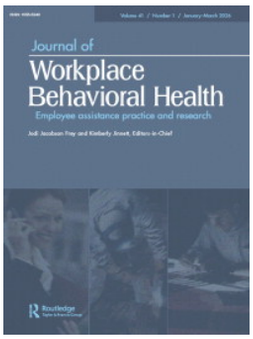

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Trauma or drama? A phenomenological exploration of workplace trauma and its impact on employee well-being, motivation, performance, and financial outcomes

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ABSTRACT

Workplace trauma, often minimized as "workplace drama," poses serious risks to employee well-being and organizational performance, warranting deeper exploration of employees' lived experiences to inform trauma-informed leadership practices. This phenomenological study investigates workplace trauma's impacts on well-being, motivation, performance, and financial outcomes. Using Colaizzi's seven-step method, semi-structured interviews were conducted with a diverse group of 24 participants. Three themes emerged: the experience of trauma, its effects, and coping strategies. Participants described trauma as a destabilizing disruption to emotional well-being and professional identity stemming from chronic exposure to toxic leadership, incivility, and organizational dysfunction. Consequences included emotional exhaustion, physical health issues, deteriorated relationships, and significant financial and career setbacks. Unlike prior research emphasizing burnout, stress, or isolated incidents, this study: (1) captures employees' descriptions of workplace trauma spectrum from chronic "little T" mistreatment to acute "big T" events; (2) links trauma to professional identity disruption; and (3) documents tangible financial consequences including job loss, reduced earnings, and involuntary transitions. Findings identify the need for a trauma-informed leadership framework, reframing the minimization of trauma as "workplace drama" and positioning psychological safety as an ethical obligation and strategic priority.

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Introduction

The term *trauma*, derived from the Greek word for "wound," is widely used to describe distressing experiences, prompting debate in leadership and clinical literature about distinguishing genuine trauma from perceived drama

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(Black & Mancini, 2022; Jones and Cureton, 2014; Krupnik, 2020). Workplace trauma extends beyond individual distress, posing significant risks to organizational performance, retention, and culture (Hassard et al., 2018; McTernan et al., 2013; Michalak & Ashkanasy, 2020; Nielsen & Einarsen, 2012). Global crises such as pandemics, war, economic instability, and environmental disasters have intensified workplace stress, highlighting the urgency of integrating mental health into leadership and policy (Bogosian & Byrd-Poller, 2023). For example, the COVID-19 pandemic's shift to remote work intensified isolation, dismantled support networks, and enabled toxic behaviors to escalate without traditional workplace protections (Bogosian & Byrd-Poller, 2023). Such crises compound employees' vulnerability to chronic mistreatment and institutional betrayal, particularly when organizational responses prioritize operational continuity over psychological safety. Beyond the human toll, financial estimates suggest that trauma-related workplace costs reach billions annually due to lost productivity, turnover, and healthcare expenses (Hassard et al., 2018; Kline & Lewis, 2019).

Trauma may stem from overt abuse, chronic incivility, emotional exhaustion, or even perceived success that brings isolation and increased pressure (Mias de Klerk, 2007). It is inherently subjective, shaped by individual history and context (Center for Substance Abuse Treatment, 2014; Substance Abuse and Mental Health Services Administration, 2014), with common dimensions including fear, helplessness, mistrust, and shame (Khadem, 2014). Such environments contribute to disengagement, diminished performance, and organizational dysfunction (Ahmed et al., 2024; Durrah et al., 2024). Trauma also impacts cognitive functioning, including memory, decision-making, and emotional regulation, impairing collaboration, innovation, and resilience (Bremner et al., 2008; Ilieva et al., 2024).

As personal and professional boundaries blur, especially in remote and hybrid settings, trauma-informed leadership has become both a strategic and ethical imperative, emphasizing psychological safety, empathetic communication, and structural support (Cao et al., 2023; Edmondson, 1999; Gaston, 2020; Walker, 2025). Edmondson (1999) established that psychological safety is a precondition for voice and engagement in work teams, a construct that becomes particularly critical when employees must decide whether to report harm, seek help, or remain silent in the face of workplace trauma. When framing workplace trauma as organizational rather than individual weakness, leadership behaviors and accountability determine whether harm escalates or stops (Black & Mancini, 2022). Yet relatively little research has explored how employees themselves experience and make meaning of workplace trauma across organizational contexts. This study addresses this gap through a phenomenological inquiry into the lived experiences of employees who have faced workplace trauma. Phenomenology

is particularly aligned with this investigation because trauma is inherently subjective, shaped by individual history and context (SAMHSA, 2014), requiring deep exploration of how employees interpret and assign meaning to their experiences in ways that quantitative or theory-driven methods might overlook. The research is guided by two questions:

1. How do employees describe the lived experience of workplace trauma?
2. How does an employee cope with workplace trauma?

To answer these questions, this study utilizes the Colaizzi (1978) method to analyze in-depth interviews with employees, ensuring that the voices and perspectives of participants are systematically captured, coded, and interpreted. This approach allows for a rigorous and holistic understanding of the complex ways employees make sense of and manage workplace trauma. It provides actionable insights for evidence-based employee support strategies, and it challenges the tendency to dismiss trauma as mere "workplace drama," instead framing it as a serious organizational issue with profound and lasting consequences. Thus, this study aims to deepen the dialogue on trauma-informed leadership and promote the development of healthier, more resilient workplaces.

Definition of core concepts

To ensure conceptual clarity, this study distinguishes between workplace incivility, chronic toxic behavior, and workplace trauma, which are related but not interchangeable constructs. Most notably, these constructs operate at different levels, with incivility reflecting specific behaviors, chronic toxicity describing the broader organizational environment, and workplace trauma representing the individual psychological impact that may result.

Workplace incivility

Workplace incivility refers to low-intensity, disrespectful behaviors that violate norms of mutual respect, such as gossip, exclusion, belittlement, or dismissive communication, often with ambiguous intent to harm (Akella & Lewis, 2019; Andersson & Pearson, 1999). Although individual acts may appear minor, their cumulative effect can erode psychological safety and contribute to broader organizational dysfunction.

