

Government Leaders' Perceptions on Mental Health Supports in the Workplace:

A Qualitative Descriptive Study

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Abstract

This qualitative descriptive study explored organizational leaders' perspectives on workplace mental health supports within executive branch agencies of the Government of Guam. Grounded in Eisenberger et al.'s perceived organizational support (POS) theory, the purpose of this study was to examine how agency directors make decisions about supporting employee mental health. Using a field-tested protocol, 10 semistructured interviews and one focus group with five participants were conducted, with leaders possessing a minimum of three years' experience. Data were analyzed using Braun and Clarke's six-phase inductive thematic analysis to address three research questions related to leaders' perceptions, identification strategies, and restructuring approaches for mental health supports. Findings revealed that accessibility, such as open-door policies and personal check-ins, served as a key marker of psychological safety and leadership engagement. Directors described informal and formal accommodations, including mental health leave and flexible scheduling, which signaled evolving cultural recognition of mental health needs. While most participants demonstrated strong relational awareness, they also acknowledged systemic constraints, especially those tied to staffing shortages that limited the feasibility of flexible arrangements. Implications suggest that directors' attentiveness and personal investment are reshaping organizational norms around mental health, with POS theory providing a meaningful lens for interpreting this shift. However, disparities in mental health literacy and inconsistent support structures highlight the need for more standardized approaches. Future research should incorporate employee voices to evaluate whether leadership efforts are genuinely perceived and effective, and to identify misalignments between intention and impact.

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Chapter 1: Introduction

The COVID-19 pandemic has heightened employer awareness of the importance of supporting employees' mental health and overall well-being (Wu et al., 2021). Estimated indirect costs to economies incurred from absenteeism and presenteeism reached \$2.5 trillion globally in 2010 and are expected to rise to \$6 trillion by 2030 (Greiner et al., 2022). The growing attention from researchers and practitioners has centered on workplace mental health, with unhealthy organizational conditions identified as a primary contributing factor (Asare-Doku et al., 2022). Employees' mental health may be adversely affected by a range of workplace stressors, including excessive workloads, precarious job security, social isolation, physical hazards, and pressure from unrealistic deadlines (Asare-Doku et al., 2022).

In addition, the economic burden of mental illness in the United States (U.S.) is substantial, and findings from a large-scale study revealed that individuals with depression experienced notably higher levels of absenteeism, presenteeism, and healthcare usage, including increased emergency room visits and hospitalizations compared to their non-depressed counterparts, highlighting the considerable economic impact (Jain et al., 2022). Depression frequently coexists with chronic illnesses, amplifying its financial burden across organizational budgets and national healthcare infrastructure. Notably, approximately 60% of depression-related costs are attributed to the treatment of comorbid conditions such as cardiovascular disease and diabetes (Wu et al., 2021).

Health leaders from multiple disciplines continue to recognize persistent gaps in workplace mental health practices. As the importance of promoting psychological well-being becomes increasingly evident, employers seek structured, evidence-based, and cost-effective strategies (Ballard et al., 2025). Mental health stigma continues to obstruct open dialogue in the

workplace, making it difficult for employers to identify and respond to employees' psychological needs (National Alliance on Mental Illness, 2021).

The growth of Employee Assistance Programs (EAPs) reflects increasing employer recognition of workplace mental health as integral to business outcomes (Attridge, 2019). However, outside of North America, EAPs often remain underdeveloped and underutilized, reflecting cultural resistance to employer involvement in employees' mental health concerns (Attridge, 2019). The fear of discrimination from coworkers and superiors, social exclusion, and being perceived as lacking in competence are some reasons preventing employees with mental health conditions from seeking help. According to the 2025 Mental Health at Work Report, nearly half of U.S. workers worry they could lose their job if they disclose mental health struggles, citing stigma, confidentiality concerns, and fear of judgment as barriers to accessing support (Mind Share Partners & Qualtrics, 2025). Critics argue that interventions targeting individual behavior may obscure the role of adverse working conditions, placing undue responsibility on employees without requiring organizational action to address inherent occupational risks (Greiner et al., 2022).

Non-clinical mental health concerns such as stress and burnout are conceptually distinct from diagnosable mental disorders, although they are often conflated (Querstret et al., 2020). Their prevalence in working populations underscores the relevance of workplace mental health promotion, particularly given their potential to contribute to the onset of clinical psychological and physical conditions (Greiner et al., 2022). Greiner et al. (2022) noted that subclinical mental health concerns such as stress, burnout, and heightened depressive symptoms, were especially common in high-risk sectors like construction, despite not meeting formal diagnostic criteria.

