was also a coping skill that most participants utilized. And lastly, Amelia utilized the support of a mentor at the agency in which the experience took place. She stated, “so the therapist who had been at the Agency for 10 to 12 years was a wonderful mentor

to me. So, she was very supportive. I started leaning on her a little more for clinical guidance and support.”

Theme 4: Negative or Lack of Organizational Response

Surprisingly, 100% of the participants identified negative or lack of organizational response to the phenomenon when it was brought to the attention of others. For example, Annie’s organization knew that her supervisor engaged in abusive behavior. She reported:

They didn’t care, you know. Like it - it was very obviously known that there was an issue with my supervisor and how she treated people, and how, like even the [redacted to protect anonymity] in general was ran. Like it wasn't ran like it was supposed to. Policies weren't followed. All this stuff, and it was very well known, but nobody did anything. You know, like I know that her boss would blow up and scream at her, but that would be it. And then they'd go about their day and nothing else would be said. So, there was no like action taken against her. Like it was just let go, and ohh, it's not that big of a deal. Like people knew it was happening. HR knew it was happening. Her boss knew it was happening. Like people within the agency in general, like other employees, knew it was happening and nothing was done.

Amelia had a similar experience in that the behavior of the supervisor was known, but the organization did not want to address it because of how difficult it would be to hire someone else:

But it seemed to go on for quite a while if that makes sense. Under the guise of well, we can't get independently licensed people who want to work for this pay, so she's what we have. They didn't seem to take it seriously. It's well, we know it's a problem, but there's nothing we can do. Our hands are in the air. I mean, honestly, the agency was the same way when we had therapists who weren't doing what they were supposed to or being

ethical. They'd kind of throw their hands up and say, well, we can't get people to work here. So, we're gonna have to work with them. And it's like, okay, you're just making excuses for her behavior, their behavior, whatever's happening.

When Faye addressed the interim supervisor's behavior with human resources, they did not address the situation either. She stated, "they never kind of brought it to her attention. How she was making other people feel. So basically yeah, it was just like. They like heard me, but they didn't do anything about it."

When Leslie addressed the issue with the director who in turn spoke with the supervisor, it was made to seem as if Leslie was making up the story of what was happening. She reported, "I would talk to him [the director] and then he would talk to her [the supervisor], but then she would be like, why you, you know, essentially what are you talking about?" Paige had a similar experience when she attempted to address the issue with the owner of the private practice at which she worked. The response she received from the owner was not to address the situation and instead doubt Paige's story:

And it was really a gasp of wow, really. She's my most trusted person here, you know, she was my administrative assistant. And in spite of everything, uh, I trust her to umm make decisions that were right for the agency. So, you know, maybe open your heart a little bit more to what she has to say. Umm, so it was not. I don't know if it was that um, she didn't believe me, or she didn't want to, but it - it was kind of just like, you know, she's so very nice and has the best intentions. And I'm sure that you're misreading um what she's saying to you. So, nothing, nothing happened.

Joann's organization responded to the issues she was having by first making a person at the organization with whom she was having issues a co-case manager supervisor. She stated, "she

would start overstepping into um case managers and trying to essentially supervise them, and well then, when I brought it up, they made her case management supervisor too.” When there was another situation with this co-supervisor and Joann brought it up, the organization responded by demoting her from her position. She reported,

the conversation that we [Joann and the director] had wasn't that he was firing me, but that the other case manager was gonna be taking over all of the case managers. So, they were shifting everybody's supervisees over to her.

When Rachel began to stand up for herself at the organization, she began to experience what she coined retaliation. An example she gave during her interview was that when she refused to go from an independent contractor to an employee, she stopped receiving referrals. She reported:

When I did not agree to going to from a contractor to an employee model. Again, another vision of the owner. I didn't get referrals for a month. I didn't get referrals for a month, and then I got an email leading into the second month saying, hey, we thought you were overwhelmed, but here's a referral. I never - you never communicated anything, but you could definitely tell. Oh, this was retaliatory action.

Additionally, Garry reported that he began to experience other types of workplace issues including lack of accommodation that he previously was able to have:

I had an injury that was a pretty chronic injury that management had known about when I had started back there, and I explained to them I couldn't write long hand that I needed to type, and they all of a sudden changed the policy of - they at first, they were like, OK, that's fine. That's no problem. And then they started giving me a hard time about getting, like, a medical excuse from my doctor. And you know, not accommodating me and

telling me I had to handwrite until they had the note from the doctor. And I mean they had known about this for months and months ... it wasn't like it was a new thing.

Lillian began to experience write-ups and negative comments on her performance evaluations.

When she finally put in her notice, she noted she was treated:

rude as shit. They would not tell me where my kids were going, umm, as far as another therapist, until 2 days before. So, I was forced on my last 2 days to spend every waking moment because, see, they knew. They knew that at the end of the day, I wasn't gonna let the ball drop for the kids.

Janice struggled because her experience was with the director and another program supervisor at the organization at which she works. When Janice attempted to address the program supervisor's actions, they were not addressed by the director. She noted she did have some support from her immediate supervisor: "my immediate supervisor, uh, was there to listen to me, because I did talk to her some throughout this process." However, it was not until years later that the director of organization addressed the situation with her and realized the mistakes made.

Research Question Responses

This transcendental phenomenological study strived to focus on the stories of those who had experienced workplace trauma by an abusive supervisor or management more than 1 year ago and while working at a mental or behavioral health organization. Questions asked during the semi-structured interview were developed based on the research questions for the study.

Research Question 1:

The first question, which focuses on the main topic of the study was: **What are the lived experiences of those who have experienced workplace trauma via abusive management in the mental health or behavioral health field?** While each of the lived experiences of the

participants were unique, they all experienced trauma because of the supervisor or management team at the organization where they worked. For example, Annie, who was a supervisor herself at the organization, was never allowed to be off even when sick and would have to have prior permission to leave town because she was still expected to be on call. She reported:

At one point I was at home whenever COVID happened because I had caught COVID, and I was expected to answer from like all my staff calls. I was expected to work from home on my laptop. I was expected all of that. So, I'm at home sick with COVID, and I'm still working. I'm still answering calls. I'm still answering questions, so if I had to call off because I was sick, there was no calling off, because I still worked from home. You know, like in the beginning when I became a supervisor, you know, my first vacation I went on whenever I became a supervisor, I went to the beach and I thought, ohh, they're not gonna call me, you know? Like they'll have somebody else. No, like, I'm sitting on the beach trying to relax, and I have staff blowing up my phone asking me questions about insurance, asking me questions about admissions, asking me all these questions that should have never happened. So, there is no time off.

Theme 1: Psychological Abuse. When meeting with participants, one of the most common themes that was continuously discussed was that of varying types of what would be coined psychological abuse. When Joann put in her 30-day notice, she experienced feelings of being unwanted. She stated:

Everybody in the agency was told to end any basically and any, um, social relationships that they had with me. All of the upper management became very cold. I worked out my 30-day notice, but I'm not gonna say it wasn't torture, Hell, every single day. Because, you know, going into a workplace where you know you're not wanted is very, very hard.

Janice's experience was unique in that the organization for which she works also handles a type of situation Janice was going through personally. She had asked the director to not handle it in the manner they would for others; however, that request was not followed. Instead, Janice reported experiencing defamation of her character as well as being pressured by the director and another supervisor to do things she did not want to do, which would be how they would handle it with anyone else. She noted,

you can only say that you don't want somebody to go with you [to handle the situation] so many times before you surrender. I felt like I was, you know, not making good decisions for myself, or, you know, I didn't really know.

In further explanation, she learned that at the organization others began to know things about her that they should not have because it was shared by the director. She reported, "a lot of different things were said that really just, yeah, defamated my character ... What it came down to was they gossiped about me for 2 days."

For Paige, she experienced feeling as if she was unable to do therapy correctly. She recalled an instance when the supervisor came into a therapy session with a client and questioned her during the session about how she was going to address the client. She stated, "I had sessions with them and like in the middle of it, she would say, oh Paige, I see he's wringing his hands. Like, are you not going to address that?" Faye described that the team she was on struggled with the new interim supervisor's actions and they were afraid to say anything. She noted, "I feel like everybody has to walk on eggshells around that person because they don't know how she will react." Amelia described how her clinical supervisor made her feel as if she should not be a therapist and made the wrong decision to work in the mental health field. When Amelia experienced vicarious trauma working with a family, she had decided to discuss the issues with

her clinical supervisor because her actions at home as a result of the vicarious trauma were worsening. She reported:

She was always very quick to blame for things. So, I was anxious about talking to her about it. But you know, after being pushed by people, and really recognizing like, this is not okay, I can't enjoy my children. This is not okay. I did talk to her. And her response was - looking back - completely inappropriate. So, she became hostile and bullying in that individual session, really calling me out that that's not a typical response. But I must have undiagnosed anxiety that I needed to go see a psychiatrist about this, that if I'm going to have vicarious trauma from this mild of a trauma, then I shouldn't be doing this work. Like maybe she shouldn't sign for my independent license; just all of these like horrible statements that really made me feel like oh, there's something wrong with me. This isn't I've heard this story from every different angle, and my poor brain can't handle it anymore. This is you're not meant for this work. This is you're a bad therapist, I don't think you should ever be independent, that sort of thing ... She figured out what she needed to say to me, to make me feel worthless, and like I had wasted my time becoming a therapist, and that I was never going to amount to anything. That pattern just continued that anytime we had a group supervision or a training like it would kind of come up like when I got assigned new cases it would be brought Again, oh, I'm not sure if I should give you this one, I don't know that you're cut out to handle this.

