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The Invisible Co-Worker Among Us: Understanding Childhood Trauma and Workplace Well-Being

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ABSTRACT

This work intended to investigate potential correlations between past experienced personal trauma to the everyday experience of workplace well-being. The authors explored traumatic childhood stories using the Philadelphia extended version of the original Adverse Childhood Experiences (ACEs) survey. Connections to these experiences were sought in a broad range of populations using snowball sampling. Participants (N = 406) were asked to answer the ACEs survey and questions on their current perception of workplace well-being using the Eudaimonic Workplace Well-Being Scale (EWWS). Results indicated a strong correlation that was statistically significant. An increase in the number of ACEs aligned with a lower perception of well-being within the workplace. This is the first study of its kind to connect clinical childhood trauma experience with current adult workplace experience of well-being. Findings suggest enhanced focus should be placed on engaged awareness and action-oriented treatment of mental health in the workplace.

1. Introduction

Trauma is something that is mostly inescapable from the collective human experience (van der Kolk, 2000). People who experience trauma as children end up in workplaces as adults. The American Psychological Association (APA) has shown that 7.9 million children from the United States (U.S.) experienced some form of unintended significant injury (APA, 2011). These injuries may have resulted from experiences ranging from car crashes to fires. Another 400,000 children were affected by harm due to violence (APA, 2011). Untreated childhood trauma is more likely to produce post-traumatic stress disorder (PTSD) symptoms, not excluding complex or long-term exposure to symptoms, known as C-PTSD (APA, 2011). This affects individuals' social, cognitive, and biological development (Bendall et al., 2012; Felding

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et al., 2021). Aas et al. (2016) also showed recovery is slow for the long-term effects of childhood trauma (as it relates to PTSD).

The short-term effects of these traumas can result in the development of new fears, separation anxiety (especially in young children), sleep problems, sadness, loss of interest in normal activities, lack of concentration, decline in schoolwork, increased anger, somatic issues, and irritability (APA, 2011). Trauma has only more recently become a relevant topic within the clinical world, specifically its neurobiological impacts (van der Kolk, 2014).

How do we support this population? Let us define 'support' as a trauma-informed approach to compassionate communication (Bath, 2008). Equipping managers, leaders, and employees to intervene with traumatized populations must go beyond lip service. Further, workplaces must manage this without adding to the burden of workload and burnout.

The issue is a lack of knowledge of what happens in the gap from childhood to adulthood and how the effects of trauma have been mitigated, exacerbated, normalized, or otherwise treated and coped with as individuals age (APA, 2011). Brown et al. (2009) showed the connection between trauma and lifespan: those who experience trauma suffer from pre-mature mortality at the rate of 2.4 times the normal.

Some U.S. businesses offer employee assistance plans (EAP), but is that enough? Why concern employers with clinical childhood traumatic experiences in the workplace? Human beings prioritize roles in the workplace to compartmentalize experiences when it is within their personal moral agency as an obligation to bring a full expression of Self into the workplace (Rozuel, 2011).

2. Literature Review

The sheer absence of literature at the intersection of childhood trauma in the workplace (regardless of well-being) is conspicuous. Much of the seminal research targets mass casualty events and leaves the less popular (and often undiagnosed) childhood trauma in the past (van der Kolk, 2014).

Manderscheid (2009) helped connect trauma-informed leadership to public health crisis events. They showed that in high-stakes situations, trauma-informed leadership is critical to the employees, customers, or patients that are served (Manderscheid, 2009). This raises the point that leaders of organizations, in relatively unrelated non-disaster zones, should view their employees with compassion for experiences that they might not have disclosed but could be affecting their well-being.

Strolin-Goltzman et al. (2020) connected secondary post-traumatic stress disorder and compassion fatigue from mental health employees and social workers within their industry. Managers and leaders of organizations are not equipped to support employees with varying (and potentially traumatic) backgrounds within the workplace without trauma-informed training. If people with ACEs are in the employment pool, how are we (society, employers, and leaders) supporting them?

Tehrani (2004) provides ways to support employees experiencing trauma in the workplace. They also describe a Trauma Support Model (TSM) to provide assessment and management of the risk of developing additional trauma. However, this research is focused on trauma produced from the workplace and not the trauma that resides within the human, where their experience intersects in the workplace. In other words, Tehrani (2004) focused on catastrophic traumatic events. They identified that the correlation between post-traumatic events and perceived

helpfulness of counseling was nil. If we consider the implications of the coronavirus pandemic we are still experiencing, that could have effects on the participants of this study.