In 2019, an estimated 51.5 million U.S. adults experienced a mental illness, yet less than half, only 44.8%, accessed treatment services, highlighting a significant gap in care provision (Branning et al., 2021). Individuals experiencing mental illness are disproportionately affected by co-occurring medical and psychological conditions, and face elevated risks of unemployment, homelessness, and incarceration compared to those without such diagnoses (Branning et al., 2021). Under the American with Disabilities Act, qualified individuals with mental health conditions are legally protected from discriminatory hiring practices by private employers, public agencies, and labor organizations (Branning et al., 2021).

Stigma surrounding mental illness remains a significant obstacle to help-seeking, particularly in male-dominated work environments where traditional masculine norms such as self-reliance and emotional restraints, intensify mental health stigma and inhibit disclosure, necessitating tailored approaches to mental health promotion (Greiner et al., 2022). In organizational contexts, stigma surrounding mental illness can deter employees from seeking support due to concerns about prejudice, discrimination, and potential social exclusion from colleagues and supervisors (Dewa et al., 2020).

Employees who do not disclose mental health struggles may forgo needed accommodations, and notably, workers with depression in the U.S. report lower rates of receiving workplace support (Dewa et al., 2020). Disclosing a mental health condition during recruitment or employment carries complex implications. Employees may withhold disclosure due to concerns about stigma, diminished credibility among colleagues, limited advancement opportunities, or potential job loss (Branning et al., 2021).

Statement of the Problem

The problem addressed in this study was organizational leaders' lack of understanding of the need for mental health support for their employees (Robroek et al., 2021). Mental disorders affect roughly one-sixth of the working-age population at any point in time, underscoring their pervasive impact on workforce well-being (van Hees et al., 2022). Common mental health conditions in the workplace such as depression, anxiety, and stress-related disorders often go undiagnosed or undisclosed, leaving many employees without appropriate support or recognition of their needs (Greiner et al., 2022; van Hees et al., 2022).

Growing recognition of the costs associated with mental ill health has extended beyond absenteeism to include its impact on employees who remain at work. Employers are increasingly concerned with presenteeism or reduced productivity resulting from health-related challenges among on-the-job workers (Gray et al., 2019). Presenteeism poses a greater economic burden than absenteeism or employer health costs, underscoring the risks of failing to address workplace mental health (Gray et al., 2019).

Understanding how leaders perceive mental health burdens and related programs may illuminate factors that foster greater organizational responsiveness to employee well-being (Bennett et al., 2022). Despite the growing attention to mental health in the workplace, literature on the effectiveness of providing mental health support is limited (Greiner et al., 2022). Therefore, research was needed to understand organizational leaders' perceptions and thought processes regarding providing organizational and mental health support. Gathering information directly from the individuals who have the authority to implement policies or establish programs for employees, such as agency directors, may help promote increased awareness of mental health needs and identify factors that hinder organizations from doing so (Bennett et al., 2022).

Purpose of the Study

The purpose of this qualitative descriptive study was to explore how organizational leaders describe their decision-making process for providing mental health support for employees within their organizations. This study used semistructured interviews and a focus group to capture the perceptions of 15 local government directors employed in the government of Guam, which is the island's largest employer. Interview and focus group questions were field-tested to ensure they captured the basic tenets of the study. A semistructured interview design created a safe space for participants to share their experiences.

Introduction to Theoretical Framework

This study explored the phenomenon of leaders' organizational support through the lens of Eisenberger et al.'s (1986) organizational support theory (OST)'s perceived organizational support (POS). Perceived organizational support captures the extent to which employees feel recognized and cared for by their organization, reflecting a belief that their efforts are appreciated, and their welfare is prioritized (Eisenberger et al., 1986). Absenteeism, presenteeism, stigma, and supervisor support were particularly relevant to this study. The theory was developed 30 years ago, stemming from early critiques that organizational research had emphasized employee commitment while overlooking reciprocal commitment from employers (Eisenberger et al., 2019).

Perceived organizational support fulfills employees' socioemotional needs, including recognition, belonging, and emotional reassurance, and signals that going above and beyond their roles may be valued and rewarded by the organization (Eisenberger et al., 2019). Key antecedents of POS include perceptions of fairness within the organization, supportive leadership behaviors, and the quality of human resource practices and working conditions (Kurtessis et al.,

2017). Fairness within POS reflects consistent, unbiased decision-making, and the inclusion of employee perspectives in organizational processes (Eisenberger et al., 2019). Supportive leadership behaviors are positively associated with POS, highlighting the influence of supervisors in fostering employee trust and commitment (Kurtessis et al., 2017).