Theme 2: Gaslighting. Further psychological experiences that participants had included that several of the participants felt as if they had experienced gaslighting when trying to address issues with the organization. Annie reported:

It's just whenever you try to address the issues. It was kind of like gas lighting and in a sense of so like I remember one time I had a really hard issue with the nurse, the charge nurse, who didn't have an RN. So, I don't know how they were even in that position, but I went to my supervisor to have the discussion of this is wrong and it had to do with a client and how the client was treated. And it was. Oh well, that's not really what he said. You didn't hear him say that. You just heard him wrong, and it was like gaslighting into you to make it seem like ohh well, that's not what really happened. Or that's not the correct situation and you're wrong. He's fine because that person could do no wrong.

When Faye tried to address the issue, she was having directly with the interim supervisor, she was told she should not feel the way she does. She stated the supervisor said, "You shouldn't feel this way, because that's not what I meant." Paige also reported feeling as if she was gaslit at the organization as well, unsure of why she was a target to the person with whom she had issues at the organization. Rachel also reported experiencing the feeling of being gaslit. She stated, "I was gaslit like constantly. I was being gaslit, so it helped [seeing a therapist] because when you're being gaslit as you know you it's a you start believing some of that stuff." When Joann was demoted from her position and was meeting with the owner, she reported feeling as if she had also been gaslit: "[he was] trying to gaslight me and say that, well, we - we offered you that same opportunity, but you turned it down, which was not true. They did not offer me that same opportunity."

Theme 3: Feeling Stuck. While working at the organization, several of the participants had reasons that led to them feeling stuck at the organization with no ability to leave when they were going through their lived experience. For example, Garry reported feeling stuck because he only had a bachelor's degree and jobs were difficult to obtain where he lived. He stated:

I felt like I was kind of between a rock and a hard place because I didn't readily have, you know, I didn't, I didn't have a lot of education on the outside. My bachelors, there tends to be a ton of competition for jobs at that level, so I didn't feel like I had a lot of leverage to be able to make complaints higher up because my understanding is little from the law at that time was that there were no local ordinances or even state laws that would have protected me in the workplace for being out.

Annie was working through her master's program while working for the organization, and her placement was also there. She noted:

I was going through school, they were doing a placement with me and, you know, I couldn't just leave. I needed it to continue my education, so like in that part of it was extremely frustrating because I felt so stuck.

Leslie was also working at the organization while in school. Her experience was a little unique in that the director also contacted professors at the school. She reported:

It was adding more stress on me on top of being a student and then, you know, knowing that she also contacted my professors because I asked a lot of questions. I'm one of those learners and she said I was being argumentative. So, she behind my back, she contacted one of my professors who then emailed me and I'm like I have no idea what was going on and I had gotten sick, and I couldn't come in and she cancelled all my clients and never notified me that she cancelled the clients. So, I showed up, you know, and I - I showed up not feeling well because I knew that if I didn't show up, it was gonna be a negative against me. So that kind of - that to me that was kind of bullying and trying to use your power, you trying to control me in that way and not giving me the space, I need to one heal from being sick, two understand fully what I'm doing.

Lillian was working at her organization and also trying to get her student loans paid off using one of the special student loan forgiveness options. Because of this, she felt as if she could not leave the organization until the program was finished. She stated, “I decided to work through public student loan forgiveness program. Umm. And I was trapped there.” However, once her student loan forgiveness program was completed, she was able to leave the organization and start her own business.

Theme 4: Verbal Abuse. Several participants reported experiencing a form of verbal abuse by the supervisor or management team. For example, Joann recalled an incident in which the co-supervisor began yelling at her in front of others:

[the co-supervisor] just start screaming at me and I closed the door because I don't want anyone else to hear her screaming like our supervisees, the records lady across the hall, other therapists, clients that are coming up the steps.

When she addressed this with management, she was eventually demoted from being a supervisor instead of management addressing it with the person who was verbally aggressive. Faye also described an incident in which the interim supervisor began yelling at her in the hallways of the organization where others could hear. She reported:

And then she started getting angrier and angry and started yelling at me ... I found out from another department that was on the same floor that everyone heard her screaming at me. So, they heard how she was talking to me. They heard her screaming at me and they could not believe it.

For Faye, that was not the only time during which she experienced verbal abuse by the interim supervisor/director. She also recalled another incident and stated:

And like she was standing up, flailing her arms and everything. And I'm just like, sitting down, like listening to her complain and, like, victim blame me. And then I started getting mad when I get mad, I like cry. So, she, like, pointed it out that I was like starting to tear up, which made me even more mad.

Paige also described an instance when she had a confrontation with the supervisor but behind closed doors. She recalled:

There was no one around, and I asked the owner a question about a client and - and then I walked back to my office and "P" [clinical director] like b-lined to my office and shut the door and chastised me for speaking about client outside of my office when they're literally was no one there. But yeah, it - it started very soon with just, like, really petty things. And then it just kind of got worse, and I just don't think she liked me. And I think that she wasn't able to be diplomatic, I guess.

When Lillian was assigned to do a therapist's caseload within an entirely different program and she declined, the supervisor stated to her, "that's what you get paid to do and you should appreciate that we didn't fire you during COVID." Later, she was reprimanded because she had only agreed to do the work for 30 days. However, this reprimand was given to her by her new supervisor as the one who originally assigned the task was promoted in the interim. She recalled, "and she [new supervisor] handed me a reprimand from the other boss that was promoted [boss she had when assigned the new caseload] that I was not a team player because I wouldn't volunteer to go to the residential and work." Garry's management team alluded to the fact that he would be fired if he was open regarding being transgender. He stated:

And it was indicated that I could be fired if I did try to be out at the workplace ... So, in order to keep my job and be able to make some money, I kept my mouth shut and kept working. But it was it was horrible. It felt absolutely awful to be in that position.

When Leslie tried to reach out for help in training for her position, she felt as if every time she was being interrogated and never assisted. She reported, "It was more kind of like an interrogation. I felt like that she was always just asking additional questions ... And then if I asked too many questions, she got flustered and she didn't wanna answer them."

Research Question 2:

The next research question to be answered focused on the environment of the organization at which the participant worked at the time of the experience: **How did the participants describe the environment of the organization in which the workplace trauma they experienced took place?** During the interview process, two themes frequently came up when the participants were asked about the organization's environment: toxic and money or productivity focused. In fact, 70% of the participants described the environment as toxic, and 50% of the participants described their organizations as money or productivity focused.

Theme 1: Toxic Environment. Joann described her organization's toxicity as becoming increasingly worse when the son-in-law of the owners was hired. She stated, "you know ... it was very toxic. They would pit employees against each other." Annie had left her position for another within the same company and realized at that point it was not just an issue with the supervisor. She reported:

Thinking that if I left the position I was in and went to a different department thinking, you know, the grass will be greener over there, and it really wasn't. Because I found out

that it was more than just my supervisor who was toxic, and there was more to the agency than when I had thought.

Garry described his organization also as toxic. He noted, “very toxic. I think that that would be probably the best descriptor and not at all inclusive.” Rachel also reported that her organization was toxic by manipulating others and for other reasons. She stated:

[It was a] very toxic environment where there is, and what I consider to be a toxic environment is an environment, that it, the truth, the whole truth is, is never revealed. What else makes it a toxic environment? Kind of goes back to when I said the rules are kind of made up as they go along. Umm, recently because the owner decided that this was a rule that all your notes had to be in before your pay period. Umm, or you won't get paid. That was never communicated. So not myself, but another therapist ended up not getting paid.

Amelia had not realized how toxic the organization at which she worked was toxic until she participated in this study:

Honestly, I think just the more I'm talking about it with you, like, I didn't realize how toxic they were at the time, because it was one of the first agencies I worked at, it was early in my career. But more and more like just the way they fired people, they would hire somebody so that they could walk somebody out, and that they've walked people out on vacation. And they were like, just pretty toxic in general. Like I don't- I think you either became toxic yourself or you left. To be honest, I think that was the deal with the case managers is they'd all been there so long, that they just felt like you should treat people horribly, essentially, because that's the culture and if you're not tough enough, like get out.

Paige described her organization as both toxic and sketchy:

You know, it was toxic. It was pretty toxic, and it was umm, I think the other counselors they were, I think, kind of squeaked by what they were supposed to be doing, and they had a QH - what was that – QHMP [QMHP or qualified mental health professional] who were doing straight up counseling? Umm, but it was just it was just sketchy, like all the way around. You know, like the other counselors and I, not those two, you know, we would all get together and go, oh my gosh. Like, why are we doing this? I'm not qualified for this.

Finally, Lillian also realized her organization's toxicity when she was denied the ability to have a printer to help with her workload and had to meet with the regional director about the situation:

Literally in the meeting he looks at me, he says, well, I can be an asshole, but blah, blah blah. Basically, I wasn't gonna get what I wanted, and I said that's OK. I could be an asshole, too. I just – I - I was starting to get fed up with them. So, that was the initial point in time where I noticed things were like just getting really just toxic.

However, one participant, Faye, did not describe her organization as toxic and instead reported “as a whole, I thought the organization was really helpful to the community.” And while Janice's perception has changed drastically since the phenomenon occurred, she described her organization as “very mission focused.”

