Supporting Our Support Workers' Wellbeing during a Pandemic: What Works?

A thesis presented in partial fulfilment of the requirements for the degree of

Master of Arts

In

Psychology

At Massey University, Auckland, New Zealand

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2022

Abstract

Purpose: The purpose of this project was to explore the wellbeing of mental health support workers during Covid-19 lockdown periods in Auckland, New Zealand. The focus was on learning about stressors that hindered mental health workers' abilities to cope with the risky elements of their work, and the protective factors that enabled them to weather such stressors and maintain their wellbeing. This study treated the workers themselves as subject matter experts in their own wellbeing.

Method: Self-reported experiences of a sample of N=50 mental health workers employed across five residential mental health services in an Auckland-based non-government organization were explored using a mixed-method approach. A word association task was set, asking workers to freely identify what workplace wellbeing means to them. This was followed by a written questionnaire using Flanagan's (1954) Critical Incident technique, where participants were asked to recall two stories about incidents that they experienced during lockdown periods: one where they felt that their wellbeing was boosted, and one where they felt that their wellbeing was not boosted. For each of the two incidents shared by participants, a 10-item Perceived Organizational Support (POS) questionnaire was subsequently completed.

Results: Prototype analysis of the word frequency search revealed that the workers valued support from their teams above all else, followed by more organizational support from managers within their organization. The content analysis conducted on responses from the critical incident technique further revealed that perceived organizational support (POS) was the main wellbeing theme spontaneously self-reported by these workers, followed by teamwork, support from external agencies such as Police, supervisor support and personal credit. From the POS questionnaire, workers had significantly higher scores for POS when recalling positive incidents, and lower scores for POS when recalling negative incidents.

Implications/Recommendations: A follow-up study, with a larger sample size and across a larger variety of mental health organizations, would be beneficial once the pandemic is under control to understand its full impact on the wellbeing of mental health workers, and to examine whether the findings replicate across organizational settings. Furthermore, future research would benefit from investigating the role of inter-organizational support and more informal forms of social support in perceptions of organizational support.

Acknowledgements

Thank you to all who participated in my research, whose words and experiences I could not have done this without. A special thank you to the Board of Directors for allowing me to conduct my research, and to my GM and team in Ranui for your ongoing support.

To my supervisor, Stuart Carr, not only are you an immensely talented researcher, but you have a heart of gold. Your care and understanding as I went through some of the most challenging times in my life did not go unnoticed, and I thank you for being the warm and kind person that you are, despite the immense challenges that you experienced yourself.

To Anuja & Emma, thank you always for your ongoing support, love and proofreads! To my dear siblings Aaron, Eve and Pauline, and my dear cousin Shivani, thank you all for your constant check-ins, love, encouragement and, of course, snacks! Thank you for moulding me, guiding me and pushing me to do my best since I entered this crazy world.

Mum, my inspiration, thank you for being my biggest cheerleader. You were there supporting me in more ways than one, putting up with my stress and taking it on as your own like a true mother lioness. I would not be in this field without you.

David, thank you for being a warm and sunny constant in my life from the moment that you entered it, and for your unwavering encouragement, love, and support throughout this time. Here's to our future. I would go around again with you, without hesitation.

And finally, Dad. This year has been scary and confronting, but despite everything that has happened, this is dedicated to **you**. As you always said to me, in our morning chats before you went to work, "The roots of education are bitter, but the fruits are sweet". I will cherish those words and continue to pass them on as your legacy. And I know that these fruits will be sweet. I love you, and always will, no matter where you are and no matter what the future brings.

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Introduction

These past two years, the COVID-19 pandemic has been a poignant reminder of how much the world relies on healthcare organizations and the care and sacrifice of the healthcare workforce. Mental health care workers are especially crucial, particularly within a pandemic, as they work directly with some of the most mentally vulnerable groups in society. Due to the novel nature of the recent pandemic, it is unclear how these workers managed their wellbeing and coped with critical incidents during the pandemic, critical incidents being instances where workers were exposed to both physical and psychological harm at work (Koukia & Zyga, 2013). It is also unclear how they made sense of the critical incidents they saw and experienced, which may have had an impact on how they weathered the challenges to wellbeing that Covid-19 has presented so far. This thesis aimed to explore the wellbeing of New Zealand workers in the mental health sector, an area that the researcher had an invested interest in due to their own experiences working in the mental health sector during the recent Covid-19 pandemic. The workers participating in this research worked in residential settings, meaning they provided care and support to the mentally ill who have been living in semi-secure facilities within in the community during the pandemic. From the perspective of these frontline mental healthcare workers, as subject matter experts, this thesis explored worker wellbeing in the context of positive and negative critical incidents that they experienced during lockdowns in Auckland, New Zealand. How prevalent and salient were attributions of perceived organizational support (POS) and any other attributions, such as attributional biases, in relation to what these workers were reporting either helped or hindered their wellbeing?

Workplace Wellbeing- A Brief Overview

In most OECD countries like New Zealand, the average adult spends at least one third of their life at work (International Labour Organization (ILO), 1996-2022). This significant

amount of time at work means that working environments are major influences in the wellbeing of the general population. Wellbeing can refer to physical, emotional, psychological, and social aspects of working life (Helgeson, 1993; Grant et al., 2007). According to the ILO (International Labour Organization, 1996-2022), these aspects include the quality and safety of the physical environment, as well as emotions such as how workers feel about their organization, how they feel about their role, and how they feel about their working environment (International Labour Organization, 1996-2022). Physical and emotional wellbeing encompasses the health outcomes of workers, but can also spill over into stress from incidents, for example (Grant et al., 2007). Psychological wellbeing encompasses workers' thought processes, their levels of satisfaction with processes and practices in their workplace and their levels of self-esteem. Finally, social wellbeing encompasses the quantity and quality of work-place social networks as well as employees' perceptions of fairness and equity regarding how they are treated by their organization (Grant et al., 2007). Thus, wellbeing is a holistic concept that spans a range of subjective processes and outcomes.

The Importance of Workplace Wellbeing in a Pandemic

Already, there has been the identification of the dire impacts that this pandemic has had on the health and wellbeing of general frontline health professionals. For example, frontline healthcare workers in Wuhan, China during the initial outbreak developed PTSD symptoms by the time the second wave of the virus had emerged (Zhou, Guan & Sun, 2021). Healthcare workers around the world during this Covid-19 pandemic, and during prior similar occurrences such as the 2009 swine flu pandemic, were at greater risk of contracting the viruses and as a result were exposed to increased occupational stress (Galbraith, Boyda, McFeeters & Hassan, 2020; Di Tella, Romeo, Benfante & Castelli, 2020). Each of these scenarios have a common denominator; the nature of the job itself. Frontline healthcare workers were not in the position to be able to self-isolate during lockdowns, due to their professional responsibilities to provide

care and support to society's most vulnerable. Yet, despite the risk to their own physical health and wellbeing, they continued to show up and do their jobs, further risking their physical, emotional, and social wellbeing. This remained true for frontline workers in the mental health sector in New Zealand, yet their experiences have not been explored in the same depth as their colleagues in more medical sectors. What were the stressors that hindered mental health workers' abilities to cope with their work, and what were the protective factors that enabled them to weather such stressors?

This thesis explores the physical, emotional, psychological, and social wellbeing of workers to establish what promotes or hinders their wellbeing at work. Existing literature, which will be explored within this review, suggests that such wellbeing can be linked with perceptions of organizational support. Support structures are important and, due to the amount of time people spend at work, organizations have a responsibility to ensure that their frontline staff feel sufficiently supported as they undertake their incredibly challenging roles, especially during novel circumstances such as a pandemic. The proposed research explores what workers themselves felt were hinderances to their wellbeing, and what protective factors enabled them to manage such hinderances, when they discussed incidents that they were involved in during lockdown periods. This thesis provides a balanced approach by investigating what mental health workers in Auckland felt contributed to both their good and poor wellbeing regarding the management of incidents during the Covid-19 pandemic.

The Mental Health Worker

The mental health support worker is a relatively new role, dating back to only the 1980's-1990's in New Zealand, yet surprisingly, they make up majority of the frontline workforce in the mental health sector in New Zealand and around the world (Caird, 2001; Ranui, Kelly & Haggerty, 2018; Tudor et al., 2018). A 2014 survey conducted within New

Zealand found that within 73% of nonclinical roles in non-government organisations (NGOs), support workers made up to 97% of those workers (Te Pou o te Whakaaro Nui, 2015). This same survey also showcased that mental health support workers make up a large part of government District Health Board's (DHB's) workers in both acute and rehabilitation settings. In fact, support workers are considered the main frontline workforce for mental health and addictions in New Zealand (Peters, 2010). Yet, despite this large representation, it remains unclear how these particular workers navigate the more challenging aspects of their roles (Tudor et al., 2018). This research aimed to address this gap in literature, about the wellbeing of support workers, by focusing on the first-hand experiences of mental health support workers who worked in an NGO in Auckland, New Zealand during Covid-19 lockdown periods.

The Role- Holistic Care

Mental health support workers are described as non-clinicians who work with people with mental illness (Hennessy, Smythe, Abbott & Hughes, 2017; Mental Health Foundation, 2022). They are considered non-clinicians because frontline support work in the mental health sector entails the provision of holistic care rather than hospital-based clinical care (Ranui, Kelly & Haggerty. 2018). Holistic care means that all facets of life are considered in recovery plans, rather than simply focusing on medication and illness-management. For example, frontline support staff (including care workers and health professionals) working under a rehabilitation model in NGO's support their clients with maintaining positive relationships and social networks, finding suitable employment, engaging in recreation activities, fostering their creativity, teaching them basic life-skills, and finding ways to contribute to the community (Tudor et al., 2018). These workers are deemed as non-clinicians, yet they have a somewhat clinical aspect to their roles as they are ensuring that their clients are complying with medication (and responding well to it) for their overall wellbeing. These workers do important

work, and as such, understanding their work psychology, and thus understanding the things that both help and hinder their wellbeing is key to safeguarding them and their clients. How theories in psychology apply to work settings in the New Zealand mental health sector is of crucial importance.

Mental health support workers have an even more challenging role as they juggle the needs of many due to being viewed in different ways with varying expectations by different groups of people (Cowan, 2000). For example, those working in the mental health industry with elevated clinical roles, such as psychiatrists and psychiatric nurses, often rely on mental health care workers to focus on the medical side of things, such as overseeing a client's compliance with medication, and monitoring early warning signs and sedation levels (Cowan, 2000; Tudor et al., 2018). Families, and the public, look to mental health care workers to maintain public safety, as most have an unrealistic concern regarding erratic behaviour from individuals with acute mental illnesses (Cowan, 2000). During the recent lockdown mandates, Police and the government looked to mental health care workers to keep those with acute mental illnesses secured and within their own 'bubbles'. This proved challenging, especially due to the limited insight that mentally ill clients have into their own wellbeing. This diversity of expectations and perspectives from other key stakeholders in the lives of mental health clients can be stressful and result in work strain for frontline mental health workers, as there can be a lack of role clarity behind what workers feel they are required to do in certain critical situations (Cowan, 2000). This is especially true in the context of the recent pandemic. Therefore, the way in which frontline mental health workers maintained their own wellbeing while also dealing with these varying expectations during the pandemic is of paramount importance, not only for worker wellbeing but also for patient or client wellbeing.

The Risks: Critical Incidents

Finally, the term ‘frontline’ is apt because the role is not without its risks. Due to the volatile nature of some individuals with acute mental illnesses, frontline workers across the mental health sector are faced with risky and unsafe situations frequently (Fridlund, Henricson & Martensson, 2017). Critical incidents in the mental health sector are defined as both situations provoked by patients where workers find themselves exposed to physical and psychological harm, and clinical matters related with nurses' everyday experiences (Koukia & Zyga, 2013).

One study of critical incidents handled by psychiatric nurses in Greece identified ten common types of critical incidents that were noted to have been provoked by patients. These incidents included agitation, acute anxiety, persistent insomnia, openly disturbed behaviour, provocative attitude, exacerbation of psychiatric symptoms, verbal violence to others, violence to property, physical violence, and deliberate self-harm behaviour (Koukia & Zyga, 2013). Another study in Sweden demonstrated the high prevalence of critical violence in the psychiatric inpatient sector, with 47% of staff having had some experience of physical and verbal violence during a six-month period (Pelto-Piri, Warg & Kjellin, 2020). Other studies that have been undertaken around the world have supported these findings by also identifying verbal aggression, physical aggression, and suicidal behaviour as being highly prevalent incident types within the mental health sector (Joyce & Wallbridge, 2003; O’Conner & Jeavons, 2003; Duxbury, 1999). Such incidents would potentially threaten the physical, emotional, and social wellbeing of mental health care workers.

Critical incidents, from the perspective of psychiatric nurses, can also arise from clinical matters related with their daily experiences (Koukia & Zyga, 2013). Or in other words, organizational hassles. Organizational hassles are factors out of the control of employees that

get in the way of mental health workers performing their job to the best of their ability, such as workplace tension, arguments, frustrating administration and work practices/processes and unsupportive management (Stephens & Pugmire, 2007). In care work in mental health settings, such hassles can quickly transform into critical incidents. For example, nurses in psychiatric care across two studies have revealed a major workplace hassle as being limited support when urgently required (Koukia & Zyga, 2013; Pelto-Piri, Warg & Kjellin, 2020). Looking more closely at one study in Greece, nurses revealed that incidents often escalated to become critical in the time that it took between calling a psychiatrist and actually receiving their guidance and assistance (Koukia & Zyga, 2013). Thus, nurses felt that the hassle of dealing with poor support structures and processes was the reason behind easily preventable incidents turning critical. It appears from this study that nurses allocated the blame for incident escalation outward and upward, away from themselves and toward blaming poor top-down support from their organization. As such, organizational hassles in the form of poor and ineffective practical support in mental health settings may have dire consequences for both employees and patients' subjective wellbeing, and it is therefore important to understand ways in which such hassles might be minimized, from the perspectives of workers themselves.

Assumptions and Research Gaps Concerning Mental Health Workers in NZ

It will be assumed, in this thesis, that frontline workers in the mental health sector in New Zealand will also report similar incidents to those reported globally, but that they might perhaps report different stressors resulting from the incidents due to the recent pandemic. For example, being physically assaulted might cause an additional stress of being in close physical contact with a client or dealing with clients who have absconded will cause anxieties around risk of infection and whether this client has been exposed to Covid-19. This is on top of the regular stress that such incidents cause. This thesis will further explore the employees' experiences of these incidents by asking them to reflect on what helped and hindered their *own*

wellbeing while managing these incidents and anxieties at work during the pandemic lockdown periods in Auckland, New Zealand.

Existing literature on workplace wellbeing during the recent Covid-19 pandemic has tended to favour the representation of healthcare workers in the capacity of hospital staff, such as nurses, doctors, psychiatrists, and psychologists, which is likely because Covid-19 affected people's physical health. Unfortunately, despite mental health care workers also being required to work throughout lockdown periods, their general absence from recent discourse means that the ways that they feel about their roles, their perspectives on the challenges that they have been facing during the pandemic, and their overall wellbeing at work is unclear. This thesis aims to address this gap in literature, by exploring the self-reported experiences of community and residential-based mental health care workers in Auckland, New Zealand. Due to the challenging nature of the role, learning about what has helped or hindered the overall wellbeing of these workers, from their own perspectives, is of crucial importance for mental health organizations to be able to learn how to better look after their workforce, and thus their client group.