Organizational support theory posits that employees frequently perceive supervisors as representatives of the organization, given their roles in directing and evaluating performance. As a result, supportive behaviors from supervisors are often interpreted as indicative of organizational care and commitment (Rhoades & Eisenberger, 2002). Regarding POS, human resources practices and work conditions such as professional development opportunities, family supportive policies, job enrichment, and role stressors are key contributors to perceived organizational support (Al-Taie & Khattak, 2024). Additionally, providing employees with autonomy and opportunities to participate in decision-making reflects the organization's confidence in their ability to make sound choices, thereby reinforcing perceptions of support and respect (Eisenberger et al., 1999).

Organizational support theory has been widely used in over 1,200 studies (Eisenberger et al., 2019). It has been used by researchers, including Bastian and Haslam (2011), Bell and Khoury (2011), and Rubbab et al. (2022), to examine the dehumanization of employees by organizations. Additionally, researchers such as Kinunnen et al. (1994), Diener et al. (2004), and Caseins et al. (2017) have used OST to examine the relationship between POS and employees' psychological needs and well-being concerning organizational factors.

For this study, Eisenberger et al.'s (1986) theory of perceived organizational support was the best way to look at the phenomena of leaders' organizational support regarding absenteeism, presenteeism, stigma, and supervisor support, because it took into consideration the employee's

perception of what and how the organization provides support to them. Furthermore, employees may perceive the organization as a purposeful, intentional entity, attributing human-like qualities to its actions and decisions, as proposed by organizational support theory (Eisenberger et al., 1986). Therefore, employees develop perceptions of organizational support based on their interpretations of prior favorable or unfavorable treatment, using these perceptions to anticipate how the organization will treat them in the future (Shanock et al., 2019).

Introduction to Research Methodology and Design (Nature of the Study)

This study used qualitative methodology to explore and understand the perceptions of organizational leaders. Qualitative research is particularly effective for fostering in-depth insight into social contexts or activities by centering the experiences and perspectives of research participants (Bloomberg & Volpe, 2019). This approach emphasizes exploration, discovery, and description (Bloomberg & Volpe, 2019). Furthermore, at the heart of qualitative research is the capacity to grasp and articulate the nuanced complexity of a social phenomenon, enabling researchers to describe, interpret, and convey participants' experiences with depth and clarity (Bloomberg & Volpe, 2019). Qualitative research methods prioritize the human dimension by enabling the collection of experiential, non-formal knowledge that emerges through lived experience and contextual understanding (Bloomberg & Volpe, 2019).

Specifically, the design used for this study was qualitative descriptive research. Descriptive research seeks to capture and convey the attributes of a specific situation, phenomenon, or group through targeted data collection (Tomaszewski et al., 2020). Descriptive research seeks to answer a specific phenomenon's what, when, where, and how (Tomaszewski et al., 2020). Descriptive research closely aligned with the data gathered in this study, yielding rich,

contextually grounded insights that enabled thorough analysis and deepened understanding of the research topic in relation to the guiding questions (Hall & Liebenberg, 2024).

This research methodology and design were the best choice for this study because the descriptive qualitative approach orients data analysis to understand the complexities of health and well-being (Vasilevski et al., 2023). By addressing the underlying dynamics of multifaceted social issues, qualitative methods enable researchers to gather experiential data from leaders through interviews and focus groups (Bloomberg & Volpe, 2019). A qualitative researcher examines social situations and interactions to become immersed in the world of others and facilitate a holistic understanding of complex social phenomena as experienced by participants (Bloomberg & Volpe, 2019). In addition, a qualitative researcher facilitates the data collection through intimate firsthand knowledge of participants and should draw on multiple data collection methods and involve multiple data sources (Bloomberg & Volpe, 2019).

This descriptive study's data collection method included in-depth, one-on-one, semistructured interviews and a focus group. Bloomberg and Volpe (2019) noted that perceptual information is the most crucial information needed. Moreover, perceptual data in qualitative research is often derived from interviews, which elicit participants' narrative about their experiences and the ways in which those experiences have shaped their decision-making processes (Brinkmann & Kvale, 2018). These collection methods are aligned to understand the perceptions of organizational leaders and will help provide the framework to answer the research questions.

Research Questions

RQ1

To what extent do organizational leaders believe they consider their employees' mental health?

RQ2

How do organizational leaders determine if employees need mental health or social support in the workplace?

RQ3

How do organizational leaders describe the process for restructuring support practices to assist their employees more effectively?

Significance of the Study

At any given time, approximately one in six individuals of working age experiences a common mental disorder, underscoring its widespread prevalence in the labor force. In response, the Organization for Economic Co-operation and Development, along with occupational health researchers, advocated for increased attention to employees facing these challenges within workplace settings (van Hees et al., 2022). Employees in specific occupational sectors are disproportionately affected by mental health challenges such as depression, anxiety, PTSD, suicidal thoughts, and alcohol or substance use disorders, highlighting the need for targeted interventions (van Hees et al., 2022). The heightened prevalence of mental health challenges in certain professions has been linked to the operational stressors embedded in their roles, such as exposure to harassment, violence, and life-threatening situations, as commonly experienced by first responders and public safety personnel (Jessiman-Perreault et al., 2021).