Theme 2: Money and Productivity Focused. A focus on a person's productivity, which resulted in more income for the organization was also a common description of the environment of the participants' organizations. Rachel noted, “money was definitely put first over clients.” Leslie reported failure to meet productivity resulted in negative evaluations: “Yes, yes, there are productivity standards, and you need to meet them. Or you get evaluated negatively.” She also

reported that the clinical manager was willing to talk to her as needed, but the focus was always on money. She stated, “you can come and talk to me [clinical director]. But then - she now starts, cause it's all about money, and became very, very numbers, and we have to make this and have to make that.” Lillian also felt her organization focused on the money. She stated, “there was a big emphasis on money, too.” Furthermore, she stated, “there would be things - there would be things like they press or pressure you a little bit about productivity.” At Amelia’s organization, the focus on productivity was so high that employees would be fired on vacation. She reported, “if you were getting fired for productivity, chances are they would call you while you were on vacation or if you took a day off to tell you just not to come back.” She was an employee who had been hired, and when hired, a therapist was fired, and Amelia was put into that therapist’s vacated position. She also reported that case management staff would work hard to refer clients who did not need a service just to increase the billing. She stated, “[case managers were] referring clients who didn't need the service, UM, because they wanted them in the service to make money. “

Theme 3: Negative Culture. Garry had noted the environment of his organization was different the first time he worked for the organization compared to the second time, which he attributes to not being open regarding being transgender:

The very first time, I was pretty new to social services. I was also not out as transgender. And so, you know, the environment was fine. Uh- you know, I generally did OK with my coworkers. There was some pettiness, but nothing like major. But this time when I returned to the agency, I had started my transition and was - was more, and I noticed a lot of kind of offhanded, disparaging remarks that were made. And just people kind of pointedly calling me my dead name rather than using the name that I - I even introduced

myself by so it – it - it made me not feel the greatest. It felt very hostile in general. There was only a couple of people that I really actually got along with at work.

When Annie was asked to describe the environment of the organization, she had mentioned that it was toxic. However, she also reported additional details regarding the culture of the organization:

Uh, so I feel like I wasn't trained, especially going into a [redacted to maintain anonymity]. You would think that they would have more training. I mean, they did like very basic UM, like they taught you how to like, do you escalate a situation, but you weren't really taught how to deescalate a situation. I remember doing trainings and everybody had the answers printed out already, and they just handed them to you. So, you get a passing score, so you weren't really fully trained. You were expected to just kind of like figure it out on your own. Uh, I mean, there were times that, like, I was left, and it was just me. And like you're supposed to have groups, and I couldn't facilitate groups, and I was just kind of left there. And then whenever you would mention it to anybody, it was, oh, that didn't happen. Like everything was just like swept under the rug. And anytime you tried to tell the truth about it, everyone was like, no, that's not true. That's not really happening. And then everybody would lie and cover up. So, they didn't get in trouble.

Finally, she also noted, employees had a difficult time when they did not agree with something happening. The culture of the organization was described as hostile, and she reported “if you don't agree, it's kind of like, well, you're gonna be, like, reprimanded until you agree. Like, I'm not gonna say you're being reprimanded, but you are.” Joann’s organization also created hostility

in a similar manner. She stated, “so it created this, this vibe of don't step out of line, or it'll be you next.”

There were additional environmental descriptions that participants identified during their interviews. For example, Joann described her organization as having a lot of nepotism and stated, “it's all very family run. So that's the dynamic.” However, she also compared the organization to a relationship and noted, “I see my naivety now this [a legal issue the organization was experiencing] should have been a red flag. It's kind of like an abusive relationship.” Amelia noted confusion in the roles that employees had at her agency:

I think there was a lot of just internal conflict, I think about who knew best whose responsibility was what, if that makes sense? A lot of misunderstanding. This agency, like a couple of the therapists were BSW s and providing therapy, which I am not a big fan of, frankly, they don't have training in therapy. They didn't seem to be getting training in therapy from the agency. So, there was just a lot of turnover and a lot of conflict amongst staff, it often seems like, to an outsider's perspective, I think that the case managers were trying to get the therapists to quit, like they throw therapists under the bus at the first opportunity.

Additionally, Leslie reported feeling as if the environment was very stressful:

It's pretty stressful actually. Because you're just working constantly. There really is not much time for clinicians or interns to kind of get together and talk about certain clients or anything like that. So, it's very much work, work, work, work, work, very busy and business oriented.

Rachel also noted that the organization never discussed when employees left. She reported:

Something that's unique is whenever someone left, there was never a conversation. It was just like the person disappeared, but it was like this. A thing that we no one would say, you know, like, hey, what happened to such and such? We see that they're not showing up anymore to the meetings and it just was. It was like it was known an unwritten rule. You don't speak of it, and you just keep going on.

Conclusively, the majority of participants negatively described the environment of the organization at which the phenomenon took place.

Research Question 3:

To better understand the phenomenon, the third research question focused on effects of the experience: **What short-term effects did participants experience because of this type of trauma?** When participants were asked how the experience affected them, every single one reported experiencing some type of mental health related consequence.

Theme 1: Mental Health Consequences. For Garry, the cumulation of what was going on in his personal life and now professional life led to some pretty serious thoughts. He stated: Um, I had a lot of anxiety even just thinking about going into work, a lot of feelings of like dread, you know of, you know, again being deadnamed and misgendered. Umm, I definitely became very depressed and even had some passive suicidal thoughts. Nothing I would have acted on, but it was still enough to definitely spiral me down into, you know. Lillian also really struggled with intense depression while going through what happened, struggling to even go to work most of the time. She stated, "I guess at some point I got to the point where I thought I just, I just didn't think I was gonna be able to live through it. Like, I just felt like I was going through a mental death." She also reported, "it made my life miserable."

Annie's depression was elevated to the point that she spent most of the time outside of work crying:

I cried every day. I'd go home from work, and on my way home from work, I'd cry. I would go to bed at night crying knowing I had to wake up in the morning and go there. Umm, on my way to work I would cry. Like that's all I would do. I was so frustrated. I was so unhappy with the way everything was going that I did nothing but cry. I was extremely depressed.

Rachel also reported that she felt as if "I went through a bout of depression."

Elevated stress levels were also a common reaction that participants reported experiencing. Leslie reported, "going through that was extremely stressful, and I felt like I was walking on eggshells every time I went into the building." She added, "ohh gosh, it was especially stressful when I was a student because of this person. She determined whether I graduated or not. So, that added stress on top of all the other stuff that I was doing." In addition to the depressive symptoms she was having, Rachel also reported increased stress levels. She reported:

Ohh, it was stressful. It has tested it, has tested parts of me. It has tested parts of me because it makes you feel like you're pigeonholed, and you're stuck. So, it has been very stressful. It has been very traumatic; I would never advise anyone to go and work for that practice because it breaks you down. It creates self-doubt. It will make you question if you are a good therapist. It will make you question, if what this person is saying that has these years of experience, if that's true, I mean, you know, I mean like that, that lends itself to the self-doubt. Umm, it makes you just not want to be a part of that environment and you feel like hopeless, you know.

Joann's stress levels increased significantly because of her health issues, which caused her to be "constantly anxious."

Self-doubt also was common among participants. Amelia reported:

I really was questioning if it was a waste of my time becoming a therapist, is this what I should be doing? Or not? Is my brain just broken, and I can't do this, this work? I really doubted myself for a long time there. Which career wise didn't help. That means I undervalued myself when I was looking for other positions.

Faye stated, "then after that, like if things happened, and I thought I did something wrong, I would get really upset and think that someone was gonna yell at me or get me in trouble." Janice also questioned her own instincts:

It really left me questioning what is right and what is wrong, right? Second guessing what I knew in my gut was OK and what wasn't OK and and not knowing how to really vocalize that um, without feeling judged or feeling like you know, maybe I was crazy, or I shouldn't be feeling this way.

Paige reported experiencing fear that the perpetrator, any time Paige saw her, was "gonna come and say something to me about something that I had done wrong."

Annie, Garry, and Leslie reported experiencing an increase in social issues because of what was happening at work. Leslie said she began to isolate more at work. She stated:

And then I just start just staying in my office, closing the door and staying in my office, coming in, closing my office. Doing what I need to do then leaving. So, there was no real like making connections there. So, I felt kind of isolated in that regard.

Annie admitted that the stress and depression she felt also led to anger outbursts at home:

So that took effect on my personal relationships because I would come home, and I'd be so sad and crying. And then I would just get so angry, and I'd lash out at everyone around me because I felt like I had no outlet.

For Garry, he no longer felt welcome at work, and said the feeling of being unwelcome actually worsened, "it made work feel even more unwelcome to be at. And I started making strides toward looking into changing jobs very shortly afterwards."

Theme 2: Physical Health Consequences. Finally, several participants reported experiencing an increase in physical health issues because of what they were experiencing at work. Paige reported, "[it] just turned my stomach when I saw her, heard her name, heard her voice, and I had a physical reaction." Rachel's physical health symptoms included migraines and gut issues. She stated:

I already have migraines, but migraines were increased. I was going through medications that I could have had for like 3 months. I was going through them like monthly. I was having to get monthly, my monthly refills. Uh-gut problems? Umm, I think I had since I've been there, I had to have an- another colonoscopy. UM, I had to be on like other medications because it was just irritating. Because that's where my stress goes first is really like my shoulders and my gut. And so, if I'm overwhelmed or something like, that's where it's gonna happen first. So, really poor gut, gut health. There's a tightness in my, tightness in my shoulders. Back.