Chronic toxic behavior

Chronic toxic behavior refers to a sustained pattern of harmful interpersonal or organizational conduct that extends beyond isolated acts of

incivility. It involves repeated exposure to behaviors such as manipulation, intimidation, favoritism, gaslighting, emotional abuse, sexual harassment and assault, or leadership practices that normalize fear, silence, or retaliation. In this study, chronic toxic behavior is conceptualized as an environmental condition embedded within leadership practices, power structures, or organizational culture, rather than the actions of a single individual (Buyukyilmaz & Kara, 2024; Michalak & Ashkanasy, 2020). It encompasses systemic dynamics such as abusive leadership, destructive cultural norms, and institutional betrayal that undermine employee well-being (Black & Mancini, 2022; Glover & McClain, 2025).

Workplace trauma

In this study, workplace trauma refers to the subjective psychological and physiological impact that occurs when workplace experiences overwhelm an employee's ability to cope, compromise their sense of safety, or disrupt their emotional, relational, or professional identity (Black & Mancini, 2022; Greer, 2024). Workplace incivility and chronic toxic behavior are conceptualized as contextual contributors that, through escalation along a continuum of mistreatment from low-intensity deviant acts to severe aggression (Yaqoob et al., 2025), may over time culminate in traumatic outcomes. Not all incivility results in trauma; however, repeated exposure within environments lacking psychological safety, accountability, or support substantially increases the likelihood that employees will experience profound psychological harm (Akella & Lewis, 2019; Loh & Dollard, 2024). Such trauma is particularly debilitating when it involves institutional betrayal (Loh & Dollard, 2024), and prolonged exposure has been linked to depression, anxiety, PTSD, and erosion of professional identity (Boudrias et al., 2021; Buyukyilmaz & Kara, 2024; Trépanier et al., 2023).

Distinguishing workplace trauma from work stress and burnout. Workplace stress is different from workplace trauma because it is episodic in nature, relating to demands and resources, and often subsides when conditions change. Conversely, workplace trauma can disrupt one's identity or sense of safety over a long period of time. Workplace trauma also involves overwhelm that exceeds coping capacity in what Krupnik (2020) describes as a breakdown of self-regulatory functions triggered when a stressor falls outside the person's normative range of experience, distinguishing a traumatic stress response from an ordinary pathogenic one. This breakdown results in prolonged symptoms of psychological dysregulation such as hypervigilance, avoidance, and intrusive thought patterns (Krupnik, 2020). The differentiator is that stress is a response to pressure, and trauma is a

disruption of self and professional identity (Black & Mancini, 2022; Harms et al., 2017; Hassard et al., 2018; SAMHSA, 2014).

Workplace burnout is similarly distinct from workplace trauma, though the two are often conflated. Burnout is a gradual depletion resulting from chronic role demands, defined by a three-dimensional model of exhaustion, cynicism, and reduced efficacy (Maslach & Jackson, 1981). Unlike workplace trauma, burnout does not involve the collapse of perceived safety or trust, nor does it produce the survival-oriented coping patterns, such as silence, dissociation, and self-protective withdrawal, that typically describe workplace trauma experiences (Black & Mancini, 2022; Walker, 2025). Accordingly, burnout recovery is typically addressed through workload adjustment or role restructuring, whereas workplace trauma requires psychological processing of the disruption itself, including the restoration of safety, trust, and professional identity (Black & Mancini, 2022; SAMHSA, 2014). Establishing these boundaries is essential to understanding the uniqueness of workplace trauma as this study's core construct, as including it with stress or burnout risks misidentification of both the depth of harm employees experience and the organizational responses required to address it.

Methodology

This study employed a phenomenological research design to explore the lived experiences of workplace trauma among employees. The research aimed to understand how employees describe their encounters with workplace trauma and the strategies they use to cope with it. Phenomenology was chosen as the methodological approach due to its focus on capturing the subjective and embodied experiences of participants, providing rich, in-depth insights into how trauma manifests in professional settings.

Sampling approach and participant selection

This study employed purposive sampling to recruit participants who could provide in-depth accounts of workplace trauma. Inclusion criteria required that participants were currently employed or had prior employment experience, self-identified as having experienced workplace trauma, were at least 18 years of age, and were able to participate in an audio-recorded interview. No temporal restriction was placed on when the traumatic workplace experience occurred, recognizing that individuals may require substantial time before feeling safe or prepared to disclose and reflect upon traumatic experiences.

Participants were recruited through professional networks, social media platforms, and snowball sampling, whereby initial participants referred

colleagues with similar experiences. Recruitment communication invited individuals who had experienced workplace trauma at any point in their professional lives to contact the research team. Initial screening confirmed eligibility and informed consent. Recruitment continued until thematic saturation was reached at 24 participants, representing diverse industries, including, corporate (2), education (2), entrepreneurship (2), healthcare (6), military (8), ministry (1), nonprofit (1), and social work (2). These participants held various organizational roles appropriate for phenomenological inquiry.

Participant demographics

The study included 24 participants, consisting of 21 women and 3 men. Although recruitment was open to all genders equally, the predominance of female participants likely reflects gender differences in the willingness to disclose negative experiences. Research indicates that men have a substantially lower desire and likelihood compared to women, due to being conditioned in society to avoid sharing experiences perceived as emotionally vulnerable (Carbone et al., 2024). All participants had firsthand experience with workplace trauma across different organizational settings. We had a diverse group of participants across eight industries including, healthcare, corporate, social work, entrepreneurship, education, military, church ministry, and nonprofit. Participants' ages ranged from 28 to 60 years old with a mean age of 44 years. The majority of participants held mid- to senior-level professional roles. The majority had over 15 years of work experience, allowing for in-depth insight into organizational culture and leadership dynamics. Their diverse roles and backgrounds contributed to a robust understanding of how trauma manifests and is experienced across industries. Participants were geographically distributed across 17 U.S. states and two international locations (South Korea and Germany), though all were employed by U.S.-based organizations. This geographic range allowed for a broader understanding of workplace trauma across different settings while preserving participant confidentiality.