Support for Support Workers: An Overview

When it comes to their own wellbeing, support workers are subject matter experts about what they believe to be most helpful to them. However, literature has told us that support at work is one potential mechanism behind the maintenance of good overall wellbeing at work for similar types of workers, while a lack of support can be a hindrance to workplace wellbeing and lead to adverse health and wellbeing outcomes (Koukia & Zyga, 2013; Pelto-Piri, Warg & Kjellin, 2020). Based on recent research, which will be explored in detail in the next sections of this review, this thesis proposes that support at work might be perceived in two forms: formal or structural support from an organization, and informal or social support from colleagues and

supervisors. Formal support from an organization is arguably more structural, where support for employees is provided through more practical means such as through the provision of resources, good job design, and a supportive workplace culture (Xiong & King, 2018). Social support is more relational/relationship-based, where support for employees might be filtered down from an organizational level via its leaders through informal check-ins, good leadership and to an extent even co-worker support (Xiong & King, 2018). However, there may be an interlap where teamwork and support from colleagues can also be considered a type of formal organizational support, depending on whether the support provided is a contracted role requirement or someone going above and beyond (Hayton, 2011). One way to investigate these various forms of support at work is to investigate the way that employees attribute critical incident outcomes when managing more challenging client and patient behaviours during critical incidents. Are they attributing good or poor outcomes to more structural support from their organization? Or are they attributing good or poor outcomes to other factors, such as the relationships they have with key members within their organization? Different kinds of support given by an organization may influence the perceptions of organizational support held by workers, which might in turn influence the attributions that workers make, or where they attribute credit and blame for certain situations. This thesis explores whether workers are talking about support from their organization, whether formal or informal, when discussing the factors that supported or hindered their wellbeing at work while managing critical incidents.

Perceived Organizational Support

Perceived organizational support, or POS, is a concept that is closely linked to wellbeing. POS accounts for the extent to which an employee feels or perceives that their organization *cares* about their *wellbeing* and values their work and contributions (Eisenberger, Huntington, Hutchinson & Sowa, 1986). POS signals to employees that their organization is ready and willing to *support* them and provide practical and formal *aid* whenever it is required,

and in return, employees increase their commitments and efforts at work (Eisenberger, Malone & Presson, 2016).

Formal and Informal Components of POS

There are a few components to the concept of POS which are central to employee wellbeing. According to Eisenberger, POS is influenced by, "various aspects of employees' treatment by the organization", which include but are not limited to how often employees are given praise and approval for their work on a formal level, how often they are rewarded (and how), how organizational policies apply to employees and the extent of practical support that they receive from their organization (Eisenberger et al., 1986, p. 501). As such, POS has a practical and formal component, where formal interventions on an organizational level, such as policies and reward systems, are central to how an employee views their organization and how happy and well they might be at work. Levels of POS held by employees can change, often in response to structural level changes such as new policies and practices that may benefit or hinder them, or even in response to critical events (Erdogan, Kraimer & Liden, 2004). As such, understanding the extent to which perceived support from an organization in a more formal sense impacts job-related wellbeing in support workers is an area that warrants further investigation.

Secondly, Eisenberger et al., (1986) proposed that actions by the employee's managers or supervisors may also be important in developing employee perceptions of organizational support. Employees perceive organizational support based on how they personify their organization, and research by Eisenberger (1986; Shanock & Eisenberger, 2006) has stated that POS can fluctuate depending on the extent to which employees attach humanlike characteristics to their organization. POS is derived from organizational support theory, a theory which hypothesizes that organizations are viewed as living entities with purpose and

intention, and that actions from its agents directly influence the beliefs and schema that employees build (Eisenberger et al., 1986). Organizational agents are typically higher-level staff, such as directors, managers, and human resource managers (Levinson, 1965), but can also be lower-level employees such as line leaders and even co-workers to some extent (Sumathi et al., 2015; Lasalvia et al., 2009; Hayton, 2011). The support that these agents can offer might be both formal and informal forms of organizational support.

This thesis will explore whether POS is salient in workers' own accounts of positive and negative incidents during a pandemic, and whether the support that they might talk about as being intrinsic to job-related wellbeing might be more formal (from organizational structures) or informal (from relationships), or even a combination of both.

Importance of POS for Wellbeing in a Pandemic

The consequences of good POS for an organization include reduced absenteeism, more positive employee attitudes and improved employee wellbeing, while the consequences of poor POS for an organization include higher absenteeism and turnover, reduced emotional investment and poorer employee wellbeing (Eisenberger, Shanock and Wen, 2020). However, it is important to note that most benefits of POS have been investigated for organizations rather than for employees, with organizational implications of POS, such as reduced turnover, being favoured in literature compared to wellbeing outcomes for workers. For example, a study done on US healthcare workers (N= 73) investigating the effects of POS on turnover intentions found that positive relationships at work (through managers and co-workers) mediate the relationship between the two (Madden, Mathias & Madden, 2015). However, the emphasis within the article was on the dependant variable of turnover intentions, which is a great finding that benefits organizations, but the impacts of POS and positive workplace relationships on the wellbeing of the same healthcare workers is unclear and ignored. The proposed study will

account for this, by focusing on care workers wellbeing as the key dependant variable, rather than the wellbeing of the organization.

Luckily, there are some studies that do explore the employee benefits of POS, which will help inform the proposed study. One study undertaken during the Covid-19 pandemic in the United Kingdom (N= 295) examined how organizational responses to the pandemic have affected job-related wellbeing of an array of employees from different sectors (Mihalache & Mihalache, 2021). Findings showed that work support, identified through POS, is associated with positive changes in the job-related wellbeing of employees. POS in this study was also mediated by employees' affective commitment to their organization, with greater commitment being related to greater POS. These findings are amongst many that suggest the buffering impact that POS has against workplace stressors, and on the protective qualities that it has on the wellbeing of workers. Workers who perceive their organization in a good light in times of crises are more likely to be happier and healthier at work (Eisenberger, Malone & Presson, 2016). Due to this evidence from other sectors that suggest that POS can act as a buffer to protect the wellbeing of workers, it can be assumed that it will also do so for employees in the mental health sector. This thesis explores whether mental health care workers, in a New Zealand organization, are talking about POS in their accounts of what helped or hindered their wellbeing at work.

Formal/Structural Support

When Structural Factors are Good: POS and Good Wellbeing Outcomes

POS has been shown to be positively related to physical wellbeing, with better physical health being linked to higher levels of POS. For example, a survey study undertaken in a large unspecified healthcare organization in Canada (N= 72) revealed a significant correlation between POS perceived by workers and physical health (r= 0.25, p < 0.05), with physical

health being measured through self-reports of sleeping patterns, headaches, digestion, and respiratory issues (Arnold & Dupre, 2012). The authors also found that the links between POS and physical health were mediated by emotions felt by employees at work. For example, when controlling for age and sex, POS had a significant effect on both positive and negative emotions, which indicates that employees in this study clearly reacted emotionally to their perceptions of feeling valued and supported by their organization. These findings suggest that feeling supported and cared for by employing organizations plays an important role in the experience of job-related emotions, which in turn may boost or protect physical health and wellbeing. During a pandemic it is logically possible that such links may become even more salient. This thesis will therefore explore whether mental health care workers in New Zealand are also identifying POS as being a potential protective factor for their physical wellbeing when dealing with incidents during the pandemic.

Relating to the pandemic, a study in Wuhan that explored specifically the effects of perceived organizational support on the development of PTSD symptoms found that POS reduced PTSD symptoms through the mediating effect of enabling problem-focused coping (Zhou, Guan & Sun, 2021). This study highlights the general importance of sufficient organizational support in the reduction of adverse health outcomes such as PTSD symptoms in frontline medical workers during the Covid-19 pandemic. It also demonstrated that coping strategies seemed to play a mediating effect with their sample. This study relates directly to the effects of POS on physical and emotional wellbeing, by highlighting not only the main effect of POS on reducing PTSD in Chinese healthcare workers, but also by highlighting how problem-focused coping, something related to emotional wellbeing, plays a role in the POS – PTSD relationship. This raises the possibility that POS is more primary to the overall wellbeing of workers than personal resilience or coping strategies on their own. It will be interesting to see whether mental health care workers in New Zealand are identifying structural forms of

support, such as POS, as being crucial to their physical and emotional wellbeing at work, or whether they talk more about their own personal resources and strategies as being related to better wellbeing at work.

When Structural Factors are not Good: POS and Poor Wellbeing Outcomes

While higher levels of POS have been shown to be related to good health outcomes for workers, lower levels of POS have been shown to be related to adverse health outcomes, such as occupational burnout (Martínez-López et al., 2020). Burnout is a physical and mental health safety risk and can be more prevalent when workers are perceiving less organizational support (Martínez-López et al., 2020). The phenomenon consists of emotional exhaustion, detachment from their patients or clients, and reduced sense of occupational fulfilment (Maslach & Jackson, 1981). Mental healthcare workers are the category of workers at the highest risk of developing burnout within the healthcare profession (Martínez-López et al., 2020), and as such, it is important to understand what can help them avoid such an adverse health outcome and have better wellbeing at work.

POS and Occupational Burnout

Lower POS during the pandemic has been linked to higher levels of burnout in healthcare employees. Findings from a study in Spain that examined the experiences of healthcare workers such as nurses and physicians (N= 157) demonstrated a link between burnout and feeling unsupported by their organizations. The study found that the depersonalization facet of burnout in workers was highest, meaning that workers in this study felt increasingly distant and detached from their roles and the problems faced by their clients (Martínez-López et al., 2020). Linked to this, workers reported feeling unsatisfied with the level of support provided by their organization, implying lower POS. At least 88% of these workers conveyed that the amount of personal protective equipment (PPE) provided was

insufficient and causing significant stress, and in addition, 90% of workers in this study said that they believed that psychological care for workers should be provided at work. This perceived lack of practical aid from the organization has affected these employees' levels of POS and therefore had an adverse effect on their wellbeing, indicating the importance of formal support from an organization.

Although it was not focused on mental health workers, the above study remains relevant and applicable to this thesis as it revealed that workers may become more detached from work and their clients when they feel or perceive less practical support from their organization. This is a concerning finding when applied to the mental health sector, as detachment from clients reflects poorer service delivery for clients in need, a phenomenon that this study has suggested can be reduced by sufficient organizational support (Martínez-López et al., 2020). Depersonalization and detachment in the mental health sector can also be dangerous, as such detachment can result in workers missing out on crucial early warning signs in client behaviour (Happell, Martin & Pinikahana, 2003). Missing the early warning signs of a client's mental illness can result in psychotic symptoms escalating into harmful critical incidents. Based on the findings from the study undertaken by Martínez-López et al., 2020, it is expected that more formal or structural support from organizations through the form of adequate resources and psychological support provided at work will be related to better safety and thus better health and wellbeing outcomes (such as a reduction in burnout) for mental healthcare workers employed during the Covid-19 pandemic in New Zealand. Overall, the negative implications of this study suggest that incidents discussed in the proposed study with negative outcomes for wellbeing will contain a lack of POS, and incidents with positive outcomes will contain the presence of POS.

POS and Depression

Organizational factors have also shown to be related to depression. Depression, like burnout, is a health and safety risk and can be more prevalent when workers are stressed about the situations that they find themselves in at work. An online survey study undertaken in the United Kingdom examining the self-reported wellbeing of Child and Adolescent Mental Health staff (CAMHS) in response to changes in working practices during the pandemic (N= 51) found that clinicians had significantly lower levels of mental wellbeing and higher risk of developing depression during the pandemic compared to the general population (Bentham, Driver & Stark, 2021). The key reason behind this elevated risk was due to changes in work practices such as employees working remotely away from their teams. This study went beyond pathologizing the worker by investigating the effects of changes in working practices and assessing how these workers felt about the new work environment, which is a strength. However, it did not examine in much depth the staffs' perspectives on how their workplaces could practically improve such policies and practices in a more specific way to provide support to staff and reduce their chances of developing depression during challenging times. It also did not examine POS directly, but the findings imply that workers did not feel sufficiently supported through workplace changes, which reflect potential lower POS. Despite these absences and limitations, this study still provided some evidence that better organizational structures and support may play a role in the wellbeing and reduction of adverse health outcomes in mental healthcare workers, which is relevant to this thesis.

Organizational factors have also been shown to be related to greater work strain, leading to depressive symptoms, and negatively impacting physical and emotional wellbeing. Another online survey undertaken in Canada (N= 1274) found that mental health workers in high incidence regions of Covid-19 displayed higher levels of anxiety and depressive symptoms compared to those mental health workers from low incidence regions (Brillon, Philippe,

Paradis, Geoffroy, Orri & Ouellet-Morin, 2021). Increased instances of depression and depressive symptoms in those workers in high incident regions, meaning regions where Covid-19 cases were high, was related to the higher work strain in those regions, as well as the fears and uncertainty around greater infection risk and a lack of clarity around workplace policies. This is arguably reflective of reactive, or situational depression, something which might be reduced and perhaps even avoided with appropriate organizational support, since it is a product of its surroundings.

The above study did not explore ideas around preventing the development of situational depression or depressive symptoms. However, authors of two literature reviews examining the impact of the pandemic on the wellbeing of healthcare workers across organizations in China (Preti et al., 2020) and globally (Cabarkapa, Nadjidai, Murgier & Ng, 2020) suggested that the risk of adverse health outcomes that develop *because* of the pandemic (implying situational depression and anxiety) can be reduced with targeted interventions at an organizational level. Recommended organizational level interventions included ensuring that frontline healthcare workers were sufficiently equipped with PPE, given clear instructions, and had their mental wellbeing prioritized by frequent check ins and the provision of counselling and supervision due to their elevated risk of infection and stress (Preti et al., 2020; Cabarkapa, Nadjidai, Murgier & Ng, 2020). The point is, organizational interventions on a structural level clearly matter. This thesis will explore whether mental health care workers in Auckland, New Zealand are reflecting this by talking about structural interventions from their organization while discussing their workplace wellbeing, and whether they felt that their organizations were supportive of their physical, emotional, and social wellbeing when they dealt with incidents.

Structural Interventions in Incident Management

Within the mental health sector, critical incidents are a regular occurrence where workers find themselves exposed to both physical and psychological harm. Organizations can choose to provide support at a more structural level (i.e., not allocating responsibility of wellbeing management on employees and taking measures at an organizational level) which can help reduce the occurrence and severity of incidents in the first place (Pelto-Piri, Warg & Kjellin, 2020). They may also choose to provide support during an incident and following an incident (Pelto-Piri, Warg & Kjellin, 2020).

Preventative support before an incident occurs is useful in the mental health sector. One study on the critical incident experiences of psychiatric nurses in Sweden (N= 181) described the importance of workers receiving support in all three instances but emphasized the importance of preventative support on a structural and organizational level in incident management (Pelto-Piri, Warg & Kjellin, 2020). Nurses in this study attributed the cause of incidents to patient factors, such as their diagnoses, and they reported heavy emotional and psychological impacts after being exposed to critical incidents at work. However, they did not blame the patients for their aggression, but rather found dissatisfaction with work processes and work culture, as well as a lack of support from managers and their organization following an incident to be more problematic for their wellbeing (Pelto-Piri, Warg & Kjellin, 2020). Overall responses from nurses in the study led the authors of the study to suggest that organizations should prioritize structural interventions, such as improving ward climate, clear chains of communication, and safe workspaces, as they are easier to alter than patient factors. The authors also emphasised the importance of organizations having competent staff who know how to de-escalate unwell clients, which is again an easier factor to alter than patient factors. As such, interventions that occur at a more structural level that promote better safety will also

improve the wellbeing of workers by potentially reducing the number and severity of critical incidents.