Leslie also reported having more headaches, "I would get headaches all the time because I was so stressed out. I was always tense."

Lillian was told by a doctor she had to make changes because of the way the stress levels were affected her body:

I actually started having really bad stomach issues. I end up having to go to [hospital name redacted for anonymity purposes] and the guy looked at me. He's like you gotta cut back on your stress. Like you gotta make some changes because I mean, I just. I was such a nervous wreck every day.

Annie reported experiencing high blood pressure and feeling run down constantly because of what she was going through:

So, like, I was constantly worn down. Like, you know, like, I didn't just work 8-hour days. I - there were days that I would be there for 14 or 15 hours, um, and then expected to come back at 8:00 o'clock the next morning. Um, so that really took a toll. You know, like, I had a very hard time sleeping. When I don't sleep then that usually makes me sick. I'd have headaches all the time, and then it caused a lot of anxiety in general. So, for me, anxiety is more than just like the feeling part of it. Like, I get the racing heart, I get the headaches. I get where I feel like I can't sit still. Like I get all of that. So yes, it was anxiety, but there was a lot of physical parts that really affected me for that. And I think I got high blood pressure at one point, which they were talking about putting me on medicine for when I worked there. And then since I left, it's gone down. And that wasn't an issue anymore.

And finally, Joann's immune system became compromised, causing her to have serious infections. She stated, "during those, probably last three years, that I was there, I had MRSA [Methicillin-resistant Staphylococcus aureus] twice, I had, um, what was the other thing? Ohh, I - I have a dermatological condition that's autoimmune that was constantly flaring." In summary, participants experienced several types of physical symptoms because of their lived experience;

however, for many of them, those symptoms decreased once they removed themselves from the situation or organization at which they experienced the trigger to them.

Research Question 4:

Finally, the last research question focused on how this experience affected participants long-term: **What long-term effects did participants experience because of this type of trauma?** In exploring the answer to this question, the research can show how this type of workplace trauma continued to negatively impact the participants a year or more after the phenomenon occurred.

Theme 1: Long-Term Physical Health Consequences. During the interview process, Paige could feel some physical effects of speaking about the phenomenon she experienced. She reported:

Like, am I waiting for her to come through here. But it's it's wild because I've not ever sat and had a conversation with anybody about her behavior. But I actually can feel that I'm trembling at-my stomach is kind of turning a bit.

Lillian also reported continued physical symptoms associated with seeing anyone from the agency at which she worked. She noted, “And honestly, when I - when I see them, as bad as it is, and it's not anything that I don't think in their control, I always get like sick when I see them.”

Theme 2: Long-Term Mental Health Consequences. Psychologically, several participants have struggled long-term as well. Amelia reported fear of reaching out for help from her supervisor in a job she had several years after her experience. She stated:

Something I realized, I had another incident of vicarious trauma at a different job, probably five or so years after this initial event happened. And I am the best supervisor at the time, like, amazing mentor should have had no concerns about talking to her. And it

took all of my willpower to tell her that this was happening. Like, I was just so terrified to talk. Like, I thought she was gonna flip, and like, turn on me because I told her this.

Fear has continued to plague Faye in roles she has had. During her interview, she discussed an incident in which she had to meet with supervisors regarding something that happened at her current workplace and realized she continues to be afraid. When the meeting took place, she reported that she felt attacked. She stated, “I kind of just felt like attacked because two people that are, well one person who's not above me, but like the one is like a head of a department is telling me these things.” She also noted:

I do think there are sometimes where, and like I said, I'm a very sensitive person, and because I have mental health issues, sometimes I think I feel, umm I don't want to use the word, but like attacked when people are just trying to like suggest things.

Annie still cannot have the ringer turned on her phone. She stated:

Uh, so one of my biggest things is I cannot have my ringer on. I know that probably sounds crazy, but I cannot stand when my phone rings. Umm, I - I just cringe. You know, even though it's not work calling me anymore; it's not them calling me anymore. I still cringe. I hate it.

Janice also reported a change in her perspective because of what happened, and she has continued to struggle with decision making. She reported, “I tend to see the unhealthy things before I see the the healthy things and have to do a whole lot of like gratitude stuff to be able to kind of find my way out of that.” She also noted, “sometime after that for some, maybe some years after that, I would second guess my instincts.” She is one of the participants that has remained at the organization at which the phenomenon took place and stated, “I am still there, and I think it's because if you want me to be honest, I think I'm scared to leave.” Finally, Rachel

also noted continued fear. At the time of her interview, she was finishing her last week of a notice she had given at the organization at which her experience occurred. She stated, “it's the [fear of the] unknown, you know, but I'm really working on not like fortune telling, you know.”

Theme 2: Long-Term Positive Outcomes. Some participants were able to identify positive long-term outcomes because of their lived experience. Garry noted, “so I would say if anything is, it's changed me in a positive way, even though ... the issue itself was so awful at the time.” He has been able to turn what happened into helping others hopefully not experience the same thing at their organization. He now does education and training to help organizations be more supportive of their employees. He reported:

I've been able to really do a lot of advocacy in the way of providing that information to help others feel like they can support those that they work with, whether it's, you know, a colleague or or somebody served, you know, in the community.

Additionally, several participants are either working toward or now work for themselves because they did not want to be potentially subjected to another abusive manager. For example, at the time of her interview, Leslie reported that her phenomenon taught her that “I've reached a point in my life where I could probably feel much better working for myself.” And now, she is working on doing just that. She noted, “I am currently licensed now fully, and I can do my own thing. I can become an independent contractor, which I'm looking into, and I can start my own online therapy business, which I'm looking into.”

Lillian is one of the two participants who has opened her own practice. Her family has noticed a significant change in her since doing so. She reported:

My husband has made the comment, like since I have gone out working on my own, how much more like just pleasant and relaxed I am. My in-laws told me - it was probably two

months after I quit my job - they said, 'you look the most well rested we've seen you look in a long, long time'.

Joann also started her own practice. It took her some time following the incident to feel as if she were ready to do so; however, after gaining some additional experience at a different organization, she eventually opened her own business and is now her own boss. She reported:

I've always wanted to be in private practice. I just never thought that I had ... the skills ... I was a fairly new therapist when I worked there, had just gotten my LISW. So, I had worked in residential treatment for two years before that and got my supervision, but that, this was my first, like, therapy job as an LISW. I was really green, and I didn't have the confidence and I still didn't have the confidence. I worked for an agency for 2 years after that, which really built up the business side for me, and then I started to feel like I could - I could handle it, and then I opened my own practice on evenings and on weekends while I was still working there.

Nonetheless, even with her own practice, Joann reported continued concerns with her former employer as they also now have an office across the street from hers. At times, she has feared that they will try to sabotage her business because employees from that organization have come over to check out what is hanging from her door or even looking in her business' window. Finally, Joann has had positive outcomes from working for herself including decreased physical health issues that she was battling with while working for the organization at which the phenomenon took place.

Chapter Four Summary

This chapter explains the data collection process and theme development that was used in this study. The purpose of the study was to understand the phenomenon of those who have

experienced workplace trauma while working at a mental or behavioral health organization and that trauma was caused by an abusive supervisor or management. The chapter began with an exploration of how participants were recruited. After recruitment and verification of eligibility in the study, 10 participants agreed to be a part of it. Each of the participants were over the age of 18, had worked at a mental or behavioral health organizations, had experienced workplace trauma because of a supervisor or manager, and had experienced this trauma a year or more ago. Participant descriptions were also explored including demographic information and relevant information regarding the organization at which they worked at the time of the phenomenon being studied.

The chapter then explains how the data analysis process occurred, which allowed for the theme development. By using the Delve Tool software, the researcher was able to code the data into the themes that were discussed in the chapter and that answered the four research questions asked. Themes that were identified included (1) policies, (2) trainings, (3) coping mechanisms, and (4) negative or lack of organizational response. Additional themes per each research question were also identified including (1) psychological abuse, (2) gaslighting, (3) feeling stuck, (4) verbal abuse, (5) toxic environment, (6) money or productivity focused, (7) negative culture, (8) mental health consequences, (9) physical health consequences, (10) long-term physical health consequences, (11) long-term mental health consequences, (12) long-term positive outcomes. By identifying themes from the data, the phenomenon of the lived experience of participants who have experienced workplace trauma due to an abusive supervisor or management was able to be better understood.

Chapter Five: Conclusion

Overview

The purpose of this transcendental phenomenological study was to understand the lived experience of those who have experienced workplace trauma via abusive management while working in the mental or behavioral health field. Participants in the study were over the age of 18 and had experienced workplace trauma at least 1 year ago or more to participate in this study. Chapter four discussed the results of the data and what themes were developed from participant responses. Chapter five's purpose is to further elaborate on the data by first providing a summary of the findings, which includes a discussion of each of the four research questions. Second, a discussion of how the research relates to both empirical and theoretical literature is considered. Next, theoretical, empirical, and practical implications are identified and discussed. In addition, the researcher then identifies any delimitations and limitations of the study before making any recommendations for future research and providing a final summary.

Summary of Findings

Overall, the data from the study identified 16 themes. Three of the surprising themes included policies (lack of workplace trauma policies), training (lack of workplace trauma training), and negative or lack of organizational response. Another theme identified included coping mechanisms participants used to help them through and following the situation. 12 additional themes that were more specific to the research questions that were asked in this study were also recognized and discussed.