Many employees with common mental health issues go undiagnosed, untreated, or opt against workplace disclosure, hindering organizational efforts to provide meaningful support (van Hees et al., 2022). According to Branning et al. (2021), mental health challenges can adversely impact performance, productivity, engagement, physical functioning, and workplace communication. It is suggested that not having support programs within the organizations contributes to employees' decision not to disclose their mental health challenges (Brouwers et al., 2020). On the contrary, disclosure of mental illness may lead to beneficial outcomes, including tailored accommodations, access to support programs, and reduced stress from no longer concealing the condition (Branning et al., 2021). According to van Hees et al. (2022), implementing support in the workplace will reduce the incidence of lost productivity. It should increase output by fostering a healthy workforce, which may be a positive consequence of completing this study.

Definitions of Key Terms

Mental Health Problems

Mental health problems refer to problems or conditions that fall outside formal diagnostic criteria, including stress, burnout, and subclinical depressive symptoms, yet still significantly impact individuals' well-being and functioning (Greiner et al., 2022).

Presenteeism

Presenteeism refers to diminished productivity resulting from health-related issues among employees who continue to attend work despite their condition(s) (Gray et al., 2019).

Stigma (in the workplace)

Stigma in the workplace is what can deter employees experiencing mental health challenges from seeking support, driven by concerns about prejudice, discrimination, and negative perceptions associated with mental illness (Dewa et al., 2020).

Summary

Since the onset of the COVID-19 pandemic, workplace mental health has garnered increased attention, largely due to its growing economic impact on employers and healthcare systems (Wu et al., 2021). However, persistent stigma surrounding mental health perceptions of coping ability continues to hinder leaders' capacity to accurately assess employee needs, creating barriers to disclosure and help-seeking (Yarker et al., 2022). This study focused on how organizational leaders describe their decision-making process regarding providing mental health and social support for employees within their organizations.

Chapter 1 provided an overview of the problem to be addressed, which is organizational leaders' lack of understanding about providing mental health support for their employees. Additionally, the purpose of the study was presented and aligned with three overarching research questions. In addition, Chapter 1 included a brief introduction to the theoretical framework and nature of the study, as well as the significance of the study and definitions of key terms. A literature review and a more thorough explanation of the theoretical framework, which is established through the lens of Eisenberger et al.'s (1986) perceived organizational support, is presented in Chapter 2.

Chapter 2: Literature Review

This qualitative descriptive study explored how organizational leaders describe their decision-making process for providing mental health support for employees within their organizations. Information was gathered directly from the individuals who have the authority, such as agency directors, to establish programs that may help promote increased awareness of mental health needs and identify factors that hinder organizations from doing so to address the problem of organizational leaders' lack of understanding about providing mental health support for their employees (Bennett et al., 2022). Employers' awareness and attitudes toward employees with mental health conditions play a critical role in shaping inclusive workplace strategies that support sustained participation and engagement in professional life (Frank et al., 2022). Chapter 2 begins with the theoretical framework and lens through which this study was conducted, followed by a literature review. The three major themes reviewed from the literature are mental health conditions, stigma, and the supervisor role. Each theme is presented with several subheadings before summarizing and closing the chapter.

Databases used to access literature included ProQuest Central, JSTOR, and EBSCOhost. These databases provided a wide variety of content, such as scholarly journals, books, newspaper articles, and dissertations. At times, Google was also used to view other areas where a resource was referenced or used. Specific search parameters and Boolean operators, including "and, or" were used since all three databases tended to show too wide and numerous results. Some parameters included narrowing the date range(s) between 2020 and 2024, although some slightly older works were included because of their particularly useful or pertinent information. Search terms and combinations used, included *mental health or social support and workplace, social*

support and workplace, mental health and awareness, and workplace, absence reasons and workplace, and organization leaders and mental health.

Theoretical Framework

This study explored the phenomenon of leaders' organizational support through the lens of Eisenberger et al.'s (1986) organizational support theory's perceived organizational support. In this study, absenteeism, presenteeism, stigma, and supervisor support were of particular interest and relevance. According to Eisenberger et al. (1986), perceived organizational support reflects employees' overarching belief that their organization recognizes their contributions and demonstrates genuine concern for their well-being.

Organizational support theory was developed by Robert Eisenberger and three associates, Huntington, Hutchinson, and Sowa. The theory was developed 30 years ago, stemming from early critiques that organizational research had emphasized employee commitment while overlooking reciprocal commitment from employers (Eisenberger et al., 2019). At the time, there was an increasing concern about factors that influenced the stability and intensity of employee dedication to organizations, as employers and developers felt a need to create a detailed understanding of organizational commitment (Eisenberger et al., 1986).