Support following an incident, such as debriefing or referrals to counselling services is also useful, but not as effective as structural interventions when it comes to incident management. Most organizational interventions tend to be focused on providing employee support after incidents have occurred, with interventions such as Employee Assistance Programmes (EAP) and performance appraisals (Davis & Morganson, 2019). Research involving case studies has indicated that EAP services tend to improve occupational, social, and psychological functioning, and that the presence of such services can make workers feel supported and cared for, which effectively contributes to POS (Jacobson, Jones & Bowers, 2011; Eisenberger, Malone & Presson, 2016). Within the mental health sector however, the damage would have been done by that point, and the wellbeing of mental health workers would have already been harmed. This was noted from the study discussed in the previous paragraph where the psychiatric nurses reported feeling unhappy with the lack of post-incident support given from their supervisors and managers. As such, organizational support at a structural level is preferrable, as it addresses issues at the source and are thus more preventative of critical incidents in the mental health sector. Based on the implications of this study, it is assumed that organizational support through more formal or structural interventions will more strongly influence the *perceptions* of organizational support (POS) held by mental health workers, which will in turn influence the attributions that workers make, and positively impact their physical, emotional, and psychological wellbeing.

Understanding the Structural Interventions that Actually Work

Some formal organizational interventions might not be as effective as some organizations believe. According to some literature, organizational interventions can also

include the provision of workshops, such as resilience and mindfulness workshops (Davis & Morganson, 2019), or workshops teaching employees coping skills and strategies (Cleary, Kornhaber, Thapa, West, & Visentin, 2018; Preti et al., 2020). Such interventions have been deemed as being useful for employees in the healthcare sector. A systematic review by Cleary et al., (2018) showed that 11 out of 16 studies that evaluated the effectiveness of resilience training for health professionals showed significant improvements in resilience scores for those same health professionals, suggesting that resilience training may be of some benefit to health professionals (in the USA, Canada, Australia, and the UK). However, interventions like this arguably still place much of the onus of managing wellbeing on the individual which in turn releases organizations and managers from the responsibility of managing the wellbeing of their workers. Therefore, while the presence of such workshops might also allow mental health workers to feel cared for and thus increase their POS, they might be less effective than structural level interventions in reducing the severity or number of critical incidents.

Similarly, when an organization claims to be supporting its workers, it may not actually be supporting them in ways that workers deem useful. POS can show, for example, that organizational guidelines on wellbeing are ineffective in protecting worker wellbeing. For example, one qualitative study compared interviews with front-line healthcare workers in the UK who worked during the Covid-19 pandemic (N= 33) with a rapid review of organizational well-being guidelines developed in response to the Covid-19 pandemic (N = 14) (San Juan et al., 2021). The review found that most wellbeing guidelines from various organizations placed greater emphasis on their workers managing their own physical, social, and emotional wellbeing. Guidelines encouraged frontline healthcare staff to maintain their physical wellbeing through exercise and adequate sleep hygiene, to maintain their social wellbeing by staying in contact with loved ones, and to maintain their emotional wellbeing by attending

trainings to improve clinical efficacy (San Juan et al., 2021). Or in other words, organizations believed that workplace wellbeing was primarily the responsibility of their workers.

However, when frontline staff from these organization were asked whether these guidelines were appropriate, they disagreed and instead emphasized the importance of structural support from their organization as being more beneficial to their wellbeing at work. Structural support for these workers included having sufficient staffing, having scheduled meal breaks and adequate rest, and having access to PPE gear (San Juan et al., 2021). Some of these workers reported feeling unsupported by their organization as they were unable to attend to the organizations suggested guidelines of healthy eating, sleep hygiene or attending trainings due to structural organizational factors such as understaffing and clashing schedules. These findings reflect that what organizations propose as sufficient wellbeing support does not always reflect the actual lived experiences of frontline employees. POS is not only psychological, but material and social. Therefore, the findings of this study imply that it is paramount to ask mental health workers themselves what they believe to be crucial to maintaining their wellbeing at work, which is what this thesis will do. Whether workers are acknowledging POS and more structural level interventions as being key to their wellbeing in their stories about incidents that they encountered during lockdown periods will be explored.

Overall, it is clear that organizational interventions at a more structural level are important, as they work to remove the cause of stress and because organizations take full responsibility of these rather than placing responsibility on their workers (Holman, Johnson & O'Connor, 2018). Structural interventions that promote good wellbeing can include maintaining a calm and supportive organizational culture, adequate resources, safe workspaces, changing problematic organizational practices, promoting team bonding or team culture, or ensuring that services are sufficiently staffed to reduce the severity of or prevent the occurrence of critical incidents (Iozzino, Ferrari, Large, Nielssen & Girolamo, 2015). Such structural

interventions can have a knock-on effect, where organizational support at this level can promote individuals to better manage their own wellbeing. For example, frontline healthcare workers who felt more supported by their organization (had more POS) at a structural level during the pandemic also had enhanced coping strategies for themselves (Zhou, Guan & Sun, 2021). Therefore, organizations that strive to keep the work environment calm and safe, instead of simply offering workshops on resilience or coping strategies, are not only more likely to have happier employees because of their structural support, but they are also more likely to encourage workers to look after themselves as well. Furthermore, organizations who maintain a safe and sufficiently resourced working environment can mean the difference between incidents being high or low risk. POS, therefore, is not only psychological but material and social.

Implications of POS and Formal Support on Wellbeing

The results of studies noted above provide several practical implications regarding the provision of practical and psychological support from organizations to their frontline mental health care workers. As noted by the ILO, important aspects of workplace wellbeing include the quality and safety of the *physical* environment, and how workers *feel* about their organization, working environment and role (International Labour Organization, 1996-2022). Each of these studies loosely drew on the importance of organizational support in preventing adverse wellbeing outcomes and promoting better wellbeing in employees. The importance of organizations providing structural support through ensuring the abundance of practical and sufficient resources, protective equipment, and training to help workers reduce their risk of infection has been suggested to improve the physical wellbeing and psychological safety of frontline healthcare workers (Zhou, Guan & Sun, 2021; Martínez-López et al., 2020; Brillon et al., 2021). The above studies also drew on the importance of organizations considering how their change policies might affect the wellbeing of their staff during the pandemic (Bentham,

Driver & Stark, 2021). Other structural interventions, such as the provision of clear instructions, and standard protocols for workers to follow provides clarity, which should be able to mitigate the stress that comes from the uncertainty of working through a pandemic. Organizations who prioritize structural or organizational level interventions allow their frontline healthcare workers to be freer to focus on their work, feel less strain and feel safer in their work environments (Zhou, Guan & Sun, 2021; Martínez-López et al., 2020).

Social Wellbeing and POS

Another aspect of wellbeing that will be covered in this review is social wellbeing, the facet of wellbeing that has received the least attention in organizational literature, especially in the context of the recent Covid-19 pandemic (De Simone, 2014). As mentioned earlier, employees can perceive organizational support in a more social manner, through exchange relationships that they form with organizational agents. In addition, one definition of social wellbeing encompasses satisfaction with peers as well as satisfaction and exchange relationships with leaders, something which is linked to POS (De Simone, 2014; Grant et al., 2007). Social support can often be confused with POS; however, this thesis posits that social support can be included and measured within POS as an informal component. Social support, through informal workplace relationships, enhances quality of life, enables people to feel cared for, and provides a buffer against adverse life events, such as pandemics. As such, giving as well as receiving social support at work is a strong predictor of wellbeing (De Simone, 2014).

Social wellbeing is especially connected with informal social support, which involves feeling cared for and having people (such as colleagues) to turn to in times of need or crisis to give you a broader focus and positive self-image. The aim of the proposed research is to explore whether social support matters in mental health care workers' own accounts of wellbeing at work, in Auckland, New Zealand, and whether it is mentioned in conjunction with POS.

Informal Social Support and POS

The more informal and relational component of POS is apparent in studies reflecting the importance of supportive supervisors and co-workers in levels of POS. For example, one study conducted in the state of Tamil-Nadu in India (N= 323) examined the impact of a range of work-related experiences on healthcare professionals working in primary healthcare centres (Sumathi, Kamalanabhan & Thenmozhi, 2015). The study found the statistically significant positive impact of social support ($p < 0.001$) on the levels of POS held by the healthcare professionals. Social support within this study meant informal support from colleagues and supervisors while working. The researchers did not make clear what informal social support consisted of, but it is likely to reflect similar research done in the UK where informal social support included playful banter and regular check-ins (Bentham, Driver & Stark, 2021; Liberati et al., 2021). The researchers concluded by saying that healthcare professionals considered social support from colleagues and supervisors to be helpful in forming positive opinions about the support received from higher up in their organization, such as from the Director of Public Health, Prime Minister, and other leaders within their organization. It would be of further interest to investigate whether similar informal social support is self-reported to have boosted POS and wellbeing in mental health workers in Auckland, New Zealand during the pandemic.

The Presence of Social Support on Wellbeing

Social support at work can also be derived from relationships with supervisors. Two studies demonstrated the importance of supervisor support on wellbeing. In one of the UK-based studies (N= 51), 86% felt that attending private sessions with a supervisor was more important for their professional wellbeing during the pandemic than not (Bentham, Driver & Stark, 2021), suggesting that the presence of clinical and managerial support was a factor that helped workers protect their wellbeing. Participants in another UK-based study (N=35) of the

experiences of mental health workers during the pandemic reported, during their remote interviews, that their managers being transparent about the support on offer and sending regular emails with details on how to access support was helpful for their wellbeing as they felt cared for (Liberati et al., 2021). The research above demonstrates that more informal supervisor and/or managerial support is an important component in the emotional and social wellbeing of mental health workers in the UK, and as such, it can be expected that mental health workers in New Zealand might also feel similarly due to the similar nature of the job. The workers in the UK study also said that these check-in emails allowed them to feel cared for, and employees feeling cared for and valued is a core component of POS (Eisenberger et al., 1986). This thesis will explore whether mental health workers in New Zealand also foreground the importance of informal supervisor support in helping them deal with incidents well and manage their wellbeing at work, in their own accounts of what promotes and protects their own wellbeing.

More general research has demonstrated that good relationships with others at work does positively impact wellbeing at work. For example, a survey study undertaken with US nurses (N=718) revealed that supervisor–nurse relationships and teamwork explained almost half of nurses' wellbeing at work, their commitment to their hospital, and reduced intentions to leave (Brunetto, Shriberg, Farr-Wharton, Shacklock, Newman & Dienger, 2013). These findings suggest the importance of social bonds in wellbeing; however, it focused more on the organizational implications of informal relationships and support rather than focusing on the implications on the job-related wellbeing of the nurses. For example, the authors emphasized the importance of such workplace relationships in reducing turnover and increasing organizational commitment for US nurses, but they did not delve deeper into how workplace relationships might benefit the physical, emotional, and social wellbeing of the nurses. The proposed research hopes to account for this gap in literature by exploring whether mental health

care workers, who are often overlooked in research, talk about informal social support in their answers about what had helped or hindered their wellbeing at work during the pandemic.

The Lack of Social Support on Wellbeing

Compared to informal social support being a protective factor in workplace wellbeing, a lack of or reduction in social support has been shown to negatively impact wellbeing. A UK-based qualitative interview study (N=51) of the experiences of mental health workers within the first six weeks of the pandemic revealed that staff experienced feelings of social isolation and grief among feelings of distress and burnout (Bentham, Driver & Stark, 2021). The study employed a mixed approach, with an emphasis on open-ended questions. Using thematic analysis, the authors found that 69% of participants reported feeling negatively impacted by a reduction of informal staff support such as having informal check ins and light-hearted moments at work (Bentham, Driver & Stark, 2021). In their responses, workers frequently highlighted the benefits and importance of informal support, including having the space and opportunity to connect with their colleagues through humour and light-hearted moments (Bentham, Driver & Stark, 2021). They also discussed in their responses how the lack of this informal support was detrimental to their wellbeing. For example, 67% (N= 34) of participants felt that daily team meetings were more important during the pandemic than not, as they felt that these daily meetings were an opportunity to feel connected to their wider team, and that not doing so had negative effects on their morale (Bentham, Driver & Stark, 2021). While not measuring POS, these research findings infer the importance of employees feeling supported by organizations through organizational agents. This thesis will explore whether frontline workers in New Zealand will also mention a reduced sense of social support during their descriptions of positive and negative incidents.

Some research exploring the perspectives of workers revealed, through surveys, that many workers only learned the value and importance of informal social support on their wellbeing during the Covid-19 pandemic. Another qualitative UK-based study looking at the experiences of NHS (National Health Service) mental health workers in the pandemic (*N*= 35), using remote interviews, also revealed a similar phenomenon of increased suffering due to the loss of informal social support (Liberati et al., 2021). During their interviews, workers noted that the pandemic had created a reduction in shared office spaces, and an increase in remote working, meaning that most interactions with colleagues and managers are formalized through either emails or scheduled audio-visual meetings They reported that the opportunities for informal support, such as regular check-ins and playful banter were minimal. Workers in this study conveyed that they did not realise the importance of such interactions with their team and managers until the opportunities were removed. This study provides some support and rationale to the idea that organizations might want to invest more time and resources into building and fostering informal support for and between their employees. Providing forums for employees to banter and have fun is clearly a need for good workplace wellbeing, and organizations that demonstrate that they care about this social need might also benefit from an increase in POS held by their employees.

Sometimes, what organizations propose as sufficient wellbeing support do not always reflect the actual lived experiences of employees. For this reason, it is important to uncover what workers themselves are saying is beneficial to their wellbeing. So far, it appears to be related to support in two forms: formal/structural and informal/relational support from organizations. Formal support through structures and structural conditions at work have been noted as key to the physical, emotional, and social wellbeing to healthcare workers in this review, and as such it will be assumed that workers in the proposed study will report POS if they believe it is useful to their wellbeing. Informal social support through employee

relationships with supervisors, managers and even co-workers is also a factor of POS which can influence the social wellbeing of employees by allowing them to feel cared for. Informal support through relationships can imply support from the organization for some, which can in turn influence POS for workers. Both formal and informal support from organizations can help foster physical, emotional, and social wellbeing and social support in workplaces, and organizations that successfully do this will also benefit from increased POS of their workers. Perceived support at work is especially crucial in the context of the recent Covid-19 pandemic because workers who feel well equipped and supported by their organization are more likely to be better able to undertake even the most challenging aspects of their roles.

Even though support workers are the main subject matter experts in knowing what works at work for their own wellbeing, they may also occasionally stray into misperception. If workers mention POS in their survey answers about what helped and hindered their wellbeing regarding incident management during the pandemic, how do we know if they are fairly attributing an outcome to POS or not? The next part of this review will explore a theory that might help make sense of how to interpret the self-reports of these workers.

Making Sense of People's Stories: Attribution Theory

Locus of Control

Locus of control refers to whether a person attributes successes or failures to personal/internal or external circumstances (Weiner, 1974). Those who hold an internal locus of control believe that their own actions and behaviours are primary determinants of what happens to them, while those who hold an external locus of control believe that external influences such as luck and the actions of powerful others such as organizations, are more important determinants of what happens to them. This aspect of wellbeing is purely a

cognitive/psychological attribution process, and is linked closely with attribution theory, which is explored next.

Attribution Theory

Locus of control is an important component within the attribution process. Simply put, an attribution is a causal explanation for an event or behaviour, and thus attribution theory is based on the premise that people have an inherent motivation to make sense of the behaviours of themselves and others (Martinko, Douglas & Harvey, 2006). Attribution theory, identified by Fritz Heider (1958) theorizes that people are natural scientists who try to identify causes of outcomes or behaviours in order to evolve, adapt and survive. The theory is concerned with people's locus of control, a factor linked to psychological wellbeing, and assumes that behaviour and outcomes are a result of either internal (personality) or external (environmental and situational) factors (Bartunek, 1981). Attributions, and the way that people make them, are likely to have an impact on their wellbeing, and likely to have an impact on how they react and behave in certain situations. However, perceptions can be off-key and can become distorted, which in turn might affect the attribution process. This thesis aims to explore whether the attributions of frontline mental health care workers in New Zealand have any impact on their self-reported wellbeing, whether their attributions include POS and how these attributions might present themselves.