Trauma-informed procedures and ethical safeguards

A trauma-informed approach guided the study design to prioritize psychological safety and ethical care. Approved by the Institutional Review Board, interviews were co-led by an investigator who is a licensed therapist, offering additional support for potential emotional distress. Both investigators who conducted interviews had undergone trauma-informed training to ensure sensitivity and appropriate responsiveness through the interview

process. Semi-structured interviews, averaging 50–58 min, were audio-recorded, transcribed verbatim, and designed to explore participants' experiences, emotions, and coping strategies related to workplace trauma. The interview guide (Appendix) comprised ten open-ended questions organized around four core dimensions: (1) the nature and trigger scenarios of traumatic workplace experiences, (2) psychological, emotional, and behavioral impacts on daily life, (3) workplace-specific consequences including performance, attendance, and financial effects, and (4) coping strategies and recovery processes. At the conclusion of each interview, participants were provided with additional counseling and mental health resources should they wish to pursue further support following the discussion. Although the sample was not anonymous due to direct scheduling, confidentiality was maintained by removing identifying details from transcripts, securely storing data, and destroying codebooks after analysis. No personal names or organizations were included in the final data set, ensuring participant privacy and preserving the authenticity of their narratives.

Data collection

Data were collected through individual, semi-structured interviews conducted *via* Zoom, ranging from 30 to 90 min in length. Prior to data collection, the interview guide (Appendix) was piloted with a licensed clinical counselor, a research scholar in counseling, a social worker, and individuals with lived experiences of workplace trauma. Feedback from this pretesting process informed revisions to the questions to ensure clarity and the ability to capture the full depth of participants' experiences and responses. Interviews were guided by the semi-structured protocol (Appendix) and were audio-recorded with participant consent and transcribed verbatim. A licensed clinical counselor participated in many of the interviews and remained available for consultation and participant support throughout the data collection process to ensure psychological safety. Consistent with a trauma-informed approach, participants were offered follow-up access to counseling resources should any distress arise during or after the interview process.

Data analysis

Data analysis followed Colaizzi's (1978) phenomenological method, a rigorous, seven-step approach designed to preserve the depth and integrity of participants' lived experiences. The steps include: (1) familiarization with the data, (2) extraction of significant statements, (3) formulation of meanings, (4) clustering of meanings into themes, (5) development of an

exhaustive description, (6) distillation of a fundamental structure, and (7) validation of findings with participants. We selected Colaizzi's descriptive phenomenological method because our purpose was a cross-participant descriptive synthesis of workplace trauma and coping, culminating in an exhaustive description and fundamental structure (Colaizzi, 1978). Colaizzi's structured procedure provides a clear audit trail from participants' verbatim accounts to the study's thematic structure (Morrow et al., 2015). We considered other approaches (e.g., IPA, Giorgi, hermeneutic phenomenology), but these prioritize different analytic commitments; consistent with Colaizzi, we treat participant feedback on findings as a credibility-oriented resonance check rather than definitive verification (Birt et al., 2016; Giorgi, 2009; Smith et al., 2009; Van Manen, 2014). Colaizzi's method was particularly well-suited to our aim of understanding the complex emotional, relational, and psychological dimensions of workplace trauma as described by those who have lived through it.

Findings

Two authors served as analysts throughout the Colaizzi-guided process. Prior to full analysis, the analysts reviewed Colaizzi's steps together and jointly pilot-coded a subset of transcripts to calibrate the approach to extracting significant statements and formulating meanings. For the full dataset, both analysts reviewed transcripts and analytic outputs at each stage and met regularly to compare interpretations. Discrepancies were resolved through discussion and re-checking against the original transcript until consensus was achieved; only agreed-upon outputs were carried forward to the next step, creating a transparent audit trail from verbatim data to themes and synthesis. Our first step in analyzing the data was to read each transcript multiple times to gain a deep, intuitive understanding of each participant's lived experience. This immersion allowed us to familiarize ourselves thoroughly with the data before beginning formal interpretation. In step two, we identified and extracted core expressions that directly related to the focus of our study: participants' lived experiences of workplace trauma. During this stage, we carefully highlighted verbatim sentences from each transcript relevant to our research questions, ensuring that we preserved the original wording used by participants. In total, we extracted 235 significant statements from our 24 interview transcripts.

At step three of our analysis, we interpreted each significant statement to formulate the underlying meanings that reflect the essence of the participant's experience. We generated 235 formulated meanings from the 235 significant statements. These meanings aimed to stay faithful to the original intent of the participant's statement, while focusing on highlighting the

core message of the statement and the insights it provides. Please see Table 1 for a subset of our formulated meanings relative to their significant statements. This was a collaborative process between two researchers in which both researchers agreed with each other's formulated meaning. Researchers reviewed the significant statements and formulated meanings for each until we came to a consensus that the generated formulated meanings accurately reflected each significant statement. The final set of formulated meanings that were agreed upon through consensus served as the foundation for the clustered themes.

Following Colaizzi's (1978) seven-step guidelines for phenomenological research, all subsequent themes were derived directly from the data to address our research questions. After completing the first three stages of analysis and reaching consensus on the formulated meanings, we proceeded to step four.

Table 1. Examples of significant statements.