Organizational support theory has since been widely used in over 1,200 studies (Eisenberger et al., 2019). It has been used by researchers, including Rubbab et al. (2022), to examine the dehumanization of employees by organizations, for example. Researchers such as Li et al. (2022) and Sam et al. (2024) have also used organizational support theory to examine the relationship between perceived organizational support and employees' psychological needs and well-being concerning organizational factors.

Moreover, organizational support theory has been used in other research similar to this study. An example is a study conducted by Charoensap-Kelly et al. (2023), spanning three countries, investigated the mutual support expectations held by managers and employees in the context of the COVID-19 pandemic, offering insight into relational dynamics under crisis conditions. The results show that expectations included more understanding, transparent communications, and decisive leadership. Another example is a study by Aldamman et al. (2019) that examined the interplay between organizational factors, supervisor support, and team support. Their findings revealed that psychological stressors—specifically perceived helplessness and perceived self-efficacy—fully mediated the relationship between perceived organizational support and mental health outcomes.

Elements of the Framework

A few key antecedents of POS include organizational justice, supportive leadership, and the quality of human resource practices and working conditions, all of which shape employees' perceptions of being valued and cared for by their organization (Rhoades & Eisenberger, 2002). Within the framework of POS, human resource practices and work conditions encompass elements such as access to professional development, family-supportive policies, job enrichment, management of role-related stressors, and utilization of employee benefits (Yan et al., 2024). In addition, Eisenberger et al. (1999) emphasize that when employees are granted autonomy and opportunities to participate in decision-making, it reflects the organization's confidence in their ability to make sound decisions, thereby reinforcing perceptions of support and value. Fairness, as it relates to POS, involves transparent and consistent decision-making, impartial treatment, and meaningful employee participation (Yan et al., 2024).

Support from supervisors contributes positively to employees' overall perceptions of organizational support (Yan et al., 2024). Employees expect their supervisors to be understanding, flexible, compassionate, and empathetic. Organizational support theory posits that employees frequently perceive supervisors as representatives of the organization, given their role in guiding and assessing employee performance. As a result, supportive behaviors from supervisors are often interpreted as indicative of broader organizational care and commitment (Yan et al., 2024). Kim et al. (2022) found a positive relationship between supervisor support and both resilience and self-efficacy among young adult employees in South Korea, highlighting the role of supportive leadership in cultivating psychological resources in the workplace.

Perceived organizational support has been shown to foster employee commitment, positive workplace attitudes, proactive behaviors, reduced absenteeism, and enhanced well-being (Daniels et al., 2022). Gray (2019) further emphasizes that POS can elicit gratitude and other positive emotions, which in turn promote performance through social exchange mechanisms. When organizations demonstrate care and appreciation, employees are more likely to interpret these actions as supportive, resulting in increased engagement, greater discretionary effort, and stronger retention intention (Charoensap-Kelly et al., 2023). Moreover, high levels of POS are associated with increased employee well-being, more substantial organizational commitment, enhanced motivation to perform effectively, and a greater willingness to support colleagues (Shanock et al., 2019).

Social support at work refers to the interpersonal resources and emotional backing provided by others in the workplace (Jolly et al., 2021). In contrast to broader definitions, Shumaker and Brownell's (1984) seminal work conceptualizes social support as a resource exchange between individuals that is perceived to improve the recipient's well-being

(Charoensap-Kelly et al., 2023). Within workplace settings, such support may originate from various sources, including the organization itself, supervisors, colleagues, and even family members (Charoensap-Kelly et al., 2023). Moreover, the interdependent nature of the supervisor–employee relationship underscores the importance of mutual understanding regarding support expectations during times of crisis. Such alignment helps ensure that supportive exchanges are constructive and responsive to each party’s needs, rather than unintentionally contributing to adverse outcomes (Gray et al., 2023). Hoak (2021) demonstrated that journalists covering COVID-19 stories experienced lower stress and stronger commitment when they perceived greater organizational support. Moreover, Ojo et al. (2021) emphasize that when organizations foster a supportive environment, employees are better equipped to cope with and recover from traumatic or disastrous experiences, highlighting the protective function of workplace support systems.