2.1. Well-Being in the Workplace

Well-being as a consideration dates back to the early twentieth century (Fitch et al., 1926). Samuel Gompers advocated an employee-positive agenda to employers of the time (Fitch et al., 1926). Nearly 100 years later and human well-being is something that is widely (and frequently) reported in various news journals and the social media of our time. Morgan (2006) suggested that as society evolves, our perceptions and actions toward well-being also change. A link between well-being, stress, and productivity has been well discussed in the existing literature (Donald et al., 2005). The financial impacts on the U.S. workplace accounted for $36 to $53 billion dollars in unrealized productivity losses related to mental health symptoms (McTernan et al., 2013; Donald et al., 2005). While there are different types of well-being, the present study focuses on eudaimonic workplace well-being, which reflects the degree of optimal functioning and growth at work (Bartels et al., 2019).

For well-being, the literature leans towards the hedonic perspective of how humans experience life through the lens of happiness and their interpretation of cognitive and affective functions (Bartels et al., 2019). Bartels et al. (2019) incorporated the alternative eudaimonic perspective to include psychological well-being, overall human functioning, and growth. The eudaimonic approach incorporates traditional Organizational Development (OD) traits such as alignment of values, authenticity, and deeply held beliefs (Bartels et al., 2019). This perspective's bias towards more than just individual happiness lends itself towards the workplace experience of well-being in this context.

Wellness and well-being are used interchangeably on the following basis of understanding using Bartels et al.'s (2019) two-dimensional (inter and intrapersonal) eight-question scale to determine well-being at work. The Bartels et al. (2019) measurement is the Eudaimonic Workplace Well-Being Scale (EWWS).

The two dimensions of eudiamonic well-being are being used to define well-being generally for this study. The intrapersonal dimension focuses on an employee's internal feelings of value derived from and within the workplace, either by their work directly or as a result of personal development in the work context (Bartels et al., 2019). The interpersonal dimension focuses on relationships with others in the workplace to specifically identify valued social interactions which contribute to one's well-being (Bartels et al., 2019).

2.2. Measuring Adverse Childhood Experiences

This paper utilizes the ACEs scale to measure trauma. ACEs have been shown to negatively impact the well-being of persons throughout their lives and contribute to illness and early death (Felitti et al., 1998). The ACEs scale is a 21-item scale expanded from the original ACEs study at Kaiser Permanente (N = 9,508) by Felitti et al. (1998). The updated 21-item scale was developed by Cronholm et al. (2015) with 1,784 respondents that further refined societal fringe demographic specifications that would have remained unidentified with the original study. Cronholm et al. (2015) used fourteen categories: emotional abuse, physical abuse, sexual abuse, emotional neglect, physical neglect, domestic violence, household substance abuse, household mental illness, incarcerated household member, witness violence, felt discrimination, adverse neighborhood experience, bullied, and lived in foster care.

2.3. Hypotheses

The authors hypothesize that a higher number of ACEs will result in lower EWWS dimensional results. This builds upon previous research in both trauma and workplace well-being to propose potential benefits for organizations and their stakeholders in exploring the reality of organizations focusing on employee well-being while approaching the core of what may exacerbate underlying traumatic experiences.

3. Method

3.1. Participants

A total of 527 people were surveyed. After removing participants with incomplete data, 406 participants remained. Participants were 18 years or older and had been employed at least once in their lifetime. If not currently employed, participants could respond to the items thinking of their last employment situation. G-Power identified the minimum appropriate sample size to be 115 (Faul et al., 2007, 2009). Participants were recruited from friends, colleagues, graduate student cohorts, and a post on social media (LinkedIn, Facebook, Instagram). Data collection began on October 26, 2021. The survey was closed on November 30, 2021.