Attributional Biases and Wellbeing

When it comes to explaining the behaviour of ourselves and others, attributional biases can often arise. This section of the review will outline common attributional biases such as fundamental attribution error, actor/observer bias and self-serving bias, and how they might apply in the current context of learning about self-reported frontline worker wellbeing in Auckland, New Zealand.

Fundamental Attribution Error

Fundamental attribution error as a psychological process refers to people's tendencies, when observing others, to underestimate the impact of situational factors and overestimate the role of dispositional factors 'in' the other, when explaining the behaviours of those others (Ross, 1977, p 183). For example, one study examined the role of fundamental attribution error in behavioural judgements by asking university students (N= 155) to read a written excerpt of a fictitious person's bad day and then attribute causes behind that person's bad day (Riggio & Garcia, 2009). Students in the study tended to attribute dispositional factors, or personality factors, to the cause of the bad day without considering any situational factors that may have contributed to the bad day (Riggio & Garcia, 2009). Thus, the fundamental attribution error might lead mental health support workers to under-estimate the role of POS, a situational outcome, in the wellbeing of others. Linking fundamental attribution error to POS and informal support, workers might even overestimate the dispositional factors of colleagues, managers, and supervisors, when things go wrong. As such, care needs to be taken when interpreting self-reported stories of workers, especially when they are talking about negative experiences.

Actor/Observer Bias

In the above examples of functional attribution error, the person making the attributions is observing others, not explaining their own behaviour or their own wellbeing. Actor/observer bias is a theoretical tendency to de-emphasize personality characteristics and emphasize situational factors when evaluating our own behaviours but to de-emphasize situational influences and instead emphasize personality traits when evaluating the behaviours of others (Harvey & Martinko, 2009). One survey study conducted by Jago and Vroom (1975) examined the accuracy with which subordinates were able to predict the type of decision style their managers might use in varying situations. They found that subordinates predicted that their

managers would assume the same leadership and decision style regardless of the circumstances, yet when those subordinates were presented with the opportunity to divulge their own leadership and decision style for the same situation, the subordinates conveyed that if they were their managers, they would change their decision styles in accordance with the varying situational demands. This finding clearly reflects actor/observer bias by demonstrating that these subordinates viewed the decision styles of their managers as reflective of the personality of their managers, whereas they viewed their own decision styles as potential managers as more affected by environment and situation (Jago & Vroom, 1975).

Actor/observer bias tends to be more pronounced in situations where the outcomes are negative (Bordens & Horowitz, 2002). Linking this to formal and informal support, POS might be overestimated if actor/observer bias is present. Firstly, mental health employees might attribute the decisions of their managers, supervisors, and colleagues to their personalities, which will likely decrease POS (through the informal lens) when things go badly. Secondly, mental health employees might focus more on the lack of POS than on their own actions when things go badly, and will therefore also have unfairly lower POS. Basically, support workers as actors in the actor/observer bias are more likely to be overly focused on POS regarding negative stories and outcomes, and as such, care needs to be taken when interpreting negative stories.

Self-Serving Bias

Self-serving bias differs from actor/observer bias as it tends to be equally pronounced across situations that have positive and negative outcomes, compared to actor/observer bias which is more evident in situations with negative outcomes (Bordens & Horowitz, 2002). Self-serving bias refers to the psychological tendency of individuals, as actors, to take personal credit for successful outcomes, while blaming others for negative outcomes (Harvey &

Martinko, 2009; Zuckerman, 1979). One study found that leaders of different groups who were told their groups performed poorly on a task blamed the subordinates in their groups, whereas those subordinates in the groups ended up attributing their poor performance on the task to their leaders (Dobbins & Russell, 1986). In this case, both the leaders and the subordinates placed blame for poor performance outside themselves, highlighting themselves in a better light and therefore demonstrating self-serving bias. This bias demonstrates that workers might get defensive when incidents are portrayed as negative. When applied to the mental health sector, workers might blame others and perceive less organizational support (i.e., have lower POS) for incidents that were not handled well. While on the other hand, workers might attribute credit to themselves and their own personalities when talking about incidents that were managed well and positively impacted their wellbeing at work, even if the true reasons behind that well-managed incident might have been organizational intervention and support.

As such, self-serving bias appears to be more closely linked to the maintenance of wellbeing than any other attributional bias. Some research outside of the healthcare sector has demonstrated that workers across various organizations tend to attribute their successes to internal factors, such as their personality characteristics, and attribute their failures to external factors, such as poor teamwork or poor managerial support (Kelley & Michela, 1980). Kelley & Michela (1980) suggested, on the basis of their review, that this kind of effect occurs since claiming personal responsibility for our successes can enhance our self-esteem, whereas claiming responsibility for failures and less positive outcomes can be detrimental to self-esteem. Thus, in self-preservation of self-esteem as a form of personal wellbeing, people tend to attribute failures to others while attributing successes to themselves (Kelley & Michela, 1980). This means that, through the lens of attribution theory, workers in the mental health sector might get defensive and protect their own self-esteem by blaming their organization and

reflecting lower POS when talking about any incidents that they believed were not managed well and hindered their wellbeing at work. As such, care needs to be taken when interpreting negative incidents, and perhaps more weight should be given when workers are attributing POS in their positive stories.

Self-serving bias, like actor/observer bias, accounts for structures, but does so in a way that presents the actor in the best possible light. So, actors utilizing this bias are less likely to observe POS in positive incidents and situations, and more likely to allocate credit to such an incident to their own personal success. As such, if self-serving bias is operating, then it would be expected that a lack of POS would be highly evident in workers descriptions of negative incidents. However, if attributions to POS are relatively equal between positive and negative stories, then perhaps self-serving bias is not operating. If lack of POS is notably higher than presence of POS, this implies that slightly more weight should be given to positive stories which highlight the importance of POS, as this indicates the absence of self-serving bias and thus highlights the true importance of POS, from the perspectives of mental health employees, on their own wellbeing at work.

Interpreting POS and Attributional Biases

When accounting for the main attributional biases noted above, it can be assumed that POS might be evident in most answers, regardless of whether employees are talking about positive or negative incidents. However, there might be different reasons behind the presence of POS in someone's story, depending on whether they are talking about a positive or a negative experience. For example, workers who talk about negative outcome incidents and reflect lower POS might be utilising self-serving bias by blaming the organization to protect their wellbeing, or utilising actor/observer bias to protect their self-esteem by giving themselves more leniency. As such, it appears that within mental health care work settings, attribution theory tells us not to place too much weight on the stories that attribute blame for negative incident outcomes

(say, to a lack of POS), as a lot of the time, these stories might unfairly represent the organization. Where attribution theory encourages giving more weight is when stories attribute credit for positive incident outcomes on POS, as this reflects an absence of attributional biases and more solid evidence for the importance of POS and any other factors on the wellbeing of workers in the mental health sector.

Locus of control becomes especially important when talking about the implications of attributional biases (Weiner, 1974). When people are making attributions, with an external locus of control, behind why an experience was *positive*, there is a stronger argument for whatever attributions they are making. For example, people who attribute POS to a positive experience, or in this case incident, there is strong evidence suggesting that POS is important for wellbeing. Whereas when people who hold an external locus of control are making attributions to explain why an experience was negative, there is a slightly weaker argument for whatever attribution they are making due to the likelihood that attributional biases are present in their thinking. For example, people who attribute lack of POS to a negative experience suggest that a lack of POS negatively affects wellbeing, which is a finding that should be interpreted with caution due to the possibility of attributional biases being present in their cognitions.

The frontline worker is a subject matter expert and an actor in the attribution process. They know the ins and outs of their roles more intimately than outsiders and observers and are more attuned to the risks of their roles. At the same time however, they may have a vested interest in locating the cause of negative and positive incidents either in themselves or lack of POS, respectively. In particular, actor/observer differences tend to be more prevalent in situations where the outcome is negative, and as such, it might act as a mechanism to provide more leniency to oneself and thus be a mechanism to protect one's own self-esteem – which has been established as form of wellbeing (Kelley & Michela, 1980). The same can be said of

self-serving bias. For example, individuals working in healthcare, as actors, might convey more situational influences (such as pandemic restrictions) over their own behaviours and actions at work, but they might underestimate situational influences in the actions of colleagues and the organization and might place more blame on the organization and organizational agents. In this case, it might be expected that negative incidents will be unduly attributed to lack of POS, compared to positive incidents. Alternatively, however, if workers attributed POS equally across both positive and negative outcomes, this would suggest a lack of bias (i.e., more veracity).

This thesis aims to investigate whether attributions change in the self-reported stories of mental health workers between situations where they felt more supported versus less supported at work. It is expected that these workers might reflect several attributional biases, by giving themselves more leniency in their own stories and less leniency when discussing others or their organization, and by allocating blame outward and credit inward. As biases are more heavily reflected in discussions about negative outcomes, more weight should be given to the findings present in more positive outcome stories relayed by these workers, as these provide better and stronger evidence for what actually supports wellbeing at work.

Conclusion

To conclude, this thesis explores the perceived importance of formal/structural and informal/relational supports in the maintenance of frontline mental health care worker wellbeing during a pandemic, by examining the self-reported physical, emotional, psychological, and social factors involved in workplace wellbeing. This research aims to address several gaps in literature by focusing on the first-hand experiences of frontline mental health workers employed in an NGO in Auckland, New Zealand.

This review has revealed that the mental health care worker is indeed an underrepresented type of healthcare worker in academic literature, with only a handful of studies examining their experiences during the recent Covid-19 pandemic. Mental health care workers in New Zealand were considered essential staff and were required to undertake their duties during level three and four lockdown periods in New Zealand. These workers faced extra challenges during these lockdowns, where resources and abilities to de-escalate unwell clients were limited due to pandemic restrictions. Furthermore, these workers faced extra uncertainty and strain due to the novel nature of the Covid-19 pandemic. These workers were required to juggle the fear and uncertainty concerned with wanting to keep themselves and their families safe and upholding their duties of care to society's most vulnerable. As such, understanding their work psychology and thus understanding what these workers say helped them manage incidents at work and maintain good wellbeing is a crucial contribution to literature.

This literature review has also emphasized the importance of POS in workplace wellbeing for workers in general, especially with regards to formal structural support at organizational levels, and informal relationship-based support. The presence of both formal and informal organizational support, each of which are facets of the concept of POS, has been shown in this review to be related to better wellbeing outcomes in workers across the health industry, while the absence of both has been shown to be related to worse health outcomes, such as burnout and depression. However, the perceived importance of these two components of POS is unclear in the New Zealand mental health industry.

This study is exploratory in nature, due to the fact that similar research in the New Zealand workforce is limited. However, based on literature, organizational structures and relationships between workers and members of their organization matter, and that the way that these two components of POS might be perceived by workers also matters. This thesis explores worker wellbeing, and it would be interesting to see whether frontline workers are attuned to

such structures, or not, whenever they describe critical incidents. This thesis also contributes towards filling gaps in literature through explorations of how frontline mental health care workers are making sense of the incidents that they were involved in at work, during the pandemic lockdown periods in Auckland, New Zealand.

Methodology

Sample

The organization involved in the study was an NGO based in Auckland, New Zealand that specializes in providing direct support to individuals with mental health and traumatic brain injury-related issues. Within this organization there were five distinct residential services, the names of which have been changed for confidentiality purposes. Service A is a unique pilot service in New Zealand, focused on housing and supporting individuals who are termed "treatment resistant" and present with multiple diagnoses. Clients within this service are incredibly complex and unpredictable and staff need to have reasonable de-escalation skills. Service B deals with issues resulting from traumatic brain injuries. Staff in this service need to manage the behavioural issues and risk that comes with these injuries, and often must support clients with their physical needs. Service C houses approximately 20 clients comprising of two units separated by client level of dependency. The client group supported have dual diagnoses and tend to be older than in other residential facilities. Staff in this service must be more mindful of age-associated risks compared to other facilities. Service D, similar to Service B, houses clients who have issues stemming from traumatic brain injuries. However, unlike Service B these clients have higher independence compared to other residential facilities and can freely access the community but have difficulty with tasks like maintaining a house, budgeting etc. Staff in this facility must manage clients in a less hands-on manner and must manage community integration more so than other facilities. Service E is like Service D, but clients have mental health diagnoses rather than issues relating to brain injuries.

The organization was approached in writing and consented to participate in the study on the condition of informed consent being gained from all respondents, anonymity of the organization in the written report, and on the condition of strict privacy and confidentiality for

all involved. To ensure anonymity, the organization will be referred to within this report as simply “the organization”.

For the purposes of this research, the aim was to recruit participants from five different services within the organization. All chosen services were residential and provided direct mental health support to residential clients around the clock. Each of these services remained operational during the lockdowns due to the essential nature of the job, and workers were in some cases distributed across services to aid with an increase in demand. The sampling frame included participants who were a mixture of full-time, part-time, and casual front-line workers from the organization.

The entire pool of 97 frontline residential sector employees from the organization were initially invited to participate in the online survey. There were N= 62 survey responses, however, after removing some unusable and incomplete data from those who responded to the invitation, the final sample consisted of N=50 employees, with a response rate of 51.5%, which is considered good (Field, 2013). These 50 employees were spread evenly between five services in the organization. Two employees did not reveal the service that they worked for.

Of the 50 employees, 13 identified themselves as health professionals or clinical coordinators, 36 identified themselves as rehabilitation coaches/support workers, and 1 preferred not to reveal their job title. A majority of the participants were within the 26-35 age range (n=32 participants, 64%). The largest self-identifying ethnic demographic census category was 'Asian' (22 participants, 44%), followed by 'NZ European/Pakeha' (22%), Pacific Islander (16%), African (12%) and other (6%). In terms of qualifications, 38% of participants held bachelor’s degrees as their highest qualification level, followed by postgraduate

qualifications (20%), CareerForce Level 4 (20%), Careerforce Level 3 (6%), and other qualifications (16%).

Measures

Word Frequency Search

Participants were asked the following question: "*What does wellbeing at work look like to you in your particular job? Write down as many words that spring to mind when you think freely of good wellbeing at work in your current role."*

Word frequency searches have been cited for their advantages in pattern identification, verification of hypotheses, the maintenance of analytic integrity and the reduction of bias regarding overweighting (Feng & Behar-Horenstein, 2019; Jackson & Trochim, 2002). However, the method comes with its limitations, such as the identification of words that do not increase the researcher's understanding of the phenomenon being studied. For this reason, frequently used prepositions, pronouns, and other connector words such as "we", "get", "is" etc., and words under four letters were deliberately excluded from the frequency search.

Critical Incident Questions

The main qualitative method within this research consisted of a written survey format using an adapted form of Flanagan's (1954) critical incident technique. This technique was created by Flanagan (1954) to explore the positive and negative situations that workers face, and it involves questioning participants on previous behaviour that they considered to be especially helpful or especially unhelpful (Flanagan & Altman, 1953). In this project, this technique involved questioning workers on previous incidents where they felt that their wellbeing was boosted/encouraged, and where they felt that their wellbeing was hindered/discouraged. The strength of this approach is that it treats participants as subject

matter experts in their own roles and professions, and thus information gained and analysed holds direct relevance with participant realities. However, the limitations that come with this are the subjectivity of results. Each participants' response is not a precise or objective description of the incident, but rather a highly subjective personal recount of how outcomes pertained to them individually (Everly, Flannery, Eyler & Mitchell, 2001). However, since this research aimed to investigate what staff believed helped and hindered wellbeing in regard to incident management, this method was considered to be the best in providing rich and relevant data.