Other Framework Considered

Other theoretical frameworks considered include self-determination theory, complexity leadership theory, and social exchange theory. Self-Determination Theory (SDT) posits that individuals’ cognitive, emotional, and behavioral outcomes are shaped by their position along a motivation continuum, which ranges from intrinsic motivation to various forms of extrinsic motivation, each differing in the degree of self-determination (Deci et al., 1994). This continuum is influenced by the extent to which individuals’ psychological needs such as autonomy, competence, and relatedness, are satisfied (Hsu et al., 2023). Although SDT has demonstrated that managerial support for these basic psychological needs is positively associated with autonomous self-regulation, social wellness, and work-related functioning (Manninen et al., 2022), it was not selected for the present study. This decision reflects the overlap in findings, as

SDT similarly links managerial support for autonomy, competence, and relatedness to a range of psychological health and workplace outcomes. Although this study was concerned with mental health and productivity and functioning in the workplace, it did not delve into the autonomy of the employee; instead, it acknowledged first that the autonomy of the employee is compromised or affected, and asks what can be done, if anything, to assist the employee in being successful at work (Parfyonova et al., 2019).

Complexity Leadership Theory (CLT) is a relational framework that emphasizes the dynamic interplay between individuals and organizational processes as they adapt, innovate, and evolve. Rather than relying on control, standardization, or autocratic approaches, this theory highlights the importance of networked interactions and emergent relationships within complex adaptive systems composed of interdependent components (Kolga, 2023). While CLT underscores the value of care and people-oriented leadership, it was not selected for the present study due to its broader conceptualization of leadership as a relational process embedded across multiple system functions, including both human actors and organizational mechanisms.

Lastly, SET posits that workplace relationships are integral to the socialization process, serving as a conduit for information, performance enhancement, and interpersonal support (Kilroy et al., 2023). According to this framework, employees are intrinsically motivated to cultivate positive relationships at work. The theory is grounded in the principle that human interactions are shaped by a subjective cost-benefit analysis, wherein individuals are more likely to repeat behaviors that have previously yielded rewards. Blau's (1964) seminal contribution emphasizes that social relationships are built on trust and the expectation of reciprocal goodwill. However, the theory does not explicitly account for employees' perceptions or expectations regarding the likelihood or quality of that reciprocity.

For this study, Eisenberger et al.'s (1986) theory of perceived organizational support was the best way to look at the phenomena of leaders' organizational support regarding absenteeism, presenteeism, stigma, and supervisor support, because it took into consideration the employee's perception of what and how the organization provides support to them. It is that perception that an employee's choice to disclose and seek support is made. Furthermore, employees may perceive the organization as a purposeful, intentional entity, attributing human-like qualities to its actions and decisions, as proposed by organizational support theory (Eisenberger et al., 1986). Therefore, employees develop perceptions of organizational support based on their interpretations of prior favorable or unfavorable treatment, using these perceptions to anticipate how the organization will treat them in the future (Shanock et al., 2019).

Mental Health Conditions and Work Stress

Systematic reviews on mental health have demonstrated that employees' perceptions of psychosocial work characteristics are significantly linked to the development of mental health disorders (van Hoffen et al., 2020). This section will discuss three essential elements of workplace mental health. The three elements are common mental health conditions, absenteeism, and awareness.

Common Mental Health Conditions

The onset of mental health conditions is most commonly observed among individuals between the ages of 30 and 49, a demographic that represents a substantial portion of the active workforce (Kalfa et al., 2021). In the context of human resource management and the workplace, it is essential to understand what is being referred to by the terms mental health disorders, conditions, or illness because they have specific implications for employees' work capacities (Kalfa et al., 2021). When referring to mental disorders in the workplace, common disorders

include depression, anxiety, and adjustment disorders (Joosen et al., 2022). They can also be considered transient (Kalfa et al., 2021). Kalfa et al. (2021) also identified several long-term diagnosable mental health conditions prevalent in the workforce, including Post-Traumatic Stress Disorder (PTSD), schizophrenia, and bipolar disorder. They also noted that organizational workforces often include individuals experiencing both common, episodic, and short-term mental health conditions, as well as those managing long-term or chronic disorders. Importantly, employees may or may not self-identify as having a disability, regardless of the nature or duration of their condition.

Increasingly, employees are experiencing depression, anxiety, and high stress. Additionally, migrants and ethnic minorities show a higher prevalence of mental health disorders internationally (Ilozumba et al., 2022). Survey findings indicate that many respondents attributed their experiences of depression, at least in part, to workplace conditions, either as a contributing cause or as a factor that exacerbated existing symptoms (van Eerd et al., 2021). The study further revealed that employees with depression experienced significantly greater losses in health-related productivity, elevated rates of absenteeism and short-term disability, and increased job turnover compared to their non-depressed counterparts.

Psychological hazards in the workplace, such as excessive demands, limited autonomy, and inadequate support for work-life balance, are key contributors to occupational stress and mental health challenges (Joosen et al., 2022). These conditions carry substantial societal and organizational costs, including increased reliance on sickness benefits, diminished productivity, and reduced quality of life for affected workers. Common mental health disorders in working life are often challenging to manage, not only for employees themselves, but also for health professionals and employers, highlighting the complexity of workplace mental health (Aarestad

et al., 2022). Moreover, mental health difficulties can undermine employees' sense of autonomy and impair their capacity to maintain productivity, further compounding organizational and individual strain (Aarestad et al., 2022).