3.1.1. Demographics

A total of 95% of participants (n = 386) were from the U.S. Of the remaining participants, 3.2% did not respond to the question about their current location, and the remaining participants (less than 1%) were outside of the U.S. Participants were 55% male (n = 223), 44% female (n = 178), and 1% identified as other or preferred not to answer (n = 5). Participants' average age was 30 years old (n = 404), with a range of 18 to 68 years. Average length of time (in years) at their current position of employment (n = 399) was 3.58 (SD = 3.50). Average length of time, in years (n = 300), of working on their current team (defined as a group of two to six people) was 2.85 (SD = 3.39).

3.2. Procedure

Data were collected using an electronic Qualtrics survey that was posted in social media solicitations. The survey took approximately 10 minutes to complete, and no identifying information was collected from participants.

3.3. Measures

3.3.1. Childhood Trauma

The Chronholm et al. (2015) study was the first to expand its dimensional scale criterion across racially and socioeconomically diverse populations. The expanded scale showed statistical significance ($p \leq .001$) in comparison to the original ACEs study across nine dimensions (Cronholm et al., 2015) and was selected for the present study. Participants rated themselves on response scales that varied from two to five choices per item. Reliability is excellent (α = .90).

3.3.2. Well-Being

To consider the well-being of an individual in the workplace, the Bartels et al. (2019) eudaimonic workplace well-being scale (EWWS) was chosen. Eight questions were asked across two dimensions on a five-point Likert scale ranging from 'strongly disagree' (1) to 'strongly agree' (5). Reliability is good (α = .88).

4. Results

IBM SPSS Statistics software was used to analyze the data and test the hypothesis. Pearson correlation analyses supported a statistically significant, negative correlation between EWWS (M = 3.6, SD = .73) and ACEs (M = 7.8, SD = 5.66), $r(404)$ = -.43, p < .001, R^2 = .19. Further, ACEs were found to account for 19% of the variance in workplace well-being, which is a medium to large effect. Figure 1 illustrates that an increased accumulation of ACEs a person accounts for in their past experience is associated with a negative current perception of well-being in the workplace.

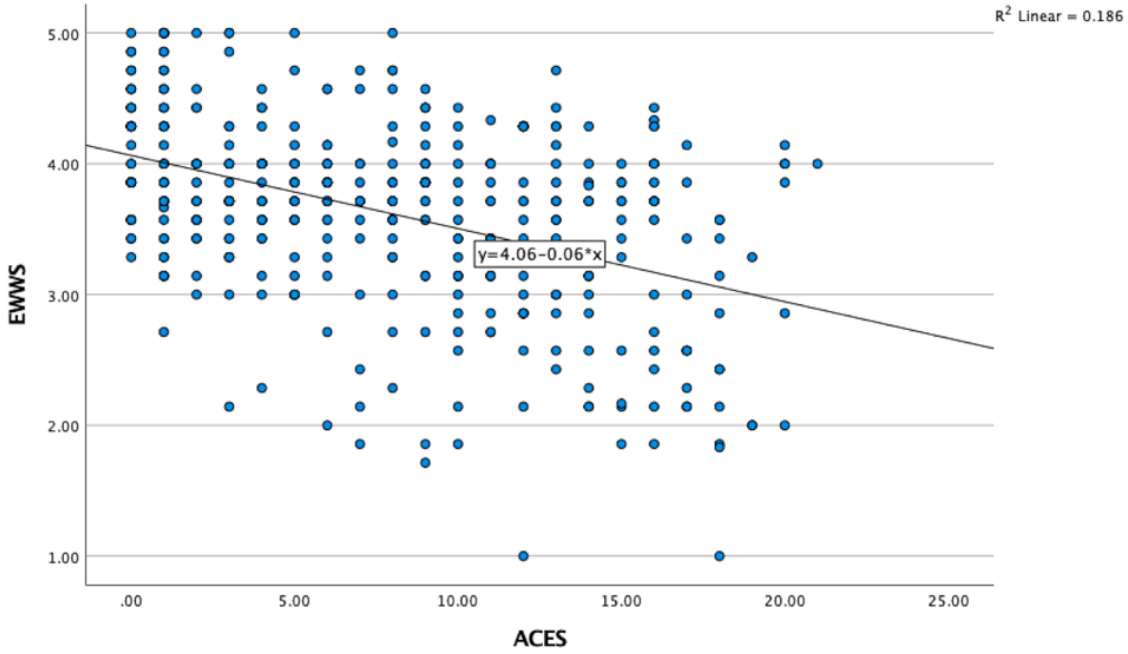

Figure 1. Workplace well-being scale (EWWS) compared to the number of Adverse Childhood Experiences (ACEs)
Note. p < .001