Significant statement	Formulated meaning	Participant	Page no.	Lines no.
I also feel like I did and still kind of fluctuate back and forth with feelings of, "I hate the word" (and) burnout, because I feel like it's been overused at this point, but I just kind of like have brief moments where I'm like, I just don't care anymore.	Workplace trauma has made the participant feel emotionally drained and disengaged, yet resists identifying with the term "burnout" due to its perceived overuse.	19	4	164-167
I think when I'm on call or after, like, there's certain cues or reminders or triggers that may remind me of particular situation. There's been times where, like, I've had sleep issues or have been burnt out or so anxious, we're like a kind of question whether I want to continue in the profession.	The participant experiences lingering psychological distress from work-related triggers, leading to anxiety and moments of doubt about continuing their profession.	15	2	103-106
I'm isolated. I stopped like connecting with other teachers. I really just stayed in my room and then went home as soon as I could.	The participant coped with workplace trauma by withdrawing and engaging in self isolation.	8	7	339-340
It's really hard because I was interning, so I had two jobs, so at my other job, I almost lost it. I was extremely depressed, and I wasn't getting there on time. That's not like me.	The participant's workplace trauma and the stress of two jobs led to extreme depression and was jeopardizing their responsibilities in other areas of their life.	6	3	126-128
You really have to do what it takes to make this not the focus of your life. This is a part of your life and I learned never to talk about the struggles at my workplace. That's kind of a promise to myself, that when I articulate them, I make them present. And so I think about all the wonderful things that I have talked about, and it makes it makes my life just full of love and my reality much more pleasant. So I think just complaining about work issues really makes that the focus of who you are and why you're living each day.	The participant copes with workplace trauma by consciously avoiding discussion of negative experiences, choosing to focus on positive aspects of life to preserve emotional well-being and identity.	3	42	2211-2218

In step four, we grouped the formulated meanings into categories reflecting a unique structure of clustered themes. Each thematic cluster included all related formulated meanings and was designed to be internally convergent and externally divergent (Mason, 2002); that is, each meaning was coded under a single cluster, ensuring thematic clarity and distinction across clusters. Survival-oriented responses used to manage distress and remain functional in harm environments, such as emotional suppression, dissociation, compartmentalization, avoidance, and overwork, were grouped within the coping strategies cluster, whereas the experience theme captured participants' emotional, psychological, and relational experience of workplace trauma.

Both researchers independently reviewed and then collaboratively agreed upon the cluster themes derived from the formulated meanings. Seven theme clusters emerged, which were subsequently organized into three core emergent themes: (a) the experience of trauma, (b) the effects of workplace trauma, and (c) coping with trauma. All three themes were consistently present across participants. Table 2 presents the final thematic map, displaying the three core emergent themes, their contributing thematic clusters, and illustrative significance for each cluster.

In step five, we developed a comprehensive and exhaustive description of the phenomenon. This process involved composing a descriptive paragraph for each emergent theme to articulate its essence. These individual descriptions were then synthesized into a single, unified narrative that encapsulates the overall experience of workplace trauma as conveyed by participants. The following section provides detailed descriptions of each emergent theme, followed by the integrated exhaustive description.

Table 2. The final thematic map.

Core theme	Thematic clusters	Illustrative significance
Experience of Workplace Trauma	Psychological and Emotional Impact	Trauma manifested as emotional exhaustion, heightened anxiety/hypervigilance, and diminished self-confidence at work.
	Social and Workplace Impact	Trauma eroded relational safety and trust at work, contributing to withdrawal, damaged relationships, and diminished psychological safety.
Effects of Workplace Trauma	Work Effects of Trauma	Trauma altered job functioning and career paths through role strain, performance disruption, and perceived or actual career setbacks.
	Financial Effects of Trauma	Recovery carried material costs, including therapy expenses, income loss, and missed advancement opportunities.
	General Effects of Trauma	Trauma eroded trust and stability, including fears/experiences of retaliation and spillover into work–life balance.
Coping With Trauma	Coping Strategies	Individuals used strategies such as suppression, dissociation, compartmentalization, avoidance, silence, and overwork to manage distress, maintain functioning, and sustain performance.
	Collective Coping	Support from peers and leaders, when present, buffered harm and enabled coping through validation, protection, and accommodations.

Experience of workplace trauma

This theme captures the immediate and deeply personal reactions participants had to their traumatic workplace experiences. Experience of workplace trauma was derived from clusters such as psychological and emotional impact and social and workplace impact. This theme was prevalent in 19 of the 24 interviews. Participants described this trauma experience as not just a set of events, but rather a deeply internalized disruption of their sense of self and safety. For example, one participant described workplace trauma as feelings of isolation and despair: "I felt really alone. There was a point where I was talking to my executive coach turned counselor, I was telling her, "hey, I"ve been having really dark thoughts, as in, I would never kill myself, but if I get hit by a bus, I'd consider that a really good day'" (Participant 11). Another participant described the experience of trauma as, "I feel numb, (I) can feel very vulnerable, and I feel like I don't have control" (Participant 13). This participant described needing to numb emotion in the moment to keep functioning: "I really have to numb myself to it, because if I allow myself to feel in this moment, I'm not helping," and emphasized the isolation of carrying responsibility without support: "you don't have anyone checking on you, because you're the one that's checking in on everyone else" (Participant 13). The following is a detailed description of the experience of workplace trauma theme formulated from participants' described lived experiences.

Experiencing workplace trauma often feels isolating, overwhelming, and deeply destabilizing. Employees described feeling constant anxiety, hypervigilance, self-doubt, anger, helplessness, betrayal, and grief, with some describing the experience as being "numb, very vulnerable, and like I don't have control" (Participant 13) and others describing profound isolation, "I felt really alone … I've been having really dark thoughts" (Participant 11). Many experienced physical symptoms like sleep disturbances, palpitations, teeth grinding, and severe stress reactions, including anticipating harm even outside working hours. Emotionally, workplace trauma often led to depression, suicidal ideation, emotional numbness, withdrawal from others, and loss of trust in leadership and institutions they once believed in. Participants also described struggling to balance anger and the desire for justice with the toll the experience took on their mental health, including cognitive distortions and erosion of self-worth, with some expressing thoughts such as "it would be better if I wasn't here in this position" (Participant 13). In other accounts, participants described trauma emerging through power imbalances and fear of retaliation, including threats to reputation and future employment, such as "you would never work in this town" and "you would ruin your career before it started" (Participant 5).