Participants were asked to write two short paragraphs; one about a positive-outcome incident and one about a less-positive outcome incident that they experienced at work during one of the level 3 or 4 Covid-19 lockdowns in New Zealand. They were asked to describe what led up to the incident, what happened during it and how it was resolved. The participants were asked about "A&I's (Accident's and Incidents) instead of "critical incidents", as A&I is the organization-specific term used for incidents by workers. Hence, in order to gauge employee attitudes and attributions regarding the incidents that they were involved in over the lockdown periods, participants were given the following prompt:

> "At the present time, mental health workers' own work environment can be particularly challenging as well as intrinsically rewarding, by helping others. Being able to sustain mental health services depends on the wellbeing of the mental health workforce. Most of us will have experienced **positive** as well as **less positive** outcomes of Accidents & Incidents (A&I's) (enabling or not enabling our own wellbeing), during the recent Level 4 Covid-19 lockdown. Can you please write a short paragraph about **each type of experience**; one that encouraged and one that did not encourage your own wellbeing or the wellbeing of a colleague.

1. Tell us what led up to the A&I.
2. What happened during it.
3. How it was resolved.

Include in your answer what you feel the main reason behind the A&I occurring was and why you consider the A&I outcome as positive or less positive."

Perceived Organizational Support

This was assessed in a quantitative measure which utilized ten positively worded items, a shortened 10-item version of Eisenberger's original 36-item Survey of Perceived Organizational Support (Eisenberger, Shanock & Wen, 2020). Each of the 10 items were rated on a standard seven-point Likert scale ranging from 'strongly disagree' (1) to 'strongly agree' (7). Higher total and higher subscale scores were indicative of higher perceived organizational support. Participants were asked to fill in this scale twice; once while thinking about their more positive critical incident (positive outcome), and once while thinking about their less positive critical incident (less positive outcome). The items of the scale were as follows:

- Help was available from the organization when I had a problem
- The organization really cared about my well-being.
- The organization was willing to extend itself to help me perform my job to the best of my ability.
- The organization cared about my opinions.
- The organization cared about my general satisfaction at work.
- The organization took pride in my accomplishments at work.
- The organization strongly considered my goals and values.
- The organization valued my contribution to its well-being.

- The organization would have forgiven an honest mistake on my part.
- The organization wished to give me the best possible job for which I am qualified.

Procedure

First, as the study involved human participants, and the work human services focused, ethical considerations were both primary and paramount. Due to the nature of the participant's jobs, privacy and confidentiality were of paramount importance. The only people with access to the data were the researcher and their supervisor. The project was evaluated by the university's human Ethics Committee and approved.

Second, once the project was ethically approved, the researcher emailed a member of the organization's Board of Directors to request formal permission to conduct research at the organization.

Third, once this permission was granted, the researcher posted a general breakdown of the research on the organization's intranet, where potential participants could come across the information and choose to read further. This information sheet had general details about the project, such as what the research entailed, as well as a link to the survey landing page which had more detailed information about the project (see Appendix A). The subsequent link included more comprehensive detail about what the research entailed while also describing the use and processes of managing data, how findings would be disseminated, and the importance of participant privacy and confidentiality (see Appendix B). Informed consent was implied if participants continued through to complete the survey after consulting the information sheet and landing page. Participant autonomy was a priority throughout. Participants were also given

the option to receive a summary of the research findings following the completion of the survey.

Next, these shorter information sheets were also placed on the noticeboards of each residential service to account for the cases where potential participants might not access the intranet regularly. This information sheet included an introduction from the researcher and general information about the research such as the aim of the study, who can participate, participant incentives, participant rights and information around privacy and confidentiality. Employees who wished to be recruited into the study expressed their interest by viewing the information sheet on the intranet, and consent and participation were implied if they chose to undertake and complete the questionnaire via the link provided.

Avoidance of harm was an important ethical consideration. As the recounting of critical incidents by some participants may be considered traumatic, data collection had the potential to remind participants about experiences that could cause emotional distress. Measures taken to minimize these risks included ensuring that participants knew that they did not need to share any accounts of incidents that they did not feel comfortable with sharing. Participants had no obligation to fully complete the research questionnaire, and participants were also given the contact details of a free counselling service in the chance that they felt distressed as a result of the research.

Participants from all cultural backgrounds, including Maori, were welcome to participate in this project. The researcher consulted with a Massey University cultural advisor to ensure that they treat people from different cultures with dignity and respect throughout, and thoroughly considering the potential impacts of the research on Maori. The cultural advisor recommended that the researcher form open, communicative relationships with participants

(King, personal communication, July 7, 2020). However, the researcher had to balance this with the need to maintain some level of ethical distance, because the researcher is an employee of the organization. To meet both of these needs, the researcher maintained more open and communicative relationships with key senior members of the organization instead in order to ensure that the data collection process ran smoothly.

Results

The chapter contains three main components: a Prototype Analysis (of the meaning of wellbeing for frontline care workers); a Thematic Content Analysis of positive and negative critical incidents (in response to the questions about what helped and what hindered worker wellbeing during incident management); and an item-level analysis (of the quantitative measure of Perceived Organisational Support [POS]). This section identifies facets of organizational support on which positive incidents were most clearly differentiated from negative incidents, using paired-samples *t*-tests.

Prototype Analysis: The meanings of wellbeing for frontline care workers

Each participant was asked the following question: "*What does wellbeing at work look like to you in your particular job? Write down as many words that spring to mind when you think freely of good wellbeing at work in your current role."*

A word frequency search was conducted, using a qualitative analysis software called NVivo Pro 11.4. First, a separate file was created with participant answers to the wellbeing question (above) in a stand-alone format. This step was done to ensure that only the wellbeing data was being captured in the word frequency search. This file was then imported into NVivo using its data import feature. Next, NVivo's word count feature, "word frequency query", was used to calculate the most frequently occurring words consisting of four or more letters. In this process, the responses to each wellbeing question were run through the word frequency query including words with stemmed variants (e.g., the words "support, supported, supportive" were counted as "support"), and their weighted percentages were calculated. Repeated words with a weighted percentage of more than 0.5% within the data file were recognized as coded words in NVivo.

Each participant answered the question above once, thus there were 50 total usable responses. Additionally, as participants were asked to write as many words as they wished, the total number of words extracted within the word frequency search amounted to more than 50. Within these 50 responses, the top five most frequently used words were team, support, environment, manager, and communication (Table 1).

Table 1: Word Frequency Table of Top 5 Most Commonly used Words

Word	**N**	***Exemplar Quotation***
Team	33	*"If the team is well then I feel that I am well. And the energy they put out means a lot and makes a lot of difference."*
Support, Supported, Supportive	27	*"… good wellbeing at work is a supportive system for staff to operate within health and safety measures."* *"Working within a supportive team."* *"…having enough support to do your role."* *"Feeling well supported at work."*
Environment	19	*"Good wellbeing means fostering a collaborative care environment where everybody comes together to support our clients and colleagues."*
Manager, Management, Manage, Managing	13	*"…Good support from management."* *"Feeling supported by management is huge."* *"Good team and manager support."*
Communication Communicate	6	*"Having a good team leader that I can communicate with…"* *"…effective communication at all levels…"*
TOTAL	98	

From Table 1, even though the question focused on wellbeing, the answers to that question focused on team. Specifically, the term “team” was the most commonly recurring word given in response, having been mentioned 33 times within the 50 responses. “Support” was the second most commonly mentioned theme, having been mentioned 27 times within the 50 total responses, which overlapped with "Team", e.g., "Working within a supportive team" (Table 1). A mutually caring “Environment” was mentioned a total of 19 times, closely followed by good “Management” (13) and clear “Communication” from the organization (6). Overall, the types of support referred to included and spanned top-down and lateral: managerial support, team support and system/organizational support.

Content Analysis (of Critical Incidents relating to wellbeing)

Content analysis often proceeds in two levels. First, it is common practice for the researcher to categorise the kinds of experiences and events at work that staff have identified through their critical incident responses (Flanagan, 1954; Andersson & Nilsson, 1966; Koukia & Zyga, 2013). Once this stage is completed, the incidents themselves can then be content analysed for recurring themes, for example related to training needs and capabilities. This section therefore began with the researcher carefully reading through all incident-related events to categorise the kinds of experiences and events, followed by the researcher suggesting a category coding scheme to a co-rater/judge. This co-rater was a fellow psychology researcher who was impartial to the current project.

The researcher, along with this second judge, then independently coded each of the experiences and events by category, through a shared Microsoft Excel sheet. More than one category code was allowed per incident, because often several categories occurred within participants’ incidents. For example, 'property damage' was often accompanied by 'verbal aggression,' 'physical aggression' or 'self-harm,' which were later considered to be distinct

incidents by both judges. Interrater reliability for the classifications of incident types was found to be K(appa)= 0.93, which is classified as "excellent" (Cohen, 1968). Where the researcher and second judge had differed in their initial code allocations, these were subsequently discussed over Zoom, and a new code was agreed upon. This coding process eventually identified nine main kinds of experience and events, in addition to a miscellaneous "other" category.

Table 2: Categorisation of Experiences and Events

Category	**%**
Physical Aggression	20%
Agitation/Elevated Symptoms	17.5%
Verbal Aggression	15%
Unplanned Leave (absconding during Lockdown)	12.5%
Non-Compliant/Disruptive Behaviour	10.8%
Self-Harm and Threats of Self-Harm	7.5%
Property Damage	6.7%
Client lack of insight into illness	4.2%
Old age-related (loss of life/falls etc.)	4.2%
Miscellaneous	1.7%
Total	**100.0%**

K(appa)= 0.93, N=120

From Table 2, the sampled frontline worker participants consistently identified *client's* presentations and behaviours as being at the centre of experiences and events. For example, from Table 2, incidents largely involved displays of physical and verbal aggression, property damage, non-compliance, and unplanned leave from residential facilities, which are all incidents that arise from clients having difficulties in mastering impulsive behaviours.

Unplanned leave was defined by clients absconding from semi-secure residential facilities without prior planning or permission. Client lack of insight involved descriptions of clients having difficulties managing delusions and paranoia, often resulting in self-harm behaviours, agitation and elevation of mental health symptoms, and general lack of insight into their behaviours. Clients were mainly seen as the central cause of incidents compared to other factors such as colleagues or managers. Importantly however, from Table 2, frontline staff rarely blamed clients for incidents, and that frontline staff view these incidents as an inevitable part of their role responsibilities.

Critical Incidents Analysis

This process began with the researcher re-reading through the same incidents, but allowing any themes to suggest themselves (i.e., not focusing on or filtering for attributions). After an initial reading-through, the researcher notarized and summarized the themes. The same second judge then re-read through the same critical incidents and independently coded themes. It was agreed that more than one code per response would be allowed. The reason for this decision was that incidents had featured more than one factor within stories about what had helped and hindered participant wellbeing regarding incident management. Additionally, the researcher felt that the quality of textual data would be reduced by only allowing one code per response.

Codes were compared and discussed over Zoom, and there were several (N=6) instances where theme names had to be renegotiated. For example, in one case the researcher identified a theme as “team leader support” and the second judge identified the same theme as “positive affirmations from leaders”. Noticing that they were of similar nature, a new theme code of “supervisor support” was agreed upon and allocated.

In total, five themes were agreed for what helped staff wellbeing in positive outcome incidents. Seven themes were agreed for what hindered staff wellbeing in negative outcome incidents. Two separate "confusion matrices" (Field, 2013) were then prepared, one for what helped and one for what had hindered staff wellbeing. A confusion matrix is simply a matrix in which two judges code each incident and enter tallies for agreement versus disagreement. Once the confusion matrices were complete, interrater reliability for these themes was found to be K(appa)= 0.87 and K(appa) = 0.86, each which is normally classified as 'excellent' (Cohen, 1968). The residual differences in kappa coefficients were then resolved through discussion and consensus. The final tallies were then computed and entered into Table 2, again keeping positive and negative incidents separate. In Table 3, "Total" refers to the number of times a theme was mentioned, whereas "%" refers to the percentage of times it was mentioned in positive incidents, versus negative incidents, separately.

Table 3: Content Analysis of Critical Incidents helping/hindering Staff Wellbeing

What Helped? Positive Incidents		**What Hindered? Negative Incidents**		**Total (*N*)**
Theme	**%**	**Theme**	**%**	
Perceived Organizational Support	23.7%	Lack of Perceived Organizational Support	44.4%	46
Good Teamwork	32.9%	Poor Teamwork	11.1%	32
Support from External Agencies	9.2%	Lack of Support from External Agencies	17.5%	18
Supervisor Support	13.2%	Lack of Supervisor Support	9.5%	16
Personal Credit (to themselves)	14.5%	Personal Blame (of themselves)	1.6%	12
		Other (Client Factors & Pandemic Factors)	7.9%	5

Interrater reliability for "What helped?" is K(appa)=0.87

Interrater reliability for "What Hindered?" is K(appa)=0.86

Theme 1: Perceived Organizational Support

From Table 3, perceived organizational support, and lack of it, was the most prevalent theme among discussions of both positive and negative outcome incidents *(n*=46). Under this theme, participants mentioned "the organization" directly, or alluded to organizational agents, such as directors or service managers. For example, within stories of positive outcome incidents that boosted their wellbeing, participants perceived organizational support through three main organizational behaviours. The first of these behaviours was (1) the introduction of resources and additional staffing during incidents. E.g. "I was called in to ensure that there were more staff present… (1)." The second and third of these behaviours were (2) the introduction of consequences for clients who behaved dangerously or who did not abide by organizational rules, and (3) supportive leadership from agents of the organization during or after critical incidents. An illustrative and integrative quote for this triple-faceted theme can be found in the following illustrative positive critical incident:

> "Three clients were suspected to be high on either meth or weed...Afterward, (2) these clients were eventually discharged from the service for non-compliance to company policies and guidelines for behaviour. Their beds were given to others in need. This was good because in the times when clients take drugs, the staff's hands are tied and not much can be done. But (3) the organization listened and showed good consequences for non-compliant behaviour."

In contrast, participants perceived a lack of organizational support through (1) lack of introduced consequences from an organizational level to clients who behaved dangerously or broke rules. For example, "One of the clients assaulted a colleague, and following the incident there was no guidance on whether there were consequences (1) within the organization, or whether there were any plans in place on how we collectively deal with this client on site." The

others are (2) lack of resources such as personal protective equipment (PPE) or staffing ratios, and (3) feeling unheard by the organization. This fact was apparent in the following quote:

> "One time a client slapped my colleague in the face while they were giving them medication. It was disheartening because we had always asked for a larger medication room and never had that request granted. That incident could have been avoided if we were listened to by management (3) and given safer spaces (2) for dealing with clients in close quarters."

Theme 2: Teamwork

On the positive side, from Table 3 *Good teamwork* was the most common theme across participant responses regarding positive outcome incidents where their wellbeing was maintained. There were two facets to this theme, (1) good delegation amongst the team and (2) moral support, encouragement and reassurances from colleagues. An illustrative and integrative quote for this theme can be found in the following.

> "A client attempted to self-harm. All (1) staff members knew their role to plan in managing the situation. We all banned together and supported one another and client(s). For example, two staff members with the high-risk client and the other two worked to remove the remaining clients from the area quickly to maintain everyone's safety. Following (2) the incident, the team came together for a combined debrief."

From Table 3, *poor teamwork* made up 11.3% of responses within stories of negative outcome incidents. Participants referred to poor teamwork as other colleagues gossiping (1), and not taking initiative during or even prior to incidents (2). For example;

> "Client was elevated and trying to reach for objects with the intent to use them to self-harm. I felt less supported by particular staff on shift. It was change-over time and

instead of supporting me (2) they left me to deal with it even though it was time for me to leave the shift. They diffused responsibility instead of stepping up and I felt anxious leaving work because I was worried about whether they would manage the client well or not".

"…I went to a disciplinary meeting because of this and felt (1) that my team were unsupportive and talking about me behind my back."