Regarding policies, participants identified that the place at which they worked had no policies in place to deal with these types of situations when they occurred. In addition, most of the organizations had no policy in place to address workplace bullying; however, for the

organizations that did have a policy, the culture of the organization disallowed employees to feel comfortable reporting the situation, or if the situation was reported, nothing was done about it from those in upper management or human resources. One organization did not have a policy and procedure manual in place at all, despite hiring someone to create one as that person later quit without finishing the manual.

Most organizations discussed in the study only had corporate training such as CPR/first aid or how to do documentation. While some had training on how to de-escalate a client, there was no training on conflict resolution, workplace trauma, or bullying. Some participants even reported that the job training they had was minimal, and they were expected to just be able to do the tasks. Asking for help resulted in additional conflict with supervisors.

Most participants were able to identify coping skills that they used to help them during and following the phenomenon discussed. For some, those coping skills included seeking a professional therapist to help them. Others utilized family for additional support. However, for some, they were not able to utilize any coping skills or just avoided the situation.

Furthermore, all participants identified that their organization either responded to the phenomenon negatively or not at all. Participants discussed how human resources or upper management knew about the behavior, and instead of dealing with it, they chose to ignore the situation, doubt what happened, or retaliate against the participant. One was demoted from her position. Another stopped receiving new client referrals as an independent contractor. Finally, one, Garry, reported how he no longer was able to have accommodations for a physical health issue that was known well in advance and not a previous issue.

The first research question asked: **What are the lived experiences of those who have experienced workplace trauma via abusive management in the mental health or behavioral**

health field? Participants identified four themes under this question: psychological abuse, gaslighting, feeling stuck, and verbal abuse. Psychological abuse for the participants was identified from the descriptions they gave during the interviews about their experience. Some participants felt as if they were unwanted. Others were made to feel as if they were unable to do therapy correctly with their clients. One, Janice, had reported feeling as if she experienced defamation of character by those in the organization. Furthermore, several participants reported feeling as if they were experiencing gaslighting at the company. For example, one participant described being told that the situation did not happen the way it seemed, and another participant was told by the perpetrator that their feelings were invalid.

In addition, some participants identified feeling stuck in the situation and at the organization for various reasons. Several of those interviewed were students doing their placement at the organization at the time of the phenomenon. Because of this, those in that situation felt as if they could do nothing about what was happening, which took a significant toll on their mental health. Yet another participant was attempting to pay off student loans, so leaving the organization was not a financial option at the time. Finally, another participant struggled as other jobs for those with a bachelor's degree in the area were scarce at the time.

Finally, verbal abuse was also a theme identified under this research question. Several experienced being yelled at, both publicly and privately, by management in the organization. One was threatened to be fired for being open about being transgender. Participants described being berated for asking questions of their supervisor to have assistance with tasks, and one participant was even told they were lucky to have their job instead of being fired during the COVID pandemic.

The second research question inquired: **What was the environment of the organization in which the workplace trauma took place?** Three themes were discussed under this question: toxic work environment, money or productivity-focused, and negative culture. When the participants were asked to describe the work environment during the interview, the word toxic was used several times. One participant, Amelia, did not realize how toxic the environment was until the day of the interview while looking back on what happened. Others noted that the environment was toxic because employees were pitted against one another, interactions they had with management, or because of being manipulated by management.

Many of the participants revealed that the organization was very focused on billing and the productivity of the employees. At these organizations, it felt as if money was more important than client care as clients were continued in services they no longer medically needed. Participants did not receive training because the productivity standards were so high that it disallowed for extra benefits like training. Lunchtime was a scarcity for participants as they were either traveling or working through it.

Additionally, the culture of the organizations at which the participants worked was described as a whole as being negative. Some noted the negative culture as being hostile in nature as staff were reprimanded for not agreeing with management or things that were done at the organization, or they felt as if they were going to be fired. At Amelia's organization, many were fired while on vacation. Many incidents were ignored or covered up to prevent anyone from getting into trouble. Garry's organization refused to acknowledge his new name and other employees, including management, made despairing remarks about him. Both internal conflict among employees and intense stress levels for participants were also identified.

The third research question probed: **What are the short-term effects of this type of trauma on the worker?** Two themes identified included mental health consequences and physical health consequences. All participants described in some form experiencing mental health consequences because of the phenomenon. Such mental health consequences included depression elevated to the point where one participant struggled with passive suicidal thoughts, and another was so miserable it felt like a “mental death.” Other participants reported elevated stress levels, some experiencing stress so high that they developed physical health issues as a result. In addition, both self-doubt and fear were also identified by some of the participants.

Physical health issues plagued the lives of participants in the form of developing MRSA, heart issues, high blood pressure, migraines, and other conditions. One participant described having a physical reaction anytime she saw the perpetrator, heard the name, or heard the perpetrator’s voice. When many of the participants removed themselves from the position by leaving the organization, their physical symptoms subsided.

Finally, the fourth research question asked: **What are the long-term effects of this type of trauma on the worker?** Three themes answered this question and included: long-term physical health consequences, long-term mental health consequences, and long-term positive outcomes. Physically, one participant reported still having symptoms when seeing anyone from the agency, and another reported experiencing physical symptoms while speaking during the study’s interview process about what happened. The long-term mental health consequences of the participants varied as some continued to experience fear in their new positions. One described still not being able to have the ringer on their cell phone, and the other reported having self-doubt or second-guessing their decisions because their entire perspective had changed.

However, not all long-term consequences from the experience were negative in nature. Some of the participants were able to identify good to come out of what happened. This included Garry who now helps organizations be more welcoming and open to others. In addition, several of the participants have since opened their own practice or are looking into doing so. Those participants no longer desire to work for others. Instead, they had the push to become their own boss and reported knowing what they would do differently should they decide to expand that company in the future to include other employees.

Discussion

Empirical Literature

When reviewing the literature on workplace trauma due to abusive management in the mental or behavioral health field, there were no studies identified that specifically addressed the topic of this research. However, because of the nature of this topic, other literature was reviewed. Literature included other workplace trauma topics such as workplace harassment or violence, workplace bullying, vicarious trauma, burnout, secondary traumatic stress, and compassion fatigue. Literature was also reviewed that discussed leadership styles in the workplace including abusive supervision and effective/positive leadership. In addition, employee's well-being including the employee's role and the organization's role was also reviewed, and finally, literature regarding the organization's environment was also discussed.

Leadership Style

Focusing primarily on three parts of the literature, leadership styles, employee well-being, and organizational environment, this study agrees with the findings of the previous research conducted. According to the literature, job satisfaction is affected, positively or negatively, by leadership (Westbrook et al., 2022). When supervisors are abusive, the entire team

is affected (Farh & Chen, 2014), and this type of leadership can cause both elevated mental health issues and vacated positions (Atwater et al., 2015; Hon & Lu, 2016). Finally, stress levels of employees can be significantly elevated because of supervisors (Kerman et al., 2022; Hilton et al., 2021).

During this research study, it was found that abusive management did affect the dynamic of the team. For example, Joann's experience of management promoting a toxic co-worker and then demoting Joann. Employees on this team were affected by that decision. Amelia told of how employees were fired while on vacation, which would leave the team short another team member. Many of the participants spoke of elevated stress levels because of productivity standards, and supervisors were hyper-focused on those standards. Furthermore, all participants reported experiencing mental health issues because of the abusive supervisor or management, and 80% of the participants vacated their positions at those organizations.

Employee Well-Being

The literature reviewed also identified how an employee's well-being was vital to the success of the organization, and the employee, supervisor, and organization all played an important role in maintaining that well-being. However, employees in the mental health field tend to focus less on their well-being as they are more focused on caring for others (Barton, 2016). Morrison (2014) noted that employee well-being did not just include self-care but also included speaking up for oneself at the organization; however, this is difficult to do when employees fear retaliation. The literature acknowledged the importance of organizations having workplace trauma policies in place that employees feel comfortable using (Bassuk et al., 2017; Cayir et al., 2021; DeFraia, 2016; Dimoff & Kelloway, 2019; Hilton et al., 2021; Miller et al., 2022; Wolf et al., 2014). When employee well-being is not a focus, there tend to be long-term

effects for both the employee and the organization (DeFraia, 2015; Einarsen & Nielsen, 2015; Lacerte et al., 2017; Senreich et al., 2018; Tu et al., 2018). Such consequences include a change in perception, physical and mental health issues, and staff turnover (Rodey et al., 2021; Rodriguez et al., 2021). Part of the effects can also be that women tend to become sick as a reaction as compared to men (Erickson et al., 2016).

The research conducted agreed with the literature as several of the female participants struggled with physical health symptoms because of the trauma that occurred. Self-care did not seem to be a priority at the organizations as evidenced by participants reporting many employees had a fear of retaliation or employees experienced retaliation when reaching out for help. In addition, no organizations had workplace trauma policies in place. And finally, several participants experienced long-term consequences, which negatively affected their well-being because of the phenomenon they experienced.

Organization's Environment

Furthermore, the literature evaluated included how important an organization's environment is regarding workplace trauma. Botez and Cotet (2021) identified how a toxic work environment elevates stress levels for its employees. Other literature revealed the importance of making sure that there are policies, especially those that are trauma-informed, that are enforced by the organization (Botez & Cotet, 2021; Caesens et al., 2017; Christoff, 2014; Einarsen et al., 2016; Francioli et al., 2018; Hackney & Perrewé, 2018; Hon & Lu, 2016; Samnani & Singh, 2016; Stollberger et al., 2020). Additionally, researchers found that it is also imperative for the organization to deal immediately with any type of abusive behavior (Mathieu & Babiak, 2016). Furthermore, the research reviewed the importance of supervisors receiving appropriate training before being assigned a team to oversee, and such training should include conflict resolution,

communication, self-care, education, and leadership training (Burton et al., 2014; Hon & Lu, 2016; Posluns et al., 2020).