Notably, 25% of participants described sexual harassment or assault as a source of workplace trauma, with institutional responses that compounded rather than addressed the harm through retaliation, forced reassignment, and professional silencing. This reflects a pattern of institutional betrayal that deepened the traumatic impact of the original experience. Ultimately, workplace trauma altered how participants viewed themselves, their careers, and their relationships, often leaving a lasting sense of being broken even after leaving the toxic environment.

Effects of workplace trauma

This theme explores the wide-ranging and sustained impacts of trauma on participants. It emerges from the clusters of work effects of trauma, financial effects of trauma, and general effects of trauma. This theme was prevalent in 17 of 24 interviews. As these clusters suggest, the theme effects of workplace trauma describes not just the emotional effects of trauma but also the financial and workplace ramifications experienced by the participant. For example, one participant describes having to change careers due to trauma experienced at their previous job and the negative effects it has on their quality of life, "I'm slowly getting us back on our feet. I'm driving all these miles, but they don't come with benefits. They don't come with PTO. They don't come with those things that I at this point in my life need" (Participant 16). Another participant described the effects of trauma as slowing their career advancements and generally harming their performance at work, "The thing that stands out to me would probably be career advancements, because I feel like we only have a certain amount of capacity, and when you have unresolved kinds of trauma or symptoms associated with it, it may not allow you to perform at your best" (Participant 15). The following is a detailed description of the effects of the workplace trauma theme formulated from participants' described lived experiences.

Workplace trauma led to serious emotional, physical, financial, and professional harm for many employees. Common effects included increased anxiety and depression, distrust of leadership, damaged personal relationships, stress-related health problems, and difficulty maintaining work-life balance. Many reported feeling constantly on edge, struggling with sleep, experiencing burnout, and losing faith in their organizations. Several also described persistent hypervigilance and feeling "on guard" even after leaving the original environment, including "four and a half years of watching my back and being concerned all the time" (Participant 2).

Financial impacts were among the most tangible and enduring consequences reported by participants (see Table 3 for a summary of financial impacts across participants). Beyond career stagnation and lost advancement

Table 3. Financial impacts of workplace trauma.

Participant	Industry	Financial impact
1	Entrepreneur	8 years on disability before returning to college
3	Social Work	2 months unemployment after quitting without a position
5	Social Work	Career threatened before it began, supervisor threatened professional blacklisting if she reported grooming and harassment; paid out of pocket for therapy; internship disrupted; marriage strained
6	Corporate	Years of litigation (48 federal depositions); won federal EEOC case but filed for bankruptcy, attorney fees exceeded award after defendant shielded assets; fired after reporting; lost employment and community relationships
10	Healthcare	~$1,500 on therapy over 6 months
11	Entrepreneur	$750/month coaching (6 years); $30,000 psilocybin therapy; $45,000 failed startup
13	Military	$10,000–$15,000 out-of-pocket therapy; ~$15,000 in additional physical health costs including acupuncture, manual therapy, and dental treatment for teeth grinding
16	Healthcare	$40,000/year salary reduction; loss of benefits, PTO; now has 3-h daily commute
20	Military	Forced military relocation within two weeks, career ended, financial setbacks from abrupt move and family separation
23	Healthcare	Several thousand dollars to fly in support post-sexual assault; chose early retirement

opportunities, participants described direct income losses, loss of benefits, and involuntary job transitions. One participant described the immediate salary impact of a job loss as "a negative $40,000 a year, annual salary," along with cascading consequences such as loss of benefits and an extended commute (Participant 16). Others described the financial burden of recovery itself, including sustained therapy and coaching as ongoing expenses that compounded stress during an already destabilizing period. Notably, Participant 6 won a federal EEOC case only to file for bankruptcy when the defendant had shielded assets and attorney fees exceeded the award, pointing out that organizational harm can extend beyond the workplace into long-term financial devastation.

Cross-industry patterns in financial impact were evident in participants. There were common consequences including out-of-pocket therapy and recovery costs, lost income, and derailed career advancement across industries represented in the sample. While the specific form of financial harm varies by context, the consequences indicate that workplace trauma produces personal financial disruption across industries. This study represents a first step in understanding the financial dimensions of workplace trauma, and future research could examine these patterns further through dedicated industry-specific studies.

Workplace effects were often intertwined with emotional and physical strain. Participants described decreased capacity, difficulty concentrating, fear of authority figures, emotional triggers, and professional withdrawal that made it harder to engage fully at work. As one participant explained, unresolved trauma reduced performance and limited career growth because "we only have a certain amount of capacity" (Participant 15). Some

participants also described institutional betrayal as compounding harm when organizations failed to protect employees or respond credibly to reports of mistreatment. In these accounts, the effects of trauma expanded beyond the original incident into prolonged periods of retaliation, isolation, and professional instability, leaving participants feeling devalued by the institution and "that I was a problem" (Participant 2).

Although the dominant pattern was long-term harm, a few participants also described eventually finding resilience or growth through the hardship, often after leaving the toxic environment and reestablishing stability and support. Overall, workplace trauma was described as producing sustained consequences that affected participants' emotional health, physical well-being, financial security, and professional identity long after the initiating events.

Coping with trauma

This theme reflects the various strategies participants used to survive, manage, and respond to workplace trauma. The theme of coping with trauma was based on the clusters' coping strategies and collective coping and was prevalent in 18 of the 24 interviews. Participants described both internal and outward coping responses, including emotional suppression, compartmentalization, dissociation, avoidance, therapy, boundary-setting, and seeking help from friends and family, as ways of enduring harmful workplace experiences.For example, one participant tried to engage in productive behaviors to cope with their trauma, stating, "Well, certainly therapy, staying engaged, you know, with counseling, exercising, I would exercise a lot, and I still do" (Participant 10). Another participant described learning to focus on what they can and cannot control: "My biggest thing is I can't control what happens at work. You literally never know what you're going to walk into when you go to work. But my biggest thing is one controlling my own attitude and proactively finding my own joy at work and also learning to take better care of myself" (Participant 12). Building on these accounts, participants also described coping as reclaiming agency and self-worth through boundary-setting, with one participant noting, "Just because someone is giving you a paycheck doesn't mean that you can be treated like crap or be treated with disrespect. You always have the allowance for boundaries and autonomy for yourself. Employment does not equal slavery" (Participant 10). The following is a detailed description of the coping with workplace trauma theme formulated from participants' described lived experiences.