These findings reveal that participants tended to talk about good teamwork (32.9%) more than they talked about poor teamwork (11.3%), and that furthermore these participants also seemed to look more favourably upon their team members (not just self) when incidents were managed well from their perspective, which is not what would be expected if self-serving bias was operating.

Theme 3: Support and Lack of Support from External Agencies

Support from agencies that are external to the organization, according to participants, came from the Police, the acute crisis team, the community mental health team (CMHT), and hospital inpatient services. Support from such agencies is crucial, as they are often a last resort for frontline mental health staff. As such, the kind of support that proved most useful to participants was immediate intervention and support from these agencies when required and was mentioned in 9.2% of positive outcome incident responses (see Table 3). The following quote is one of several highlighting instances where participants felt well supported by external agencies.

"One incident occurred where a client was unwell/elevated and abusive and throwing things…The Police were called, and they intervened sufficiently. We handled the situation well and were supported sufficiently to do so."

In contrast, Table 3 illustrates that lack of support from these external agencies was the second most common theme noted by participants in their negative outcome incident stories about what hindered their wellbeing. This is illustrated by the following quote:

> "This did not encourage me because the incident was not resolved. The Police could not take client in jail despite of his verbal and physical aggression because he is under mental health. Care team could not admit him in the hospital as well. Staff had no support and we had to deal with client's aggression for hours."

Theme 4: Supervisor Support

A supervisor for the purposes of this research referred to shift coordinators and team leaders who were providing direct support prior, during or following incidents. *Good supervisor support* for participants seemed to include (1) good decision making and planning, and (2) the offering and provision of debriefs for staff who were involved in any incidents. A direct quote illustrating all three facets is below.

> "The team leader came in and spoke to me while other staff went to check on this client. The team leader took me offsite to speak with me, and I felt confident to speak openly with her about how I felt (2). She offered to allow me to go home early, and I felt supported as I did not have to explain myself. She took what I said at face value, and that felt really good (1)."

On the other hand, *poor supervisor support,* according to participants, included (1) poor decision making and planning prior to, during or after incidents, and (2) lack of offered debriefs to staff following incidents. These facets were noted in several direct quotes, two of which are noted below.

> "…It was a risky situation, and it was stupid because (1) no one explained anything to me about this client, nor was I given any kind of briefing prior to being asked to walk into the situation. This was not safe at all and it left me feeling (1) quite disgruntled at my shift coordinator and whoever else had decided that calling me would be a good idea."

> "I did not get debriefed (2) following this incident, and instead I was blamed rather than supported."

Theme 5: Personal Credit and Blame

Participants (*N*=11) chose to discuss positive outcome incidents, where the credit for the positive outcome was allocated to either their personality or their own individual decision making. In contrast, only one participant discussed less-positive incidents where they blamed themselves for the poor outcome.

Other Themes: Client Factors & Situational Factors

Client factors and situational factors only accounted for a small amount of participant stories, and they were unbalanced and only present in the negative outcome incident stories about what hindered staff wellbeing. For this reason, they will be described only briefly. *Client factors* included things like client lack of insight, where clients would unknowingly behave in ways that were detrimental to their own wellbeing, such as refusing staff support and harmful self-isolation behaviours. *Situational factors* included uncertainty and worry around pandemic conditions. This was noted in participant recollections of stress around coming into work without knowing what risk they were putting themselves or their families in.

Overall, a notable pattern at a thematic level is that participants tended to credit their team and supervisors more for good outcomes more than they blamed them for negative ones. On the other hand, participants tended to blame the organization and external organizations for negative outcomes more than they credited them for good ones. Personal credit was more salient than personal blame, with people crediting themselves for good outcomes more than they carried blame for back ones.

Item Analysis of POS

Due to the exploratory nature of the thesis (the first task was to examine item scores for significant changes (Mean Difference, i.e., *d*-scores) between positive and negative critical incidents. The *d*-scores were then ranked in Table 4. From the central tendencies in Table 4, items with the largest mean *d*- scores, at item level, were resonant with the top themes in the earlier prototype and category analyses. Specifically, items in the POS measure that were more relationship-based (i.e., "Help was available...", “care” and “wellbeing” tended to have the highest mean differences, i.e., differentiated the most clearly between an incident that ended well and one that ended not so well, for the same frontline workers' wellbeing. In contract, items in Table 4 with more of a 'task' focus, or with a focus on the wellbeing of the *organisation*, tended to produce smaller mean difference scores. On the average therefore, the items that differentiated best between poor and better outcomes from critical incidents also tended to include some element of wellbeing.

Table 4: Mean differences between Item scores

Question	**Positive Outcome Incidents Mean**	**Negative Outcome Incidents Mean**	**Mean *Difference***
Help was available from the organization when I had a problem.	5.04	2.78	2.26
The organization really cared about my well-being.	5.18	3.14	2.04
The organization was willing to extend itself to help me perform my job to the best of my ability.	5.00	3.06	1.94
The organization cared about my opinions.	4.62	2.70	1.92
The organization cared about my general satisfaction at work.	5.02	3.34	1.68
The organization took pride in my accomplishments at work.	5.22	3.64	1.58
The organization strongly considered my goals and values.	4.98	3.44	1.54
The organization valued my contribution to its well-being.	4.98	3.52	1.46
The organization would have forgiven an honest mistake on my part.	5.54	4.20	1.34
The organization wished to give me the best possible job for which I am qualified.	4.86	3.70	1.16
TOTAL	5.04	3.35	4.20

Paired-samples t-test. To check the significance of these mean differences in scores, a paired-samples *t*-test was conducted, comparing participant responses on the 10-item POS measure across the two conditions: positive and negative incidents. The *p*-value for significance was set at the conventional 0.05 level. Ordinarily, with multiple tests like this, a Bonferroni correction might have been made to help offset any risk of Type I error, however given the small sample size and the risk of Type II error, it was decided to adhere to 0.05 but to interpret any differences with caution (Grimm, 1991).

In the event, differences in scores between positive and less positive responses were clearly significant ($p < 0.001$), with a large effect size for each (Table 5). In Table 5, the pairs with the largest effect sizes, have been ranked first as they are an improved estimate compared to the paired mean differences. While all revealed statistically significant differences, there were three that had the highest *D*-score differences between (1) positive outcome and (2) negative outcome conditions; “Help was available from the organization when I had a problem”, (*M1*= 5.04, *SD1*= 1.714, *M2*= 2.78, *SD2*= 1.55), t (49) = 7.29, $p < 0.001$), “The organization cared about my opinions”, (*M1*= 4.62, *SD1*= 1.55 , *M2*= 2.70, *SD2*= 1.67), $t(49) = 6.90$, $p < 0.001$, and “The organization really cared about my wellbeing”, (*M1*= 5.18, *SD1*= 1.55, *M2*= 3.14, *SD2*= 1.69), $t(49)=7.53$, $p < 0.001$. Similar to the revelations from Table 4 with just a few differences, the top question on the POS survey that alluded to more structural or formal support, such as “help”, produced the highest *d*-score difference, and questions on the POS survey that were more relationship-based, and that alluded to “care” and "wellbeing” ended up having the highest *d*-scores, i.e., these questions differentiated the most clearly between an incident that ended well and one that ended not so well, for the same frontline workers' wellbeing.

Table 5: Mean differences between overall item scores of conditions 1 and 2 and accompanying descriptive statistics.

Question	**Paired Differences Mean**	**Cohens *D***	***t***	***p***
Help was available from the organization when I had a problem.	2.26	2.19	7.29	<.001
The organization cared about my opinions.	1.92	1.97	6.9	<.001
The organization really cared about my well-being.	2.04	1.92	7.53	<.001
The organization strongly considered my goals and values.	1.54	1.88	5.81	<.001
The organization took pride in my accomplishments at work.	1.58	1.85	6.03	<.001
The organization would have forgiven an honest mistake on my part.	1.34	1.83	5.19	<.001
The organization was willing to extend itself to help me perform my job to the best of my ability.	1.94	1.79	7.67	<.001
The organization cared about my general satisfaction at work.	1.68	1.77	6.73	<.001
The organization valued my contribution to its well-being.	1.46	1.69	6.1	<.001
The organization wished to give me the best possible job for which I am qualified.	1.16	1.45	5.67	<.001

Factor Analysis. A Principal Component Analysis (PCA) was conducted twice on the 10 items with oblique rotation (direct oblimin), once each for the two conditions; (1) participant's positive outcome survey responses, and (2) participant's less positive outcome survey responses. The Kaiser-Meyer-Olkin measure verified the sampling adequacy for both analyses, KMO= 0.88 for condition 1 and KMO=0.89 for condition 2, which are both above the commonly recommended value of 0.5 (Field, 2013).

In each analysis, only one PC was extracted with an eigenvalue over Kaiser's criterion of 1 and a clear main point of inflexion on both scree plots revealed that only one factor should be retained. The PC explained 67.2% of the variance for condition 1 (positive outcome survey responses), and 69.8% of the variance for condition 2 (negative outcome survey responses). Finally, under Harman's test rules, only one component was retained. Given that the measure passed a Harman test, mean scores per item were calculated for positive and negative incidents. A single paired-samples *t*-test was then conducted to compare; (1) the overall POS mean of positive outcome incident stories and (2) the overall POS mean of less positive outcome incident stories. On average, overall perceived organizational support from participants was higher when they considered positive outcome critical incidents (M= 5.04, SD= 1.18) and lower when they considered less positive outcome critical incidents (M= 3.35, SD= 1.33). This 1.69 difference was statistically significant; t (49) = 7.89, $p < 0.001$, and represented a "large" effect (D=1.52). (Field, 2013).

Discussion

Key Findings

The purpose of this study was to explore what mental health workers in Auckland, New Zealand are saying helped or hindered their own workplace wellbeing, when they dealt with incidents at work during Covid-19 lockdown periods. The overall findings indicate the central importance of perceived organizational support in the maintenance of overall workplace wellbeing for the mental health workers in this study. When identifying what helped them manage incidents during the lockdown periods in Auckland, perceived support from their organization, colleagues, supervisors, and external organizations such as the Police, were more important for the workplace wellbeing of workers in this project. Less preference was given to personality type factors, such as personal resilience and coping strategies.

Personality factors and other individualized constructs such as personal resilience were rarely mentioned by employees when they were asked to convey what wellbeing at work meant to them. This counteracts with Cleary et al.'s (2018) findings on the usefulness of resilience building in healthcare employees. Employees who participated in this project were not primed to discuss any themes, and majority of them chose of their own volition to relay the importance of organizational support structures such as team and managerial support, as well as a supportive working environment rather than talking about resilience or other personal factors. The thematic content analysis expanded on those themes by revealing that employees appear to need organizational support in order to feel supported and have good workplace wellbeing, and that a lack of organizational support is associated with negative feelings toward the organization. This finding implies that people can generally cope with difficult circumstances and situations if the structures around them do not let them down, but the moment that they

feel let down they turn to blame the perceived source of disappointment which was in this case, the organization.

Thus, it is clear from these findings that employees need POS to have good workplace wellbeing, and that perceptions of lack of support from organizations can result in detrimental wellbeing. However, what is also clear is the importance of perceived inter-organizational support from wrap-around services such as the Police and crisis team for the workplace wellbeing of mental health care workers in Auckland, New Zealand. The thematic content analysis revealed a similar trend to that of organizational support, where people placed more blame on wrap-around external services when incidents, from their perspective, were not handled well, compared to how much they credited these same services when incidents were managed well. Additionally, the fact that this finding matches that of perceived organizational support suggests that inter-organizational support might have some overall effect on POS, where a lack of support from external agencies might also reflect badly on the organization.

Interestingly, employees in this study tended to allocate more credit than blame to their team/colleagues and their supervisors, which is in stark contrast to how more blame than credit was allocated to the organization and external services. Workers in this project chose to credit mostly their team when incidents, from their perspective, were handled well while rarely blaming them for incidents which were not handled well, choosing instead to place blame on other factors such as a lack of top-down support from their organization and external wrap-around services. The same trend is apparent with supervisors, where more credit was allocated to their support for positive incidents than blame was allocated for negative incidents, suggesting that wellbeing at work has a heavy social component to it. This finding suggests that POS is linked closely to how supported employees feel by their team and their supervisors, as reflected by the mean differences between the two overall POS scores. For example, teamwork was the most reported theme in positive outcome incident stories, and people tended

to have higher overall POS scores when discussing positive incidents, which means that teamwork seems to have had some positive impact on the construct of POS. This finding also revealed that people tended to gravitate toward crediting lateral support for good outcomes, while blaming top-down support for poor outcomes, which highlights that people find the *presence* of lateral support more salient than its absence, while the *absence* of organizational support and support from external agencies is more salient than its presence. The presence of lateral social support, in particular teamwork, has more of a positive effect on wellbeing than other themes in this study, and as such, healthcare organizations should be mindful to encourage teams to bond.

Findings and Links with Theory: POS

POS theory was supported, as reflected by the mean differences between the two overall POS scores and as reflected by the content and themes present in employee's stories. Employees reflected higher POS scores when sharing positive stories, and the content of those positive stories often revealed that the organization and key organizational agents were viewed favourably by the employee, which is consistent with POS theory (Eisenberger et al., 1986; Eisenberger, Shanock & Wen, 2020). Feeling supported in a traditional sense, through having access to sufficient resources, a supportive working environment and supportive leaders are all factors associated with higher POS and also better workplace wellbeing, and employees in this study reflected this. Also supporting POS theory are the negative findings, where employees reflected lower POS scores when sharing stories in which they viewed the organization unfavourably, which is consistent with POS theory (Eisenberger et al., 1986; Eisenberger, Shanock & Wen, 2020). Feeling unsupported through lack of resources, an unsupportive working environment, feeling unheard and unseen, feeling underappreciated are all factors that are associated with lower POS and poorer workplace wellbeing, and employees in this study also reflected this.

Thus, POS theory was supported, with links to existing findings in the healthcare sector while also extending findings regarding POS in pandemics. This is an especially important point as findings which are replicated in extreme circumstances suggest that the theory is robust and meaningful. The immense importance of formal and structural support from organizations through the provision of resources, clear communication and policies and ensuring shifts are well-staffed was reflected in this project.

Positive Stories and POS

Employee's reported feeling more positive and felt that their wellbeing was encouraged when their organization introduced clear rules, policies and regulations surrounding Covid-19 and implemented them when supporting these staff with managing incidents. Robust regulations and clear instructions have already been noted to decrease feelings of fear and uncertainty in employees, especially within the health sector and as such, is related to better wellbeing outcomes and more POS (Brillon et al., 2021; Preti et al., 2020; Cabarkapa, Nadjidai, Murgier & Ng, 2020).

Within the positive outcome stories of employees in this project, a common subtheme within perceived organizational support was "clear rules and the introduction of consequences" to clients who broke rules. Employees who talked about this subtheme (N=11) reported feeling backed-up by their organization and felt a sense of peace knowing that there were regulations in place that would be maintained. For example, several employees shared stories about clients who breached lockdown rules multiple times, absconded from the facility, and refused to engage in basic hygiene and social distancing when they eventually returned onsite. Staff expressed anxieties and fear surrounding the danger to other immunocompromised clients and of potentially taking Covid-19 home to their families. In these cases, they reported that the organization stepped in and worked with the nearby psychiatric inpatient unit to place the client

in a secure inpatient unit for the duration of the March 2020 Level-4 lockdown. This solution, piloted by the organization, made these workers feel as if their wellbeing and safety at work was prioritized, and it made them feel heard, which is important for workers (San Juan et al., 2021). As a result, these employees viewed their organization more favourably. Structural support from the organization in the form of clear and direct policies and procedures for a such clients is in line with existing research on POS and is reflected within the POS measure which asks about whether the person filling in the questionnaire felt as if their organization provided "help" and "cared" about their opinions and thus their wellbeing (Eisenberger, Shanock & Wen, 2020).