We further explored the two dimensions of workplace well-being (interpersonal and intrapersonal) and their relationships with trauma through additional correlational analyses. In examining the relationship between ACEs (M = 7.8, SD = 5.66) and interpersonal workplace well-being (M = 3.58, SD = .83), results supported a significant, negative correlation, $r(404)$ = -.46, p < .001, R^2 = .21, with 21% of the variance in workplace well-being explained by ACEs. The size of this effect was medium to large. Figure 2 illustrates that an increase of ACEs responses is related to less fulfilling workplace social interactions.

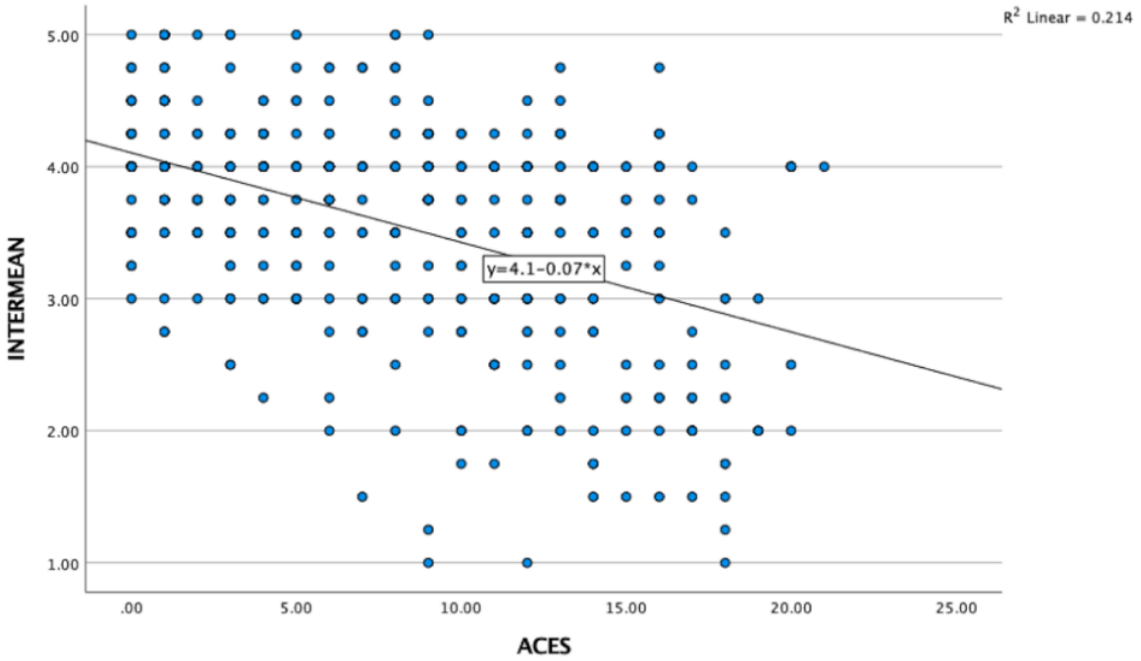

Figure 2. Workplace well-being scale (EWWS) interpersonal dimensional analysis mean compared to the number of Adverse Childhood Experiences (ACEs)
Note. $p < .001$.

Results also supported a significant, negative correlation between ACEs ($M = 7.8$, $SD = 5.66$) and intrapersonal workplace well-being ($M = 3.74$, $SD = .79$), $r(404) = -.27$, $p < .001$, $R^2 = .08$. Further, ACEs were found to account for 8% of the variance in workplace well-being, which is a small to medium effect. Figure 3 illustrates that an increased accumulation of ACEs a person accounts for in their past experience is associated with less internal feelings of value and meaningfulness in the workplace.