Participants coped with workplace trauma through strategies aimed at emotional survival and protection. They described compartmentalizing

their experiences, dissociating during harmful events, and staying silent to avoid retaliation. Some leaned on therapy to validate their experiences, while others developed internal resistance or minimized the harm to continue functioning. Coping often involves setting strict personal boundaries, suppressing emotions, or rationalizing abusive dynamics as a means of maintaining control. Rather than resolving the trauma, these actions allowed them to endure and navigate the ongoing demands of a harmful work environment.

Participants also described that coping strategies were often effective for survival in the moment, but could become harmful over time. One participant reflected that "hard work, overwork, doing whatever it takes, over functioning … worked while I needed them for survival," but once survival was no longer the primary need, "they became very detrimental to me and to my relationships and health" (Participant 7). This participant emphasized that recovery required addressing shame and self-blame, stating, "As long as it's shameful, and you feel like you potentially are the problem, nothing can change" (Participant 7). Another participant described coping through long-term suppression and compartmentalization: "I would just box them up, put them on a shelf … and I'm not going to deal with it" (Participant 24), while also emphasizing that healing was gradual and layered: "It's not one band aid that you rip off … There are layers and seeds that have been planted that need to be uprooted" (Participant 24). For some participants, coping also involved reframing and releasing as part of recovery, such as learning "so that I can release it and not carry it with me like a burden on a daily basis" (Participant 24).

When organizational or institutional support failed to materialize, participants described having to construct their own recovery systems. One participant described seeking help even when the process felt imperfect: "My therapist at the time … probably could have been the worst therapist on the planet. But it was just the act of going to seek out help, which was one of the most powerful things" (Participant 20). That same participant characterized coping and recovery as ongoing rather than complete: "You never get on the other side of trauma … I think it's always a part of you" (Participant 20). Overall, participants described coping as a set of survival-oriented strategies that helped them remain functional in harmful environments, while also shaping how they managed emotion, protected identity, and attempted to move, when possible, from endurance toward sustainable well-being.

Workplace trauma

Following the individual theme descriptions, we synthesized these three emergent themes into a single, exhaustive description that encapsulates the

essence of participants' shared experiences of workplace trauma. This integrated narrative draws upon participants' described experiences of workplace trauma, the effects of this trauma, and their coping methods in dealing with this trauma, to create a comprehensive and exhaustive portrayal of the phenomenon of workplace trauma. The following is the synthesized exhaustive description of these three emergent themes.

Participants described the lived experience of workplace trauma as deeply destabilizing, with significant emotional, physical, and psychological consequences. They reported feeling anxious, isolated, hypervigilant, and betrayed, often struggling with self-doubt, emotional numbness, and a loss of trust in leadership. These effects extended into their personal lives, disrupting relationships, physical health, and professional identities. To cope, employees relied on survival strategies such as compartmentalizing experiences, suppressing emotions, disassociating during harmful events, turning to substances such as drugs and alcohol, and remaining silent to avoid retaliation. Some sought therapy or created firm personal boundaries, while others minimized the trauma to keep functioning. Overall, workplace trauma was described as an enduring, harmful experience that fundamentally altered how participants related to their work, themselves, and others.

From this comprehensive understanding, we proceeded to step six, which involves articulating the fundamental structure of the phenomenon. The following fundamental structure encapsulates the essence of how participants experienced workplace trauma: Workplace trauma is experienced as a profound disruption to one's emotional, relational, and professional sense of self, compelling employees to adopt survival strategies that silence pain and compromise identity in order to endure systems that fail to protect them. Finally, in step seven of Colaizzi's (1978) method, we returned both the exhaustive description and the fundamental structure to our 24 participants for validation *via* email. 15 out of 24 (63%) participants responded, and all affirmed that our findings appropriately captured participants' lived experiences of workplace trauma. The consistency and strength of their affirmations support the trustworthiness of our analysis.

Discussion

This study offers a valuable phenomenological account of workplace trauma, revealing the deeply personal nature of traumatic experiences in professional settings. Using Colaizzi's (1978) descriptive phenomenological method to analyze 24 participants' narratives, three core themes emerged: the experience of trauma, the effects of trauma, and coping strategies. These findings affirm and extend previous scholarship by demonstrating that workplace trauma is not limited to acute, high-profile events.

Participants described how ongoing, low-intensity mistreatment and organizational dysfunction can accumulate into trauma-like disruption over time, consistent with prior work on incivility and its spiraling effects (Akella & Lewis, 2019; Andersson & Pearson, 1999; Cortina et al., 2001). Extending this literature, participants' accounts emphasized qualitative shifts that differentiated these experiences from high job stress or burnout: a trauma-like disruption in perceived safety and (professional) identity, persistent hypervigilance/avoidance, and coping that was often survival-oriented rather than restorative. Framed through trauma-informed definitions that emphasize subjective appraisal and enduring impact (CSAT, 2014; SAMHSA, 2014), these patterns help explain why participants described chronic, low-intensity mistreatment and organizational dysfunction as traumatic rather than merely stressful, consistent with scholarship on toxic workplace dynamics and escalating mistreatment processes (Akella & Lewis, 2019; Andersson & Pearson, 1999; Buyukyilmaz & Kara, 2024; Cortina et al., 2001).