The economic burden of depression in the workplace extends well beyond direct healthcare costs, with lost productivity representing a significantly greater impact (van Eerd et al., 2021). In a U.S.-based study of working-age adults, depression, anxiety, and emotional disorders were identified as the second most common cause of work-related disability, affecting 21% of respondents—surpassed only by musculoskeletal conditions. Mental health challenges that impair job performance often result in diminished human resource capacity, as tasks once performed efficiently become increasingly difficult, thereby reducing overall productivity (Aarestad et al., 2022). Furthermore, such conditions substantially affect individuals' ability to maintain employment and earn a sustainable income, underscoring the broader socioeconomic consequences of workplace mental health issues (Aarestad et al., 2022)

Absenteeism

Mental health conditions represent the leading cause of sick leave and absenteeism across most Western nations. In Sweden, approximately 90% of all mental health-related sick leave is attributed to common disorders such as anxiety, depression, and stress-related conditions (Bjorkenstam et al., 2022). Contributing factors include diminished social support and autonomy, as well as limited opportunities for skill development and performance feedback, each of which may elevate the risk of sickness absence. Additionally, high work pressure and adverse changes in job structure, such as increased task demands, unclear role expectations, overtime, and irregular work hours, have been identified as significant drivers of absenteeism (Joosen et al., 2022).

Van Hoffen et al. (2020) found that elevated perceptions of workload, emotional strain, and work-home interference are significantly associated with prolonged sickness absence. Additionally, greater access to development, feedback, and supervisor support was associated with lower odds of extended sickness absence among employees (van Hoffen et al., 2020). Extended periods away from work can result in detachment from the workplace and, in some cases, lead to withdrawal from the labor market through disability or unemployment, further exacerbating mental health challenges. Employees often report illness when they struggle to meet the cognitive and emotional demands of their roles. However, when mental health conditions are concealed or not formally recognized, absenteeism may be misinterpreted as dissatisfaction with the job or interpersonal dynamics, rather than as a legitimate health concern. Moreover, employees' attitudes and behaviors toward returning to work may shift over time, especially after sufficient rest and recovery from stress, illustrating the fluid nature of workplace reintegration (Joosen et al., 2022)

Alternatively, presenteeism is also a challenge for employers. Despite experiencing mental health challenges, many employees choose to remain at work, even when their productivity is compromised, a phenomenon known as presenteeism (Silva-Costa et al., 2020). Presenteeism refers to the condition in which individuals are physically present but have a diminished capacity to perform tasks effectively. Among mental health conditions, depressive disorders have been identified as the costliest in terms of presenteeism-related productivity losses in the United States. Similar to absenteeism, presenteeism imposes substantial economic burdens on organizations through reduced performance and efficiency (Silva-Costa et al., 2020).

From an organizational standpoint, mental health conditions represent not only a health concern but also a significant productivity challenge. These conditions contribute to both

absenteeism and presenteeism, resulting in diminished performance and potential loss of human resources (Silva-Costa et al., 2020). In contrast, from the individual's perspective, mental health challenges pose risks of workplace exclusion and prolonged absence, which may further compound psychological distress. Extended isolation due to mental illness can negatively affect one's social network, self-esteem, and family relationships—factors that might otherwise serve as protective supports in managing the condition (Frank et al., 2022).

Awareness

Empirical evidence from multiple studies, including those by de Oliveira et al. (2023), Hubens et al. (2021), and Paterson et al. (2021), demonstrates that workplace interventions aimed at promoting mental health awareness, reducing stigma, and supporting employees with mental disorders are associated with decreased rates of depression and absenteeism, alongside improvements in productivity and economic outcomes. In addition, van Eerd et al. (2021) emphasize the importance of enhancing organizational communication around mental health and strengthening coordination with external support resources to foster a more responsive and inclusive work environment.

In addition, Adams and Nguyen (2022) found that a supportive workplace culture, especially one that openly acknowledges mental health conditions, significantly contributes to employee well-being. Their study emphasized the pivotal role of colleagues and supervisors in fostering a psychologically healthy work environment, particularly for individuals managing mental health challenges. Complementing these findings, van Eerd et al. (2021) reported that employees often view the most meaningful form of support as the equitable treatment of mental illness, advocating for the same level of seriousness and compassion afforded to physical health

conditions such as cancer or broken bones. This includes open acknowledgement, proactive support, and the cultivation of a stigma-free workplace.