Other forms of structural support from the organization, that also aligned with existing literature on POS theory, include resourcing and staffing, where employees reported feeling supported when the organization ensured that there were extra staff allocated for certain higher risk shifts. This finding aligns with others where POS was directly influenced by workers who felt more practical support in the form of sufficient safety gear from their organization (Martínez-López et al., 2020). It also aligns with findings from San Juan et al., (2021) as workers in that review conveyed that having sufficiently staffed shifts allowed them to better manage their workloads and look after their wellbeing and as such, allow them to feel more favourably about their organization.

This project also revealed the importance of informal support and its role on POS. Research undertaken in mental health organizations during the Covid-19 pandemic have revealed the importance of informal social support on the wellbeing of workers (Bentham, Driver & Stark, 2021). Similar findings were replicated within this project, where perceptions of "moral support" from the organization were noted by some employees as something that really boosted their wellbeing. This "moral support" included having a key leader in the organization (one of the directors) informally visit staff to check on their wellbeing following

a dangerous incident involving a client physically assaulting a staff member. This kind of informal support differs from the more traditional or formal organizational support, as it involves a key agent of the organization going above their workplace duties to provide care and support to employees on a more personal level. This arguably aligns with some findings from a mental health organization in which mental health employees felt more support from their organization when managers sent around emails detailing the types of support on offer (Liberati et al., 2021). However, arguably it is within the role responsibilities of managers to disseminate such information due to the existence of wellbeing policies, therefore that might be considered more formalized than perhaps a visit from a director from the organization who would not otherwise make the time to visit employees. POS theory and POS measures might therefore benefit from expanding further to deliberately account for the potential impact of similar informal forms of support.

Negative Stories and POS

POS theory is further supported by findings in this project when looking closer at the *lack* of perceived organizational support. Three biggest subthemes present in people's stories of negative experiences that hindered wellbeing were lack of resources from the organization, lack of consequences for clients, and lack of sufficient intervention by external services. As the biggest subthemes these therefore had the biggest impact on people's POS scores. Two of these themes align with existing POS theory while one is a novel finding.

One which aligns very closely with existing findings is that of resources and staffing. Employees in this project mentioned how a lack of sufficient PPE and staffing on shift to help account for issues brought on by Covid-19 were a major stressor and a big hindrance to their abilities and wellbeing at work. Some staff even reported having to supply their own. This finding is similar to those of Martínez-López et al., (2020) where at least 88% of healthcare

workers in Spain conveyed that the amount of PPE provided was insufficient and causing significant stress and burnout. POS theory is all about employees feeling cared for by their organization (Eisenberger et al., 1986), so when organizations fail to provide that sense of care by not providing safe working environments, especially during a pandemic, it is only fair that employees perceive the organization in a negative light and reflect lower POS and worse wellbeing outcomes.

Similarly, lack of introduced consequences or procedures for clients who broke rules was a subtheme that made employees feel unheard, unseen and undervalued by the organization. Some employees talked about how some clients continued to bring illicit drugs onsite, with no consequences for their actions despite the organization's no tolerance policy for drugs onsite. Staff felt helpless as they knew that the clients understood that staff could not intervene without structural help from higher up in the organization. This is an example of when organizational policies might convey support, but practical support to maintain the policy is absent. Established boundaries and consequences are something that might be considered preventative support, as it would allow those clients with better insight to understand what is and is not tolerated and therefore possibly reduce the occurrence of incidents. Safe workspaces, structural interventions and improving the organizational climate are all easier factors to alter than client factors (Pelto-Piri, Warg & Kjellin, 2020). So, organizations who do not put practical interventions in place to support their workers, whether during a pandemic or not, run the risk of having their employees perceive them in a negative light.

Unexpected POS findings

POS theory does not quite cover teamwork as an important mechanism behind people's perceptions of organizational support, yet the biggest theme in this project noted in positive stories was the presence of good teamwork, with the most common subtheme being "good

delegation". Teamwork is a key form of social support, which can be both a formalized form of organizational support and an informal form of co-worker support. Within mental healthcare agencies, teamwork is a core contractual requirement and workers in this field are constantly trained on how to effectively work as a team to mitigate risks, and deal with critical incidents. Teamwork has been said to improve the wellbeing of employees and influence positive attitudes toward organizations through the process of perceived organizational support (Kozlowski & Bell, 2003), and this project reflects those findings.

However, teamwork and co-worker support have often been overlooked in POS literature in favour of the role of managers and supervisors as being key organizational agents/representatives and sources of POS (Eisenberger, Armeli, Rexwinkel, Lynch, & Rhoades, 2001; Eisenberger et al., 2010). This top-down view of organizational support is at odds with the number of responsibilities given to frontline mental health care workers, who manage most aspects of their roles amongst their teams and with little guidance from above. Co-worker relationships, through teamwork, provide employees with both practical and socio-emotional resources to help employees manage their challenging roles, and as such these relationships play a key role in shaping and implementing the values of an organization, which may present a significant influence on POS. Furthermore, a meta-analysis of studies conducted in 2008 supported this view, finding that perceived co-worker support was related to POS (Ng & Sorensen, 2008). Teams who are able to work together and delegate in a crisis not only keep themselves safe, but they also keep their clients safe. It is unclear whether teamwork is embedded in Eisenberger's measure of POS, therefore POS theory and measures might also benefit from expanding to include the impact of teamwork on POS. This would be useful in order to gauge whether teamwork is a separate construct or a factor that sits within and contributes to POS.

Another unexpected POS finding was the influence of perceived lack of external support on perceptions of organizational support. Employees in this research talked about how the lack of useful support from external services hindered their wellbeing and abilities to handle incidents sufficiently. A common story told by employees was how there was a lack of follow-up from Police when employees reported Covid-19 lockdown breaches or other incidents during the lockdown periods. Due to government mandates and the heavy consequences for lockdown breaches, employees likely felt as if there should have been a lot more support to deal with lockdown breaches than the support that they actually received from Police. This expectation might explain why perhaps the lack of top-down support from external agencies would have been more salient than the presence of support from these same agencies.

POS theory was supported within this project, while also being expanded to account for novel and unexpected findings.

Attribution Theory

The results indicated that there were several references to attribution biases in people's stories about critical incidents. However, attribution theory, especially explanations around attribution biases, were only partially supported by the findings from this project.

Firstly, both fundamental attribution error and actor/observer bias were not found or supported in this study, as workers did not tend to discuss the wellbeing of others, nor did they overestimate any dispositional factors of colleagues, managers, and supervisors when things went wrong. In fact, the opposite phenomena were noted, where workers tended to credit their colleagues for good outcomes more than they tried to blame them for poor outcomes. There was no need to be cautious about the presence of either of these attributional biases in people's answers, which indicates their oversimplicity when being applied in the mental health sector.

Self-serving bias on the other hand was partially supported in this study. Although accounts of personal credit were limited compared to other themes of support, there was a stark difference between personal credit (*N*= 11) and personal blame (*N*= 1), suggesting that there is some evidence of people presenting themselves in a better light when incidents are, from their perspective, well-managed compared to how often these people took blame upon themselves for incidents that were not well-managed.

More importantly however, self-serving bias was most noticeable when accounting for support from the organization and from external agencies, as people tended to allocate more blame to these organizations for incidents that were not managed well and that hindered their wellbeing. Blame within employees' stories tended to circulate around perceived lack of resources, lack of consequences for unruly clients, lack of useful intervention by external agencies, unsafe working environments, and poor staffing ratios. This might indicate employees attempting to protect their own self-esteem and wellbeing by locating blame outward (Kelley & Michela, 1980), or by being defensive when they talk about incidents that left them feeling disgruntled. As noted in chapter one, lack of POS evident in workers' descriptions of negative incidents is an indication that self-serving bias might be operating. As such, those stories that do portray the organization in a positive light are highly important for understanding what truly contributes to the wellbeing of employees. Employees who forgo self-serving mechanisms to credit the organization rather than themselves suggest that organizations should aim to do more of what employees are saying is good and useful, rather than simply looking at the negative things that are said or implied by employees.

However, self-serving bias was only partially supported as it did not explain all phenomena. It was expected that employees might blame colleagues for poor outcomes to protect their own self-esteem. However, employees in this project tended to consistently view their colleagues in a positive light. Perhaps this is because employees feel closer to their

colleagues, and there is a shared sense of comradery when dealing with difficult circumstances. This might especially be true during a pandemic as previous literature has noted that people tend to bond over shared experiences, especially difficult ones (McClure & Moore, 2021; Olff, 2012). One study investigating the experiences and emotions of healthcare professionals during the Covid-19 pandemic before vaccine availability found that workers felt a heightened sense of comradery and community amongst their colleagues through the experiences of shared trauma (Song, Mantri, Lawson, Berger & Koenig, 2021). Workers in this project might have felt similarly, as being considered an essential worker especially during the initial lockdown periods where vaccines were undeveloped had its unique stresses and traumas. So, perhaps this finding was specific to the pandemic, and future research might benefit from looking into this further to establish whether this finding replicates in other circumstances once the pandemic has settled.

Aspects of attribution theory were noted to explain some findings, yet, this project points to attribution biases only being a small part of the bigger picture of how employees attribute success/credit and failure/blame to others. However, regardless of the presence of biases, perhaps research going forward needs to treat them less as "biases" but rather treat the workers as subject matter experts in their roles. Research should strive to understand the attributions of workers and understand that the reasons behind them warrant further attention, while also taking care about directly applying attribution theory in such settings. While negative stories should be taken with a grain of salt so as to avoid giving weight to potentially biased points of view, perhaps these negative stories hold some truth and warrant further investigation. For example, workers who blame the organization for not sufficiently supporting them while they dealt with a difficult client might have valid points, and may not even be applying self-serving bias. The point is, while attribution theory suggests giving more weight to positive stories, the theory itself might be too simplistic to account for the complexity and

risk that mental health workers face in their roles every day. The findings in this project aimed to shed some light on these experiences, and resultantly offer insights into the applicability of attribution theory and POS theory in the mental health sector.

Critical Incidents

Mental health care workers in New Zealand noted ten key types of critical incidents, most of which correspond with the types of incidents reported by mental health workers and psychiatric nurses in some existing literature (Pelto-Piri, Warg & Kjellin, 2020; Koukia & Zyga, 2013). The most common incidents were forms of aggression and agitation from clients toward others (mostly staff) which were again, in line with existing research in psychiatric units in Greece and Sweden (Pelto-Piri, Warg & Kjellin, 2020; Koukia & Zyga, 2013). Also in line with existing research is the fact that workers in this project rarely blamed clients for incidents and viewed the occurrence of such incidents as an inevitable part of their role responsibilities, and instead placed blame toward structures and organizational processes. As noted in chapter one, critical incidents can be classified as organizational hassles, and workers in this project tended to place more credit or blame on more organizational factors, such as lack of clear instructions, lack of resources, or lack of support from the organization.

This project contributes a new finding, related to incident stressors. There were some stressors relating to the incident category of "unplanned leave" which were specific to Covid-19 such as fears of infection and uncertainty. As noted in chapter one, mental health workers who worked in areas with higher incidents of Covid-19 experienced higher work strain and depressive symptoms due to fears and uncertainty around greater infection risk (Brillon et al., 2021). For mental health workers in this study, this was also noted as a stressor, but it was the fear of infection and uncertainty related to the incident of "Unplanned Leave" from clients that they reported most in their stories. Regarding stories where they felt that their wellbeing was

encouraged, some workers talked about how they felt that their concerns about catching Covid-19 were taken seriously by the organization. They felt that their concerns were taken seriously, and as such, their workplace wellbeing was encouraged. On the other hand, regarding stories where they felt that their wellbeing was not encouraged, some workers talked about how they felt that their concerns about contracting the virus were not taken seriously by the organization, and that they were not supported with sufficient resources. This again clearly states the perceived importance of formal organizational support through the provision of resources (such as PPE and appropriate facilities to support the isolation of clients).

Based on the above, from workers self-reports, it appears that incidents are similar to those reported in existing literature, but that the concerns around certain incidents are more specific to Covid-19. Furthermore, it appears that there is a clearly formal component to POS, where protocols, and resources provided (or not provided) by the organization have an impact on POS held by workers.

Unexpected Findings

While general organizational support such as good leadership and provision of resources was something that was noted to be important for the wellbeing of workers, the most interesting and salient finding was the importance of informal social support and how that influenced POS for the employees in this study. Teamwork via 'moral support' was noted to have been important for workers' wellbeing in this study, as well as supervisor support through positive affirmations, good leadership and informal follow-ups. There are several examples in people's stories where they talk about how their team or supervisor supported them following an incident by checking in informally, and by even taking the time and using their personal money to purchase food and share an informal meal at work following a stressful event. Even informal support from the director of the organization was a factor behind boosted wellbeing.

It was informal social support from these sources that made the biggest positive impact on the workers in this study. Workers rarely discussed the absence of moral support but acknowledged the presence of informal support as being a core component to why they felt that their wellbeing was boosted in positive incidents. This unexpected finding suggests that POS might benefit from some refinement to include more around informal social relationships and their impacts on POS.

One other surprising finding is the salience of support from external organizations, and how this may have impacted POS. Appropriate service delivery for clients with mental illnesses requires a high level of collaboration between a wide range of stakeholders (Nicaise, Grard, Leys, Audenhove & Lorant, 2021). However, the potential inter-organizational components of POS appear not to have been addressed in existing literature, despite inter-organizational collaboration being incredibly important in healthcare industries. As evident from some of the stories from workers in this project, workers are constantly requiring assistance not only from their own organization, but also from Police, the Community Mental Health Teams (CMHT's), psychiatrists and the after-hours crisis teams. These organizations are not on the fringes, but are involved almost daily with the organization in this project, and with worker's who require their services. As such, the pattern that emerged in this project for POS also matched that of external organizations, which suggests that workers either view these organizations as an extension of their own organization, or that perceived organizational support extends to include inter-organizational support. Therefore, POS theory might benefit from including or acknowledging the role of interdisciplinary teams and organizations, especially in health and mental health organizations.

Limitations

This project was not without its limitations. Firstly, the sample size was small and thus the findings are not generalizable. Typically, studies that utilize the critical incident technique and quantitative POS measures require a large sample in order to successfully gauge trends in data. However, the mixed-method approach allowed for richness in data despite the relatively small sample. As the aim of the study was to offer rich insight into the experiences of mental health workers, the sample size was sufficient given the richness of data that was collected.

Secondly, the use of self-report could also be considered a limitation as the research participants were not reporting objective findings. However, as the objective of the study was to explore the self-reported experiences of mental health workers as subject matter experts, self-reported data was the most relevant type of data for this study. In addition, the self-reported data presented by the research participants provided valuable insight on their potential attributional biases in critical situations during the Covid-19 pandemic.

The researcher acknowledges the possible conflict of interest as both the researcher and an employee of the organization where the data was collected. However, this was combatted by use of an independent judge in the data analysis section, and through a hands-off approach to data collection by encouraging online surveys.

Recommendations for Future Research

This study provided a mixed method approach, which tells a wider and richer story than a single method approach would have. However, this project was carried out using data in the early stages of the Covid-19 pandemic, and since then, new variants, fatigue, and the general public's sentiment against Covid-19 would have further altered the burdens placed on mental health workers. Hence, a follow-up study, with a larger sample size and across a larger variety of mental health organizations, would be beneficial once the pandemic is under control in order

to understand its full impact on the wellbeing of mental health workers, and to examine whether the findings replicate across settings.