Beyond affirming existing scholarship, this study makes three distinct theoretical contributions. First, it extends trauma-informed care theory, originally developed in clinical and social service contexts (CSAT, 2014; SAMHSA, 2014), into organizational and leadership settings. Its core principles of safety, trustworthiness, collaboration, and empowerment are equally applicable as organizational leadership standards. Participants' accounts reveal that organizations are not passive bystanders to trauma but active contributors to its severity when these principles are violated, positioning trauma-informed care as an organizational governance imperative rather than solely a clinical framework. Second, this study extends Edmondson's (1999, 2019) psychological safety theory by showing that the prolonged absence of psychological safety does not merely suppress voice and performance. It produces trauma-level disruption to professional identity and long-term well-being, adding a trauma dimension that the existing theory does not yet fully address.

Third, this study provides the first empirical, multi-industry validation of the emerging theory of workplace trauma. Black and Mancini (2022) foundational work proposed the theory conceptually through a small culinary sample, stating that workplace trauma is derived from abusive leadership and betrayal. This study extends that foundation by providing rigorous phenomenological evidence across eight industries and 24 participants, confirming the theory's applicability beyond a single organizational context. Findings further clarify that workplace incivility and chronic toxic behavior function as contextual contributors to trauma rather than trauma itself. Similarly, workplace trauma is meaningfully distinct from stress and burnout in its disruption of identity, perceived safety, and self-regulatory

functioning. This study also expands the theory by documenting financial consequences as a distinct and underexamined dimension, demonstrating that workplace trauma occurs across a continuum from chronic low-intensity mistreatment (little t) to acute high-severity events (big T), and establishing that survival-oriented coping is the dominant response when organizational systems fail to protect employees.

Research questions and summary of findings

This section summarizes the findings in direct relation to the two guiding research questions, clarifying how participants described their lived experience of workplace trauma and the strategies they used to cope with it.

RQ 1: How do employees describe the lived experience of workplace trauma?

Participants described workplace trauma as a deeply destabilizing disruption to their emotional equilibrium, relational safety, and professional identity. Rather than identifying a single incident, most accounts reflected chronic exposure to toxic leadership, incivility, and organizational dysfunction that gradually eroded trust and psychological safety. Employees reported persistent hypervigilance, anxiety, emotional numbing, betrayal, and self-doubt, alongside physical symptoms such as sleep disturbance and stress-related illness. Trauma extended beyond the workplace, affecting relationships, financial stability, and long-term career trajectories. Notably, the effects of workplace trauma, including emotional, physical, financial, and career consequences, emerged as a distinct core theme within participants' descriptions of their lived experience, reinforcing that the impacts of trauma are inseparable from how employees experience and make meaning of it. Collectively, these findings reveal workplace trauma not merely as conflict or stress, but as an internalized disruption of identity and meaning resulting from sustained or severe workplace harm. These findings also extend existing literature by documenting sexual harassment and assault as direct sources of workplace trauma in 25% of participants, with institutional betrayal prolonging the traumatic experience.

RQ 2: How does an employee cope with workplace trauma?

Participants described coping primarily as a means of survival rather than recovery. Common strategies included compartmentalizing experiences, suppressing emotions, dissociating during harmful interactions, remaining silent to avoid retaliation, and setting rigid personal boundaries. Many sought therapy or external support to validate their experiences and regain a sense of control. However, coping often functioned as a protective

mechanism that enabled continued functioning within unsafe environments, rather than as a pathway to full healing. These findings suggest that while individuals demonstrate resilience, meaningful recovery requires organizational accountability and trauma-informed systems that move beyond reliance on employee self-management. Taken together, these findings extend beyond descriptive accounts of trauma and offer important theoretical and practical implications. In this way, participants' coping strategies cannot be understood apart from a leadership context, because leader responses shaped whether employees could speak up, access support, or felt forced into silence and self-protection (Black & Mancini, 2022; Loh & Dollard, 2024).

Building on theoretical contributions described above, these findings also diverge from prior research in three important ways. First, unlike quantitative studies measuring burnout or turnover (Nielsen & Einarsen, 2012), this research reveals trauma as a qualitatively distinct experience involving a fundamental disruption to professional identity, perceived safety, and self-regulatory functioning that neither burnout nor stress frameworks fully capture. Second, whereas existing financial research focuses on organizational costs (Hassard et al., 2018), participants described individual-level financial devastation, including forced career changes and years of reduced earning capacity. Third, participants described trauma across a continuum from "little t" to "big T" experiences, challenging categorical approaches to workplace mistreatment and revealing how accumulated incivilities can produce traumatic outcomes comparable to acute incidents.

Additionally, participants' coping mechanisms functioned primarily as survival tactics rather than pathways to genuine healing or recovery, a finding that differs from resilience-focused coping literature emphasizing adaptive growth and post-traumatic resilience (Brown, 2021). This pattern challenges organizational approaches that locate trauma recovery within individual employee responsibility while leaving systemic dysfunction unaddressed. Overall, these findings highlight the need for trauma-informed leadership that prioritizes psychological safety, accountability, and systemic intervention over individual resilience alone. This stance also aligns with emerging evidence that ethical, inclusive, and trauma-informed leadership reduces psychological harm, while toxic or abusive leadership intensifies mental health consequences and organizational decline (Walker, 2025).

Practical recommendations for leaders

The findings position trauma-informed leadership as highly important, because participants consistently linked trauma escalation to leadership failures in protection, response, and accountability. The resulting psychological

toll (emotional exhaustion, hypervigilance, and loss of trust), shows the profound impact of workplace trauma on employee well-being, performance, and identity. These narratives point to broader implications for leadership, as harm not only erodes morale but also diminishes productivity, innovation, and collaboration (Cullinan et al., 2020; Ilieva et al., 2024).