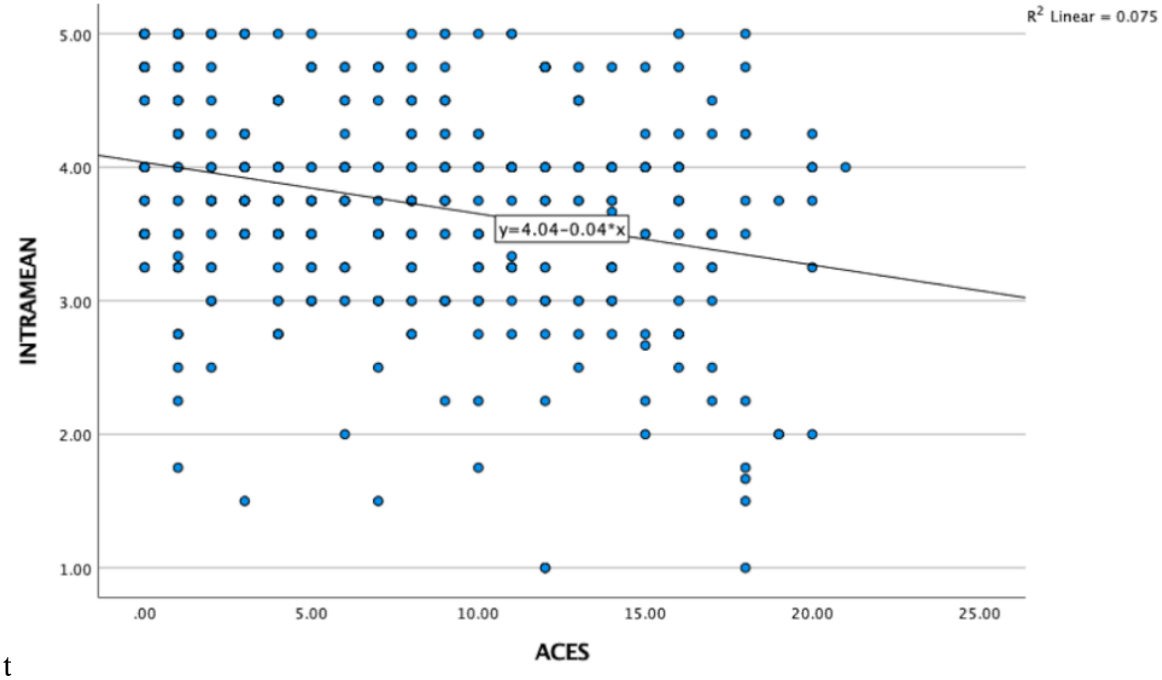

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Figure 3. Workplace well-being scale (EWWS) intrapersonal dimensional analysis mean compared to the number of Adverse Childhood Experiences (ACEs)
Note. $p < .001$.

5. Discussion

Our study aimed to examine the relationship between ACEs and workplace well-being. In line with our hypothesis, we found that employees who reported more ACEs were more likely to report lower workplace well-being. This also holds true for interpersonal and intrapersonal dimensions of workplace well-being. Notably, the strongest relationship was found between interpersonal workplace well-being and ACEs. Interpersonal workplace well-being focuses on belongingness and connection, and other social aspects of work that shape an individual's experience of fulfilling their potential (Bartels et al., 2019). Given that most of the ACEs measured in this study are centered on experiences with others, it may be that these negative interpersonal childhood relationships do indeed impact the quality of relationships at work. Further research is needed to test this assumption.

In performing this evidentiary analysis of U.S. workplace employees, our results support the idea that those who have experienced adverse childhood experiences bring their traumas into the workplace. This population may not find solace in acknowledging this truth. However, it is a step in the proper direction to shed light on the relationship between previous childhood trauma and workplace well-being. Employees that compartmentalize their emotional experience may struggle to live meaningful, energetic, organizational lives. The employee, their team, and their organization must be in alignment on values that hold both depth and weight.

5.1. Limitations

First, a limitation of the present study is the inability to make conclusions about cause and effect. While the results did support negative relationships between ACEs and workplace well-being, and subsequently provide an important foundation for similar future studies, we could not explicitly test if ACEs did result in decreased well-being. Nor do we recommend such testing as it would be unethical and harmful.

A consideration of intra-survey influence (meaning parts of the survey affecting other survey response results) may have changed outcomes. For example, participants may have experienced negative reactions after reading and responding to the ACEs questions, shaping their responses to the EWWS survey regarding well-being.