This study agreed with the importance of what was found in the literature as the organizations discussed did not have any of the suggestions in place. As there were no workplace trauma or trauma-informed policies at any of the organizations at which the participants worked, they each had issues when it came to dealing with the phenomenon that occurred. While some of those organizations had open-door policies, employees were made to feel as if their reports would not be addressed; therefore, participants felt as if nothing was addressed by management or human resources regarding their situations. Furthermore, those who were supervisors admitted they had never received training as suggested in the literature. Most were unaware of their supervisors receiving any type of leadership training. Finally, those who did identify their work environment as toxic also supported previous research in identifying elevated stress levels in their positions at those organizations.

Theoretical Literature

After reviewing the literature that exists on workplace trauma and abusive management, six theories were identified as a potential guide to the behavior of abusive management in the mental or behavioral health field. Such studies included: Argyle et al.'s (1981) social rules theory, Tajfel's social identity theory, Sidanius and Pratto's social dominance theory, Eagly's gender role socialization theory, Hobfall's conservation of resources theory, and Bandura's social learning theory. Each theory identified could help explain the nature of abusive management and why it occurs.

Argyle et al.'s (1981) social rules theory postulates that one has a route that they take to get to a goal they have set for themselves. This can relate to abusive supervision as it can explain

why some supervisors will do anything to get to goals set for themselves, which can include productivity standards for their team. Many of the participants in this research study identified that their organization had a focus on money in the form of billing and productivity, which at times seemed to be more important than the clients being served. Thus, the social rules theory could potentially be an explanation for the phenomenon as some of the supervisors discussed in this study were abusive in nature regarding those productivity standards.

Another theory identified was Tajfel's (1974) social identity theory. This theory speculates on the in and out groups in society. Essentially, the in-group tends to dominate what is considered the out-group in society (Salin & Hoel, 2013), and the out-group feels or is devalued in some way by the in-group (Nielsen & Einarsen, 2018). One participant, Garry, experienced feeling devalued at the organization as he was told he would be fired if he discussed or mentioned being transgender, which included using his name. Another participant described situations that arose when she was no longer favored by the management team when newer staff came along including a demotion that was accompanied by a large pay cut. In both situations, the out-group was dominated and devalued by the in-group, supporting Tajfel's theory.

Sidanius and Pratto's social dominance theory is a combination of several other theories and asserts that supervisors dominate subordinates as part of a systemic system (1999). When the authors formed this theory, their goal was to understand why some social groups oppress others. Concerning supervisors and subordinates, this theory could explain why some supervisors suppress their employees. Annie told of how her supervisor questioned everything that she did as a supervisor and would tell others that because she [the supervisor] was the director, it only mattered what she said could happen. Essentially, she asserted her dominance over everyone under her and created a toxic environment where the team members were oppressed. Other

participants were told of how they would be fired, or they feared being fired because they saw it happen to others in the organization. Thus, the research conducted supports that social dominance could explain the behavior of some abusive supervisors.

Gender role socialization theory by Eagly tells of how women tend to manipulate others and men tend to be more aggressive, especially concerning workplace bullying, due to the roles imposed on them by society (1987). Manipulation by supervisors can be in the form of being made to feel like one has to do something because others are. This type of scenario was described by one of the participants as the owner of the clinic, who happened to be female, would frequently mention how other therapists were doing a certain type of therapy, and the participant then felt guilty into learning the same one despite having no interest in that modality or population. Another participant told of how she was forced to do another therapist's workload as well, and also had a situation with the regional director—both scenarios involved male supervisors being more aggressive in their communication with her.

Sometimes, one feels as if the resources that may help them succeed must be protected, even if that resource is an abusive supervisor. This is what Hobfall (1989) describes as the conservation of resources theory. The research conducted supports this theory as several participants struggled to leave the position they were in because the supervisor who was the issue or the organization for which they worked controlled the outcome of something they needed. Some participants were in school and needed to finish their placement at the company, one participant was trying to pay off student loans, and another knew that there were limited opportunities for another job at their education level at the time.

Finally, the last theory, Bandura's social learning theory, explains that a person learns to be abusive from the actions of others (Tu et al., 2018). Essentially, supervisors learn from other

supervisors that the behavior is okay, and the cycle continues. There was some indication of this during the study. For example, Annie described seeing her supervisor's supervisor yell at Annie's supervisor, including around others, and she also reported that the entire company knew this behavior was happening, but nothing was ever done about it. Others also reported that the behavior of the supervisor or manager, when not the owner, was known by upper management; however, it was not addressed. Therefore, those supervisors were taught that their behavior was okay by the owners or upper management, which supports Bandura's theory.

Implications

This study can be useful to several groups including clinicians, mental and behavioral health organization supervisors, directors, and upper management, other types of employees at those agencies, as well as various other types of organizations. While the focus of this study has been to understand the phenomenon in the mental and behavioral health field, the findings could be useful for other types of sectors in the workforce as well. This section aims to discuss the theoretical, empirical, and practical implications that have been identified by the researcher because of this study.

Theoretical

Theoretically, this study contributed to the literature by supporting the theories that were identified from previous research studies and discussed. The participants of the study were able to provide additional descriptions of how their lived experiences enhanced what researchers have already found in those previous studies. Furthermore, this study has proven that the matter of abusive supervision is complex in nature and cannot be explained by just one theory guiding it. As the researcher was unable to find any previous studies that specifically addressed the topic

discussed, this study also further enhanced the theoretical literature by beginning a conversation about the topic that was addressed.

Empirical

Specifically in the mental and behavioral health field, previous studies have focused on workplace trauma such as vicarious trauma, compassion fatigue, secondary traumatic stress, and burnout. Additionally, studies that focused on the supervision of employees discuss the supervision of clinical staff in review of their caseloads and therapy clients. This study stressed the importance of looking beyond the types of workplace trauma usually studied in the mental and behavioral field as those in the field are also experiencing workplace trauma because of supervisors and management who are abusive in nature. Therefore, a significant contribution was made to the literature as the study has identified an additional form of workplace trauma in the mental and behavioral health field that needs to be studied further in depth.

Practical

The practical implications of this study are for both employees and management of mental and behavioral health organizations. Participants of this study all experienced workplace trauma while working in the mental and behavioral health field, and the trauma was caused by management at the organization. Such management included directors, clinical supervisors, supervisors, and owners of the organization. All participants experienced some form of short-term consequences because of what happened, and all were able to identify long-term effects because of the phenomenon as well. Therefore, the study has shown the imperativeness that this type of workplace trauma is addressed in mental and behavioral health organizations.

One way to do so is by utilizing prevention strategies to help inhibit this type of workplace trauma from occurring. The literature has identified the importance of leadership

training to help prevent workplace trauma, and this could also include decreasing the likelihood that abusive supervision happens. Participants of the study were asked what type of prevention strategies they felt should have been implemented, and their answers supported the evidence that was presented through this research and from previous research conducted. Such prevention strategies included: a policy and procedure manual, time for clinicians to be able to do paperwork, inclusive workplaces, education and training, check-ins with staff, and policies regarding micromanaging others.

Several of the participants felt like they were stuck in their positions because of current schooling, degree status, or student loan payments. This study has shown the importance of carefully considering student placement options, especially at one's current place of employment. Almost all the participants who were in this situation continued to have negative long-term effects from their traumatic experiences. The research conducted also shows the vitalness of focusing on one's mental health during school placement at an organization and communication with the school to determine if a different placement should happen to protect the well-being of the student.

Sometimes, workplace trauma still occurs even with the best intentions. Therefore, this study has also shown the importance of having intervention strategies that can be utilized should such incidents occur. When participants were asked about what intervention strategies would be useful, they had varying answers. Intervention strategies suggested included: protocol on how to handle the situation, ability to provide feedback to leadership without repercussions, training on workplace trauma, communication with staff, free therapy for employees if the situation occurs, training of staff that allows all employees to feel safe, bringing in an outside agency to assist,

safe space to decompress from the day and caseload, ability to report anonymously, and involve human resources.

Finally, this study also showed the importance of focusing on the environment of the organization as it plays a vital role in how trauma is handled, especially when that trauma involves management staff. Participants were asked if they had any additional suggestions on how the workplace could be improved: workplace boundaries, open and welcoming culture, stopping fear of retaliation, mutual respect between employees and management, anti-discrimination policies, more accountability for organizations, and decreasing dual roles such as an owner also being the clinical supervisor. Such suggestions from those who have experienced this type of workplace trauma first-hand further enhance the implications that this study has recognized to assist both employees and mental and behavioral health organizations in the future.

Delimitations and Limitations

Delimitations

Delimitations of the study were carefully considered when determining the criteria for participants. The researcher purposefully chose those above the age of 18 as it would be uncommon for someone under the age of 18 to have worked at a mental or behavioral health agency. In addition, because both short- and long-term effects of abusive management were being studied, it was determined to limit participation to those who had experienced the phenomenon at least 12 months ago to help fully understand any potential long-term effects. Finally, the nature of the study was to specifically understand abusive management within the mental or behavioral health field, which limited the final criteria for participants to be eligible for the study to have experienced the phenomenon while working at a mental or behavioral health agency.