Relationally-focused leadership approaches (Harms et al., 2017; Lester et al., 2024; McCauley & Palus, 2021) demonstrate the importance of applying trauma-informed principles in organizational contexts. Edmondson's (1999, 2019) research on psychological safety provides a foundational framework for understanding why participants in this study described silence, withdrawal, and self-protection as primary coping strategies: in the absence of leader-established psychological safety, employees perceived that speaking up, reporting harm, or seeking support carried unacceptable professional risk. Koloroutis and Pole (2021) further argue that trauma-informed leaders must recognize that people, including themselves, will struggle due to current and past traumatic experiences, and that visible, present leadership that responds with compassion and empathy is essential for facilitating posttraumatic growth. Participants in this study consistently described the opposite: leaders who were absent, dismissive, or retaliatory, reinforcing that the failure to practice trauma-informed leadership does not merely leave harm unaddressed but actively compounds it.

Building this capability requires intentional leadership development. Trauma-informed leadership training would help leaders understand the difference between stress, burnout, and trauma so they can recognize what they are actually seeing in their people rather than misidentifying it. Training needs to include education on how trauma manifests behaviorally in the workplace, such as hypervigilance, emotional reactivity, withdrawal, and declining performance, so that leaders respond with curiosity rather than discipline. Understanding the neurological basis of these responses is equally important, as trauma alters brain functioning in ways that affect memory, emotional regulation, and decision-making long after the original experience (Bremner et al., 2008). When leaders understand that a dysregulated employee is not being difficult but is responding from a nervous system that has been fundamentally changed by traumatic experience, it shifts the leadership response from frustration to informed compassion. In practice, this training might include case-based scenarios drawn from real workplace situations pertaining to that industry, reflective exercises that ask leaders to examine their own responses to distress, and structured dialogue about organizational policies that either support or undermine psychological safety.

For leaders genuinely committed to improving workplace culture, findings point to several actionable steps. First, leaders need to examine

whether their organizations have reporting pathways that employees trust, as participants consistently described formal mechanisms that felt unsafe or retaliatory in practice. Second, leaders need to realize that behaviors such as withdrawal, emotional reactivity, or declining performance may signal unaddressed trauma rather than poor attitude or lack of motivation. When noticed, leaders who respond with curiosity rather than discipline will create a psychologically safe workplace. Third, organizations need to normalize access to mental health support by actively encouraging employee assistance programs, covering therapy costs where possible, and removing the stigma associated with seeking help. Participants described delaying or avoiding professional support due to cost or fear of professional consequences, both of which are addressable through organizational policy.

Finally, leaders need to understand that accountability and compassion are not opposing values. Participants described the absence of accountability for perpetrators of harm as one of the most retraumatizing aspects of their experience, suggesting that trauma-informed leadership requires both a compassionate response to those who are harmed and clear consequences for those who cause harm. Culture change begins with leaders who are willing to honestly assess whether their organizations protect people or protect hierarchy, and to act on what they find.

Limitations and future research directions

While this study offers deep insight into the lived experiences of workplace trauma, certain limitations must be acknowledged. The sample was predominantly female (21 out of 24 participants), which may influence the nature of the themes that emerged. Patterns of survival-oriented coping, fear of retaliation, and identity erosion may not fully capture how men experience workplace trauma (Carbone et al., 2024). Future research needs to capture a more balanced gender representation and explore how gender shapes trauma experiences and responses. While this study identified preliminary industry-specific patterns, the sample size and phenomenological design limit the depth of cross-industry comparison. Future research should pursue dedicated industry-specific studies to build more rigorous and actionable frameworks for each organizational context. This area warrants further exploration, particularly in developing a trauma-informed leadership theory and frameworks that can be adapted to different organizational contexts. Additionally, as data were collected through retrospective self-report, participant accounts may be subject to recall bias, though this is consistent with phenomenological inquiry which values subjective meaning-making over objective verification.

Conclusion

This phenomenological study was guided by two research questions: (1) *how do employees describe the lived experience of workplace trauma*, and (2) *how does an employee cope with workplace trauma*? In response, 24 participants across healthcare, military, public service, education, nonprofit, corporate, and entrepreneurship industries described workplace trauma as a cumulative experience rooted in chronic exposure to incivility, emotional harm, and leadership failures. Effects of trauma included disruption to participants' psychological, relational, and professional functioning, producing consequences that extended beyond emotional distress to include measurable financial setbacks, career derailment, and physical health impacts. Coping strategies were primarily survival mechanisms rather than pathways to healing, revealing the inadequacy of organizational approaches that place recovery responsibility on individual employees while leaving systemic dysfunction unaddressed. These findings challenge the persistent tendency to dismiss workplace trauma as mere "drama" and underscore the urgent need for a trauma-informed leadership theory that prioritizes psychological safety as both an ethical obligation and a strategic organizational imperative. Ultimately, by documenting consequences from chronic "little t" mistreatment to acute "big T" events, this study challenges organizations to move beyond passive acknowledgment toward active accountability and meaningful systemic change.

Disclosure statement

No potential conflict of interest was reported by the authors.

Generative AI disclaimer

OpenAI's ChatGPT was used solely to assist with improving the flow, clarity, and organization of the manuscript. No generative AI tools were used in the analysis or interpretation of the study's findings. All research design, data analysis, and conclusions were conducted and reviewed by the authors.

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Appendix
Interview questions

1. If you are comfortable, tell me about your experience with trauma in the workplace. You only need to share as many details as you feel comfortable disclosing.
2. How did this experience affect your life in general?
   a. How did it make you feel?
   b. What did you think about it?
   c. Did you notice any attitude or behavioral changes as a result?

3. How did this experience affect your work performance, commitment, satisfaction, and attendance?
4. How has your experience of trauma in the workplace affected your financial situation, including any changes in income, medical or therapy expenses, time off work, career advancement, or other financial burdens?
5. Let's talk about your healing or recovery process. What coping mechanisms or strategies have helped you along the way?
6. Where are you in your healing or recovery process as of today?
7. What further personal or professional growth do you think is needed?
8. Is there anything that your current organization could do to help support your continued growth or recovery?
9. What advice would you give to others who have experienced similar challenges in the workplace?
10. What advice would you offer to managers or colleagues who work with individuals who have experienced workplace trauma?