Starting by acknowledging the U.S.-global context, two significant events may have affected participants. The present study was written amidst a "great resignation" where over four million U.S. workers left their positions in July 2021 alone (Cook, 2021, para. 1). Additionally, some of the collective trauma associated with the coronavirus pandemic (COVID-19) may have allowed people to more readily appreciate research into how trauma is affecting them, in a more general sense. Both employers and employees are seeking to find new, improved, and authentic ways to incorporate wellness into daily workplace experiences.

The networks accessed for the snowball sampling of populations were limited to connections with overlapping and separate unique network access. There is potential for the dataset to be less diverse and less representative of the general population than anticipated without further demographics analysis.

The criterion for employment was so broad that it could have allowed for a population of potentially unemployable people due to disability in their current state.

5.2. Future Research

Identifying that childhood trauma is associated with people's experience of well-being in the workplace creates a plethora of possible research paths. The goal of this research is to support people to realize their true potential through the workplace context and to help organizations understand how to better support this population.

While our study has helped to provide support for the relationship between ACEs and workplace well-being, an examination of potential mediators and moderators of this relationship would significantly further our understanding of this relationship and how ACEs can have a lasting impact over time.

A next-step study possibility may also be to look at the problem through a qualitative lens. Interviews could be conducted with 10 to 20 people along with a survey of open-ended questions to gather the experience of those with none, very few, moderate, and many ACEs. Through this study, researchers might hope to gather themes of beneficial coping strategies that may or may not be a concerted or conscious effort to increase or modulate one's experience of well-being in the workplace.

Another option to explore is the factors surrounding the neuroscience and direct biological experience of those with ACEs and their experience with well-being in the workplace. As a tertiary measure to the above-suggested research (or perhaps a stand-alone option) it is possible to use neurofeedback to gauge baseline and potential improvements. Bessel van der Kolk (2014) has shown how the physical body harbors trauma, and that electroencephalograms (EEG) can support those seeking to improve their well-being. With mass-market EEG devices gaining popularity, employees may have more access to personal self-monitoring and clinical neurofeedback.

Finally, more work should be conducted directly relating trauma and well-being targeted interventions. The authors acknowledge that Spain et al. (2021) provided a functional framework to integrate a formulaic approach to improving perceptions of well-being. Yet, the participant pool appeared limited (n = 8), and their research took place prior to 2021. Further, such a study could be synthesized with the ACEs survey, used before and after the intervention, to test potential effects and levels of efficacy.

6. Conclusion

In some ways, childhood trauma seems like an invisible co-worker among us in the workplace, hidden by darkness, and our study has helped to shed light on the ways in which it may influence workplace well-being. The present study supports the idea that people bring their experience of childhood trauma with them into the workplace and that it negatively affects their perception of well-being. If employers are interested in maximizing profits to capture the billions in lost productivity, they must support their employees in ways that take their full experience into perspective (McTernan et al., 2013; Donald et al., 2005).

Employees want more than just money. A transactional relationship with monetary compensation may have worked before and now the paradigm has shifted. While compensation is important, it is not enough. Cultivating a culture of belonging, acceptance, and authenticity is necessary to facilitating a successful organizational structure. Business is more than numbers, as without the people, there will be no numbers. The Surgeon General of the U.S. recently provided a new framework, a comprehensive approach to mental health and well-being (Office of the US Surgeon General, 2022). The focal point of the work experience is centered on equity (with the employee's voice) and is founded on two foundational values of safety and

security. While these ideas are continuing to surface in the zeitgeist of our experience, action is still necessary on the part of the employee and employer.

The scope of this potential field of research is large, and the breadth of time to continue is short. We can no longer ignore the obvious. Trauma is not left at the door of our workplace experiences. Our past experiences paint our current reality of perception in relationships at work. We must equip leaders, managers, and employees with tools of trauma informed leadership as well as followership. Further, all citizens of the workplace must be able to support each other; employers must support such connection in the workplace to facilitate a full expression of Self.

It is imperative that we remind ourselves of the importance of self-care by continually checking-in with ourselves and others to support our collective well-being. It is our suggestion that people, businesses, and systemic institutions propagate agendas that consider the often hidden effects of trauma. Businesses have billions of dollars to gain by engaging stakeholders in organizational self-discovery, developing employees, and bringing in experts to support these measures (McTernan et al., 2013; Donald et al., 2005). Without a doubt, shining a light in the organizational shadows of collective personal trauma will add value.

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