Limitations

There were several limitations in this study. Recruitment of participants included sharing the flyer on social media outlets Facebook, Instagram, and LinkedIn. On Facebook, the researcher was able to post the flyer to several groups and her own personal page. In turn, numerous potential participants responded to the post on one of the social media outlets and after some research, it was determined that those responses were from fake accounts or spam accounts. Overall, there were 11 responses from those types of accounts.

Mental and behavioral health organizations exist worldwide; however, for this study, recruitment efforts were within the United States, and respondents to the pre-study questionnaire geographically were mostly from the eastern side of the country. Furthermore, most participants were from the Appalachian region of the United States. While this does not lessen the significance of the results of the study, it would be beneficial in the future to expand geographically to ensure participants are from additional regions.

Lastly, in this study, 90% of participants were female. Only one other male met the criteria for the study; however, he had not responded to inquiries requesting an interview for the study. It may be beneficial in the future to have additional male insight into this phenomenon; however, historically, more women have worked in the mental and behavioral health type fields. It should also be mentioned that because most communication with participants was via email, there was a risk of potential study information being compromised as is the case with all unencrypted emails. During the interview, participants agreed to have the transcriptions emailed to them to review for accuracy. All identifying information was removed and participants were coded with the four-digit code for that reason. Additionally, email addresses were double-checked before sending to ensure the proper recipient was addressed.

Recommendations for Future Research

This study focused on participants who have worked in the mental or behavioral health field and experienced workplace trauma due to abusive management. No specific studies were found on this topic in the current literature. Research tends to focus on other types of workplace trauma, and when abusive management is discussed, it is usually in the business or nursing field. This study contributes to the literature by opening the door for additional studies to be conducted to further the understanding of the phenomenon. The researcher chose qualitative methods for this study to gain better insight into the lived experiences of the participants, and it is recommended that additional qualitative studies be conducted. When doing so, it would be beneficial to increase the recruitment span to other parts of the United States, and potentially other countries, and increase the number of male participants. This would be beneficial as most participants in this study were female and from the Appalachian region, and while recruitment expanded the entire country using social media, only one participant was not from the eastern side of The United States.

Expanding the study to include supervisors and upper management at mental and behavioral health organizations should also be considered. Conducting a study with management would provide greater insight into their leadership styles. Furthermore, as there is not just one theory that guides the premise of abusive management, enhancing the knowledge of what triggers may lead to the manager to becoming abusive would help create and improve prevention and intervention strategies at organizations. Such studies could also focus on the training and education leaders receive since this was identified as lacking in both previous and current research.

Additionally, there is room for quantitative studies to also understand this phenomenon better. A quantitative study would allow for more participants and give raw numerical data from the questions asked. Questions would be asked that could better show how prevalent this phenomenon is in the field, which is unable to be seen through the lens of a qualitative study. However, one disadvantage of this may be the lack of a thick description of the phenomenon one receives through a qualitative study. Therefore, it could also be beneficial to conduct a mixed methods study that combines the two. This would allow for more participants and the raw data but also keep a more thorough description of the stories of those who have experienced this type of trauma. In addition, research could expand to also include focus groups. This researcher chose not to do focus groups as part of the study to protect the anonymity of participants and because of time restraints. However, focus groups could allow for additional insight into the phenomenon that was not gained by not conducting them.

Finally, as participants were being recruited, there were several in other business sectors who reached out wanting to know if the study would be conducted in that type of workplace as well. For example, a few social service agency workers wanted to be able to tell their stories as they had also experienced workplace trauma because of abusive management. Therefore, further research should expand its reach beyond mental and behavioral health organizations to also include social service agencies to allow those to tell their story and understand that phenomenon better.

Chapter Five Summary

The topic of this study was decided because the researcher had personal experience of workplace trauma due to abusive management. The goal of the researcher was to better understand the phenomenon and gain more knowledge from others who had experienced the

same type of workplace trauma. This transcendental phenomenological study allowed participants to tell others their stories to enhance the current research, which is lacking, and to hopefully promote the need to conduct additional research on the topic. Those who work in mental and behavioral health need to be able to work in an environment in which they can thrive and be able to help those who seek services at those organizations. When those employees experience workplace trauma because of the management, their ability to care for others decreases, which results in a potential lack of quality of care for those clients.

During this study, it was learned that the participants all experienced workplace trauma due to abusive management while working at a mental or behavioral health organization at least 1 year ago. The types of abusive behavior varied; however, many experienced psychological abuse, including gaslighting and feelings of being stuck, and experienced some form of verbal abuse. Almost all participants disclosed that they received no workplace trauma training or education and that the culture of the workplace was toxic or negative. For all participants, upper management and the organization had either no response or a negative response to what was occurring, and the behavior of the abusive manager was allowed to continue. For some, that abusive manager was the owner of the organization. Finally, each participant suffered short-term consequences, whether they were mental or physical health, during the phenomenon studied, and several continued to have negative long-term mental or physical health consequences as well. However, there were a few who were able to find some positivity in what happened by creating their own business to help others or educating others so they could help prevent it from happening in other organizations.

Conclusively, this study has allowed for the phenomenon of abusive management in the mental and behavioral health field to be explored, which enhances previous workplace trauma

research. The implications of the study extend to both employees and organizations, allowing organizations to see the need to increase their focus on the well-being of their employees and improving the environment of the organization. This includes creating prevention and intervention strategies such as trauma-informed policies and training in the workplace for both employees and supervisors and enforcing those developed policies to decrease the likelihood of this type of workplace trauma from occurring at the organization. In the end, this would allow for a more positive and healthier workplace environment for both employees and clients served.

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Appendix A

IRB Approval

LIBERTY UNIVERSITY

INSTITUTIONAL REVIEW BOARD

October 4, 2023

Amanda White
Joseph Torres

Re: IRB Exemption - IRB-FY23-24-229 Abusive Management and Workplace Trauma in the Mental Health Field: A Phenomenological Study

Dear Amanda White, Joseph Torres,

The Liberty University Institutional Review Board (IRB) has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under the following exemption category, which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:104(d):

Category 2.(iii). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording) if at least one of the following criteria is met:

The information obtained is recorded by the investigator in such a manner that the identity of the human subjects can readily be ascertained, directly or through identifiers linked to the subjects, and an IRB conducts a limited IRB review to make the determination required by §46.111(a)(7).

For a PDF of your exemption letter, click on your study number in the My Studies card on your Cayuse dashboard. Next, click the Submissions bar beside the Study Details bar on the Study details page. Finally, click Initial under Submission Type and choose the Letters tab toward the bottom of the Submission Details page. Your information sheet and final versions of your study documents can also be found on the same page under the Attachments tab.

Please note that this exemption only applies to your current research application, and any modifications to your protocol must be reported to the Liberty University IRB for verification of continued exemption status. You may report these changes by completing a modification submission through your Cayuse IRB account.

If you have any questions about this exemption or need assistance in determining whether possible modifications to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,

G. Michele Baker, PhD, CIP
Administrative Chair
Research Ethics Office

Appendix B**Recruitment Flyer****R E S E A R C H
P A R T I C I P A N T S
N E E D E D****Abusive Management and Workplace Trauma in the
Mental Health Field: A Phenomenological Study**

Are you 18 or older? Have you experienced trauma caused by a supervisor or management while working at a mental health organization? Was this at least 1 year ago? If you answered yes to each of these questions, you may be eligible to participate in this study!

The purpose of this research study is to study the lived experience of those who have experienced workplace trauma because of the supervisor or management at the mental or behavioral health organization at which the person worked.

PROCEDURES:

Participants will be asked to participate in a one-on-one, audio- or video-recorded interview that can either happen in person or via Microsoft Teams (60 – 120 minutes). Participants will also be asked to complete a four-question, follow-up questionnaire (60 – 120 minutes), as well as help check the accuracy of the themes and conclusion discovered during data analysis (60 minutes for transcript review, 60 – 120 minutes for member checking).

COMPENSATION OFFERED:

Participants will be entered in a raffle for a \$50 Amazon gift card.

If you are interested in this study, please click <https://forms.gle/tXqG9xjRCfFpzXAY8> or the QR Code to complete a quick screening questionnaire. If chosen, you will be contacted to sign a consent document prior to the study procedures conducted.

Amanda White, a doctoral candidate in the School of Behavioral Health Sciences at Liberty University, is conducting this study.

Please contact Amanda at [REDACTED] for more information.

Liberty University IRB – 1971 University Blvd., Green Hall 2845, Lynchburg, VA 24515

Appendix C

Social Media Recruitment Examples

Facebook

ATTENTION FACEBOOK FRIENDS: I am conducting research as part of the requirements for a doctorate degree at Liberty University. The purpose of my research is to lived experience of those who have experienced the phenomenon being studied. Participants must be 18 years or older and experienced trauma by supervisor or management while working at a mental or behavioral health organization, and this experience must have occurred at least 1 year ago. Participants will be asked to take part in a one-on-one, audio-recorded, in-person interview or video-recorded Microsoft Teams interview. It should take approximately 2 hours to complete the interview. After the interview, participants will be asked to review their transcript for validity, which should take no more than 1 hour. At the conclusion of data analysis, members will be asked to review the findings for themes/conclusions the researcher has made for validity, which should also take no more than 1 hour. If you would like to participate and meet the study criteria, please [click here](#) to complete the screening questionnaire. If chosen, a consent document will be emailed to you two weeks before the interview. Participants will be entered in a raffle to receive a \$50 Amazon Gift Card.