Secondly, a measure on perceived team support might be prudent in order to evaluate whether perceptions of team support are distinctly different from perceptions of organizational support. Doing so would encourage a re-evaluation of POS theory to potentially include more in the measure around team support as an organizational mechanism of support. POS developed through both formalized and informalized social relationships with agents of the organization meets employee's needs for approval and praise, and fosters a positive emotional bond with the organization, which in turn predicts improved wellbeing, improved job performance and increased commitment to the organization (Eisenberger et al., 1986). As such, understanding the extent to which perceived support from an organization in a more social sense (whether formalized through job descriptions, or whether it is more informal) impacts job-related wellbeing in support workers is also an area that warrants further investigation.

Thirdly, research should be done to establish whether inter-organizational support is also a related factor to POS. This is especially important in healthcare settings, as multi-disciplinary support is required for many clients with mental illnesses (Nicaise et al., 2021). This study suggests that there may be some interlap, so future research should investigate this further.

Organizational Implications

The current study has offered a brief and unique insight into what is truly important for the workplace wellbeing of New Zealand mental health workers during crises. Employees feeling protected by their organization through the introduction of procedures and policies, and the maintenance of these during difficult circumstances are very important, especially for those working in frontline mental health care. As such, a united front (of the employee and

organization) allows employees to better manage unruly client behaviour while lack of united front causes stress for employees and sends a message to clients that their problematic behaviours are condoned. Organizations would benefit from applying these findings by being aware of this and take care to ensure that they support their employees to uphold their organizational policies.

Organizations who understand the importance of teams and teamwork in the mental health sector especially might benefit from allocating time for team building and bonding. They might also benefit from assessing culture fit during the hiring process, especially for well-oiled teams, as doing so would acknowledge the importance of how a new addition might impact a good team dynamic. Similarly, the perceived importance of informal forms of support from the organization, from colleagues and from supervisors is an easy addition to the workplace. Such support had a profound and salient effect on employees in this study, and organizations can benefit by encouraging their leaders to take more time to approach and spend time with their subordinates, or even by perhaps allocating funds for teams to share informal meals every now and then without reason. This would allow them to (1) feel as if their organization cares about their wellbeing, and (2) builds a sense of comradery between team members and even between the organization and its employees.

Finally, the study challenges existing theory around POS and attributions, with both theories not fully explaining all phenomena present in this project.

Conclusion

In summary, the present study has provided key insights into the self-reported experiences of Auckland-based mental health workers during the recent and ongoing Covid-19 pandemic. This study has revealed that workers value support from various sources, and that they might credit and blame different parties in varying ways. This study has also indicated that POS theory is replicated within this project while also challenging that it might benefit from further refinement to include informal forms of lateral support, and inter-organizational support. This study also indicated that attribution theory as it exists today does not quite cover the ways that mental health workers think about their circumstances.

Mental health workers have always been a crucial part of society's fabric, often unseen and unheard of compared to other medical professionals as they engage daily with some of the most vulnerable, misunderstood, and challenging populations. These workers are exposed on a regular basis to some harrowing circumstances, and it is their job to manage such situations while keeping themselves, their colleagues, their communities and most importantly, their clients, safe. It is important for these workers that they are allowed to speak on their experiences and be heard, as they are the experts in knowing what they need to thrive at work. This project has revealed self-reported factors that have helped and hindered the wellbeing of these workers. It has revealed where psychological theory is robust through replicated findings, and perhaps where theories might benefit from additional refinement to be more applicable to the mental health sector. Finally, it has revealed how organizations might be able to learn from the experiences of these workers and better support them, which is a step in the right direction.

The stories shared by these workers have provided a unique glimpse into the world of these workers, which is a privilege that should not be taken lightly.

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Appendices

Appendix A

Information Sheet

Who cares for care workers?
Exploring the links between workplace wellbeing and perceived organizational structures during a global pandemic

Researcher Introduction

My name is Christabel Sami and I am a Masters student from the Massey University School of Psychology. I am being supervised in this project by Professor Stuart Carr.

Project Description and Invitation

- This research aims to investigate what front-line mental health workers believe can help them do their jobs well and maintain a sense of good wellbeing at work during a pandemic.
- You are invited to participate in this research. Research findings will help identify practical ways of improving organisational practices around incident management, such as by focusing on practicalities of policy and providing increased support for staff. If you wish to participate, please access more information and the survey using the following
  link: https://massey.au1.qualtrics.com/jfe/form/SV_3Cqdg7ZL86Ucurj
- Participation in this research should take no more than 45-60 minutes of your time.
- To thank you for your time, all participants who complete the survey will go into the draw to **win one of eight $40 Westfield vouchers**.

Participant Identification and Recruitment

*Those who **can** participate in the research include:*

- All casual, part-time, or full-time employees of [redacted] who work in **residential services.**
- Any support worker, health professional or clinical coordinator employed within **residential services** at [redacted] who were also employed during any of the level-3 and level-4 Covid-19 Lockdown periods (i.e., those who worked in residential services and were employed from at least 23rd March 2020).
- Employees of [redacted] who were required to work in a residential capacity during the lockdown who might not otherwise usually (e.g., a [redacted] or [redacted] employee who worked in a residential service over a lockdown.)

*Those who **cannot** participate include:*

- Any staff that work outside residential capacity AND who did not work in residential services during any of the level-3 or level-4 Covid-19 lockdowns.
- Team leaders, members of management or senior management.
- Agency/AMS staff

IF YOU WISH TO PARTICIPATE, PLEASE ACCESS THE FOLLOWING LINK FOR MORE INFORMATION

http://https://massey.au1.qualtrics.com/jfe/form/SV_3Cqdg7ZL86Ucurjv

Committee Approval Statement

This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 20/52. If you have any concerns about the conduct of this research, please contact Dr Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43347, email humanethicsnorth@massey.ac.nz.

If you need support, feel free to contact

- Lifeline – 0800 543 354
- Samaritans – 0800 726 666
- Depression Helpline – 0800 111 757
- Anxiety phone line – 0800 269 4389
- 1737, need to talk? – Call or text 1737

Project Contacts

If you are interested in participating in this project or have any questions, please feel free to contact Christabel Sami using the email or phone details provided below. You may also use the details below to contact my supervisor any time throughout the research if you have any questions or concerns, or if you wish to provide feedback.

Researcher: Christabel Sami

Email: [redacted]

Phone: [redacted]

Supervisor: Prof Stuart Carr

Email: s.c.carr@massey.ac.nz

Phone: 09 414 0800 ext. 41228

School of Psychology, Massey University

Appendix B

Online Survey Format

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

Ψ School of Psychology

Default Question Block

MASSEY UNIVERSITY
TE KUNENGA KI PŪREHUROA
UNIVERSITY OF NEW ZEALAND

Who cares for care workers? Exploring the links between workplace wellbeing and perceived organizational structures during a global pandemic

Information Sheet

In a broad sense, this research investigates what front-line mental health workers believe can help them do their jobs well and maintain a sense of good wellbeing at work during a pandemic.

More specifically, the research aims to explore whether frontline mental health workers credit their wellbeing at work to perceived support from their organisation or whether they feel that it is their own personality and that allows them to have better wellbeing at work. This will be looked at closely regarding accident and incident (A&I) management during the level-4 lockdown that occurred in March 2020.

You are invited to participate in this research. Research findings will help identify practical ways of improving organisational practices around incident management. If you wish to participate, please click on the button on the bottom of this page to continue. Thank you! This research would not be possible without your support.

What is involved?

Should you choose to participate, you will be required to complete a secure online survey focusing on Accidents & Incidents (A&I's) you have experienced at work during the March 2020 lockdown.
One aspect of this survey will ask you to recall and convey two brief outlines of incidents (A&I's) you were involved in during the lockdown: one positive and one less positive outcome incident. You will be asked to briefly explain what lead up to the incident, what happened during it and how was it managed afterward.

The other aspect of the survey will be answering some questionnaires where you rate your responses to statements from 1 to 7 while considering the two incidents you provided in the first aspect of the survey.

This survey should take roughly between 45-60 minutes.

As this research asks you to briefly describe A&I's that you have experienced, it may cause feelings of discomfort. However, you are not obligated to share any information that you feel may cause discomfort. Should you feel you require additional support as a result of participating in this research, please feel free to contact the researcher or free text/call 1737 to speak with a trained counsellor. This service is completely free.

To thank you for your time, all participants who complete the survey will go into the draw to win one of eight $40 Westfield vouchers.

Who is doing this research?

My name is Christabel Sami and I am a Masters student from the Massey University School of Psychology. I am being supervised in this project by Professor Stuart Carr.

Who can participate?

Those who can participate in the research include:

- All casual, part-time, or full-time employees of [redacted] who work in residential services.
- Any support worker, rehabilitation coach, health professional or clinical coordinator employed within residential services at [redacted].
- Those who were employed before and during the March 2020 level-4 lockdown.
- Employees of [redacted] who were required to work in a residential capacity during the lockdown who might not otherwise usually.

Those who cannot participate include:

- Any staff that work outside residential capacity AND who did not work in residential services during lockdown.
- Team leaders, members of management or senior management.
- Agency/AMS staff
- Those who were employed after the end of the 2020 level-4 lockdown.

Your rights as a participant:

You are under no obligation to accept this invitation. If you decide to participate, completion and submission of the questionnaire implies consent. You have the right to decline to answer any particular question, however, too many incomplete answers may make your data unusable. In order to protect your privacy the survey is anonymous. You will not be asked for any information which could identify you.

Data collected from this research will be securely stored at Massey University for 5 years, after which it will be destroyed. The information you provide will be used in my research report and submitted for assessment and the findings may be published in scientific journals or presented at scientific conferences in New Zealand and overseas.

Many thanks,
Christabel Sami

Contact information

If you have any questions or queries regarding this project, please don't hesitate to contact the following:

Researcher
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School of Psychology
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This project has been reviewed and approved by the Massey University Human Ethics Committee: Northern, Application NOR 20/52.

If you have any concerns about the conduct of this research, please contact Dr Fiona Te Momo, Chair, Massey University Human Ethics Committee: Northern, telephone 09 414 0800 x 43347, email humanethicsnorth@massey.ac.nz.

Consent

Respondent Consent

Thank you for choosing to participate in this questionnaire.
Your participation implies consent.
You have the right to decline to answer any particular question.

I have read and understood the information sheet for this study and consent to collection of my responses.
(Please click on the 'Yes' choice if you wish to proceed.)

- ○ Yes
- ○ No

Screening

Are you currently employed at [redacted]?

- ○ Yes
- ○ No

Were you employed at [redacted] prior to the March 2020 Covid-19 Level-4 lockdown?

- ○ Yes

- [ ] No

Please write your job title/role:

Did you work in a residential facility during the Covid-19 Level-4 lockdown?

- [ ] Yes
- [ ] No

Please select the residential service you worked in over the March 2020 lockdown.

- [ ] [redacted]
- [ ] [redacted]
- [ ] [redacted]
- [ ] [redacted]
- [ ] [redacted]

Are you normally employed in a residential facility?

- [ ] Yes
- [ ] No

Demographics

Demographics

How old are you?

- [ ] 20-25 years
- [ ] 26-30 years
- [ ] 31-35 years
- [ ] 36-40 years
- [ ] 41-45 years
- [ ] 46-50 years
- [ ] 51-55 years
- [ ] 56-60 years
- [ ] Greater than 60 years

Which ethnic group do you belong to?
(If your answer includes more than one ethnic group, please indicate which one you consider to be your primary ethnicity).

- [ ] New Zealand European/ Pākehā
- [ ] New Zealand Māori
- [ ] Pacific Islander
- [ ] Asian
- [ ] Indian
- [ ] Other

What is your gender?

- ○ Male
- ○ Female
- ○ [ ] Other (please specify)

What is the highest qualification you have achieved?

- ○ School certificate or NCEA Level 1
- ○ University Entrance, Bursary or NCEA level 3
- ○ Tertiary certificate or diploma (not a degree)
- ○ Bachelor's degree (For example: BA, BSc)
- ○ Postgraduate (For example: Masters, PhD or postgraduate diploma)

Wellbeing (WB)

Wellbeing at work

What does wellbeing at work look like to you in your particular job?
Write down as many words that spring to mind when you think freely of **wellbeing at work** in your current role.

Being able to sustain mental health services depends on the wellbeing of the mental health workforce. As the work environment of mental health workers can be both challenging and

intrinsically rewarding, it is important to gauge worker's feelings on what makes them feel good at work versus what does not. Most of us will have experienced **positive** as well as **less positive** outcomes of Accidents & Incidents (A&I's) (enabling or not enabling our own wellbeing), during the recent Level 4 Covid-19 lockdown.
Can you please write a short paragraph about **each type of experience**; one that encouraged and one that did not encourage your own wellbeing or the wellbeing of a colleague.

1. Tell us what led up to the A&I.
2. What happened during it.
3. How it was resolved.

Include in your answer what you feel the main reason behind the A&I occurring was and why you consider the A&I outcome as positive or less positive.
Note: These stories will be kept confidential and anonymous so be as honest as possible, but please only share the incidents you are comfortable sharing. Additionally, please do not name any clients, colleagues, or managers within your stories. Feel free to use fake names or just refer to them vaguely as "colleague", "manager" or "client".

A&I Experience one: (Encouraged wellbeing)

A&I Experience two: (Did not encourage wellbeing)

Did you feel that there were differences between handling client behaviours and critical incidents during the March 2020 Level-4 lockdown compared to outside lockdowns?
If so (or if not), please explain why.

Feelings and thoughts (FT)

With respect to your own feelings and thoughts about the first A&I experience you noted above that **felt positive** and **boosted** your wellbeing during level 4 lockdown, please complete the following.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
The organization valued my contribution to its well-being.	O	O	O	O	O	O	O

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
The organization strongly considered my goals and values.	O	O	O	O	O	O	O
Help was available from the organization when I have a problem.	O	O	O	O	O	O	O
The organization really cared about my well-being.	O	O	O	O	O	O	O
The organization wished to give me the best possible job for which I am qualified.	O	O	O	O	O	O	O

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
The organization cared about my general satisfaction at work.	O	O	O	O	O	O	O
The organization took pride in my accomplishments at work.	O	O	O	O	O	O	O
The organization would have forgiven an honest mistake on my part.	O	O	O	O	O	O	O

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
The organization was willing to extend itself to help me perform my job to the best of my ability.	O	O	O	O	O	O	O
The organization cared about my opinions.	O	O	O	O	O	O	O

Now, please complete the following again but this time thinking about your feelings about the second A&I experience that felt **less positive** and **did not boost** your wellbeing.

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
The organization valued my contribution to its well-being.	O	O	O	O	O	O	O
The organization strongly considered my goals and values.	O	O	O	O	O	O	O
Help was available from the organization when I have a problem.	O	O	O	O	O	O	O
The organization really cared about my well-being.	O	O	O	O	O	O	O

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
The organization wished to give me the best possible job for which I am qualified.	O	O	O	O	O	O	O

	Strongly disagree	Disagree	Somewhat disagree	Neither agree nor disagree	Somewhat agree	Agree	Strongly agree
The organization cared about my general satisfaction at work.	O	O	O	O	O	O	O
The organization took pride in my accomplishments at work.	O	O	O	O	O	O	O
The organization would have forgiven an honest mistake on my part.	O	O	O	O	O	O	O
The organization was willing to extend itself to help me perform my job to the best of my ability.	O	O	O	O	O	O	O
The organization cared about my opinions.	O	O	O	O	O	O	O

End

Thank you for your time!

This research would not be possible without your support.

If you would like to receive a summary of results from this research, please add your contact details to the separate survey which follows and which also provides the opportunity to participate in a draw to win one of eight gift vouchers.

If you have any further questions, please feel free to contact the researcher or supervisor.

A detailed report outlining the findings of this research study will be available to all participants, on request, in March 2022. This should also be available via our web pages at psych-research.massey.ac.nz.