Instagram

Have you experienced workplace trauma caused by a supervisor or management while working at a mental health organization? Was this experience at least 1 year ago? Would you like to participate in a study to better understand this phenomenon? [Click here](#) to complete a screening questionnaire.

Linked-In

Have you experienced workplace trauma caused by a supervisor or management while working at a mental health organization? Was this experience at least 1 year ago? Would you like to

participate in a study to better understand this phenomenon? [Click here](#) to complete a screening questionnaire.

Appendix D**Pre-Study Questionnaire**

1. Are you at least 18 years or older?
2. If you answered yes to the above question, have you ever experienced workplace trauma caused by the supervisor or management of a mental health agency at which you worked at the time?
3. If you answered yes to the above question, did the incident occur at least 1 year ago?
4. If you answered yes to the above question, in 1-3 sentences, can you give a brief description of what the traumatic experience (workplace trauma caused by the supervisor or management) was that occurred?
5. Gender
6. Race/Ethnicity
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Native Hawaiian or Other Pacific Islander
 - e. White
 - f. Prefer Not to Say
7. Highest Diploma Obtained
 - a. High School Diploma/GED
 - b. Associate's
 - c. Bachelor's
 - d. Master's

- e. Doctorate
8. Name (this is only used to contact you if you are selected for the study but will not be on any study documents as you will have a code associated with your information)
 9. Email
 10. Phone Number (this is only used to contact you if you are selected for the study)
 11. Best way to contact you
 - a. Phone
 - b. Email
 12. Best time to contact you (if via phone) (Check all that apply)
 - a. 8am-12pm
 - b. 12pm-5pm
 - c. 5pm-8pm
 - d. NA

Appendix E

Consent Form

Title of the Project: Abusive Management and Workplace Trauma in the Mental Health Field:
A Phenomenological Study
Principal Investigator: Amanda White, Doctoral Candidate, School of Behavioral Sciences,
Liberty University

Invitation to be Part of a Research Study

You are invited to participate in a research study. To participate, you must be 18 years of age or older, experienced trauma by the supervisor or management while working at a mental or behavioral health organization, and this trauma must have occurred at least 1 year ago. Taking part in this research project is voluntary.

Please take time to read this entire form and ask questions before deciding whether to take part in this research.

What is the study about and why is it being done?

The purpose of the study is to understand the lived experience of those 18 years or older who have experienced the phenomenon of workplace trauma caused by the supervisor or management while working at a mental or behavioral health organization. This study will help increase current knowledge of the phenomenon, and furthermore, the study will help guide future research conducted and organizational policies and procedures implemented.

What will happen if you take part in this study?

If you agree to be in this study, I will ask you to do the following:

1. Participate in an in-person, audio-recorded interview that will take no more than 2 hours. You may also participate via Microsoft Teams, and this interview will also be screen-recorded and will take no more than 1 - 2 hours.
2. Complete a four-question questionnaire following the interview to be returned to the researcher within a week of receiving. This questionnaire should take no more than 1-2 hours to complete, depending on the responses of the participant.
3. Check the validity of the transcript once transcribed, within three weeks of the interview taking place. This should only take up to 1 hour to do so.
4. Check the data following researcher analysis for themes and conclusions developed within one month of the study's conclusion. This should only take up to 1- 2 hours to do so.

How could you or others benefit from this study?

Participants should not expect to receive a direct benefit from taking part in this study.

Benefits to society include building the research literature base on this phenomenon, which can help guide future policies, procedures, trainings, and research.

What risks might you experience from being in this study?

The expected risks from participating in this study are minimal, which means they are equal to the risks you would encounter in everyday life. The risks involved in this study include the possibility of psychological stress from being asked to recall and discuss prior trauma. To reduce risk, I will monitor participants and discontinue the interview if needed.

I am a mandatory reporter. During this study, if I receive information about child abuse, child neglect, elder abuse, or intent to harm self or others, I will be required to report it to the appropriate authorities.

How will personal information be protected?

The records of this study will be kept private. Published reports will not include any information that will make it possible to identify a subject. Research records will be stored securely, and only the researcher will have access to the records.

- Participant responses will be kept confidential by replacing names with pseudonyms.
- Interviews will be conducted in a location where others will not easily overhear the conversation.
- Data will be stored on a password-locked computer and any hard copies will be in a locked file cabinet. After five years, all electronic records will be deleted, and all hardcopy records will be burned.
- Recordings will be stored on a password locked computer for five years and then deleted. The researcher will have access to these recordings.

How will you be compensated for being part of the study?

Participants may be compensated for participating in this study. At the conclusion of the study, participants will be entered into a raffle to win a \$50 Amazon gift card. Any participant who chooses to withdraw from the study after beginning but before completing all study procedures will not be entered into the raffle. The winner will be contacted via the email address given at the beginning of the study.

Is study participation voluntary?

Participation in this study is voluntary. Your decision whether to participate will not affect your current or future relations with Liberty University. If you decide to participate, you are free to not answer any question or withdraw at any time without affecting those relationships.

What should you do if you decide to withdraw from the study?

If you choose to withdraw from the study, please contact the researcher at the email address/phone number included in the next paragraph. Should you choose to withdraw, data collected from you will be destroyed immediately and will not be included in this study.

Whom do you contact if you have questions or concerns about the study?

The researcher conducting this study is Amanda White. You may ask any questions you have now. If you have questions later, **you are encouraged** to contact her at [REDACTED] or [REDACTED]. You may also contact the researcher's faculty sponsor, Dr. Joseph Torres, at [REDACTED].

Whom do you contact if you have questions about your rights as a research participant?

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the IRB. Our physical address is Institutional Review Board, 1971 University Blvd., Green Hall Ste. 2845, Lynchburg, VA, 24515; our phone number is 434-592-5530, and our email address is irb@liberty.edu.

Disclaimer: The Institutional Review Board (IRB) is tasked with ensuring that human subjects research will be conducted in an ethical manner as defined and required by federal regulations. The topics covered and viewpoints expressed or alluded to by student and faculty researchers are those of the researchers and do not necessarily reflect the official policies or positions of Liberty University.

Your Consent

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. The researcher will keep a copy with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

The researcher has my permission to audio-record/video-record me as part of my participation in this study. **(Please Initial)**

Printed Subject Name

Signature & Date

Appendix F

Listserv Permission Response Letter Example

10/16/2023

[REDACTED]

Dear Amanda White:

After careful review of your research proposal entitled Abusive Management and Workplace Trauma in the Mental Health Field: A Phenomenological Study, I have decided to grant you permission to contact our listserv and invite them to participate in your study.

Check the following boxes, as applicable:

I will not provide potential participant information to Amanda White, but I agree to provide her study information to our listserv/social media on her behalf.

I am requesting a copy of the results upon study completion and/or publication.

Sincerely,

[REDACTED]

Appendix G

Bracketing Example

Today, I begin to analyze the data following all of the interviews. With my whole heart, I hope to give those who agreed to participate in this study a chance to tell their story, and I hope that as I write about what they experienced that I am able to do their story justice. It has been hard to hear similar stories to mine, and I want to make sure that my own experience does not cloud how I review the data and identify the themes that exist. Every time I heard a story, I was reminded of my own, and I had to keep reminding myself that this is why this study is so vitally important. Hearing those stories reminded me of that importance. As I review the material, I want to ensure my mind is clear and that I focus on any words that jump out at me.

Appendix H

Interview Follow-up Questionnaire

1. Now that you have completed your interview, what else do you wish you would have mentioned about your experience?
2. If you could implement prevention strategies in the organization in which your traumatic experience occurred, what would they be, and why?
3. If you could implement intervention strategies in the organization in which your traumatic experience occurred, what would they be, and why?
4. What other cultural and policy changes do you think need to be implemented in organizations to help prevent this type of workplace trauma from occurring?

Appendix I

Study Follow-up Email

Good evening!

I wanted to thank you again for your willingness to participate in my study! I have finished the data analysis and have determined that there were 12 common themes identified among the participants. Below is a sneak peek of the conclusion of this. The 4 research questions were to describe the lived experience of those who have experienced this type of phenomenon, the environment of the organization, short-term effects, and long-term effects.

A little more information: Policies—minimal policies, if any, existed at the organizations to deal with workplace trauma or bullying. If they did exist, they were not followed. Trainings—minimal, if any trainings for workplace trauma. Coping mechanisms—identifies what participants used to help them get through what happened.

Psychological and verbal abuse seems a bit daunting of a description; however, the terms were used because the study focuses on “Abusive management.”

Please reach out if you have any questions or additional thoughts regarding the themes identified.

I will be finishing my writing and then defend my work in the beginning of 2024.

Thanks so much again!

-Amanda

The researcher was able to code the data into the themes that were discussed in the chapter and that answered the four research questions asked. Themes that were identified included (1) policies, (2) trainings, (3) coping mechanisms, and (4) negative or lack of organizational response. Additional themes per each research question were also identified

including (1) psychological abuse, (2) gaslighting, (3) feeling stuck, (4) verbal abuse, (5) toxic environment, (6) money or productivity focused, (7) negative culture, (8) mental health consequences, (9) physical health consequences, (10) long term physical health consequences, (11) long term mental health consequences, (12) long term positive outcomes.