According to Hunt (2024), cultivating a supportive workplace begins with understanding employee perceptions, and conducting a cultural assessment is a critical first step in that process. Another key factor in fostering a positive workplace culture through training is securing genuine buy-in from senior leadership. When leaders actively embody the values by living, breathing, and consistently demonstrating them, the training feels authentic and resonates more deeply with employees (van Eerd et al., 2021). Furthermore, regularly scheduled mental health events throughout the year, such as Mental Health Awareness Day, can create meaningful opportunities for dialogue and resource-sharing, supporting a culture of openness and care in the workplace (Hunt, 2024).

In a study conducted by van Eerd et al. (2021), they found that implementing training programs to improve communication was crucial for employees and managers. Additionally, according to the authors, awareness and openness surrounding mental health are essential for fostering constructive communication in the workplace. In contrast, limited awareness often perpetuates stigma and contributes to employee isolation. Furthermore, their findings indicated that a lack of awareness about mental health conditions and psychological hazards is a significant barrier to supporting employees in workplaces, and that fear of retaliation or being labeled as ‘damaged’ can prevent employees from speaking openly about mental health, reinforcing stigma and eroding the foundation of a supportive workplace.

Training in mental health issues is necessary to contribute to a positive workplace culture (van Eerd et al., 2021). Recognizing signs of mental health challenges and responding with empathy and appropriateness can foster trust, reduce stigma, and encourage help-seeking among

employees (Hunt, 2024). To support this, organizations can offer targeted training to coworkers, wellness champions, employee resource group members, managers, and senior leaders, equipping them with the skills to navigate mental health conversations effectively (Hunt, 2024). Reflecting the growing urgency, findings from the 2024 Large Employer Health Care Strategy Survey conducted by The Business Group on Health revealed that 44% of employers reported increased mental health concerns in 2022, rising sharply to 77% in 2023, with an additional 16% anticipating further escalation (Hunt, 2024). In addition, according to Hunt (2024), findings from the Business Group on Health's 2024 survey indicate that nearly half of participating employers plan to implement training initiatives that equip employees to recognize mental health symptoms in their peers and guide them toward appropriate support services. These results indicate that employers acknowledge the need to learn more about mental health in the workplace.

Stigma

Mental-health-related stigma and discrimination remain pervasive and multifaceted global challenges. Ramirez-Velma et al. (2023) underscore the profound consequences of discrimination, which include restricted access to health services, reduced life expectancy, employment barriers, and entrenched prejudice. For many individuals, these outcomes are perceived as more damaging than the mental health condition itself, as stigma often leads to social isolation, diminished self-esteem, reluctance to seek treatment, and experiences of rejection. Importantly, stigma manifests across various social contexts, with the workplace emerging as a critical domain for anti-stigma interventions due to its central role in fostering social inclusion, well-being, and economic stability. This section explores three interrelated elements that shape workplace mental health: negative perception, disclosure and fear, and awareness. These dimensions are essential to understanding how stigma operates within

organizational settings and how targeted interventions can foster a more inclusive and psychologically safe environment.

Negative Perceptions

Stigmatizing attitudes toward mental illness continue to pose significant barriers to employment for individuals with mental health challenges. Janssens et al. (2020) highlight that such stigma can prevent individuals from entering the workforce or returning to previous employment, contributing to long-term exclusion. Moreover, Kalfa et al. (2021) emphasize that precarious employment conditions such as temporary contracts, irregular work hours, and insufficient employer support can intensify these challenges. These factors may undermine self-esteem and self-efficacy, further complicating efforts to sustain meaningful employment among individuals managing mental health conditions.

Despite growing awareness, stereotypes surrounding mental illness remain deeply entrenched, even within high-status professions such as medicine. Ng et al. (2024) reported that in a 2021 survey of physicians, 40% agreed that many of their peers perceive colleagues with a history of depression or anxiety as less competent, and 47% believed such individuals are less likely to be appointed to medical roles. Furthermore, nearly 40% of respondents indicated reluctance to seek psychiatric treatment themselves due to concerns about medical licensure implications. These findings highlight the persistence of stigma within the medical community, where mental illness is often viewed as a marker of occupational impairment, reinforcing barriers to disclosure and care.

Efforts to address workplace stigma require more than universal anti-stigma education, as such approaches may overlook the nuanced and relational dynamics that perpetuate exclusion (Dewa et al., 2021). Health-related stigma from coworkers can result in social isolation,

diminished well-being, and challenges in job retention for individuals with disabilities (van Beukering et al., 2022). Support is essential not only during acute episodes of mental illness but also throughout the recovery and reintegration process. Notably, individuals with a history of work-related disability are at significantly higher risk of experiencing future episodes, underscoring the importance of sustained and proactive workplace support (Dewa et al., 2021).

The presence of mental health challenges in the workplace can sometimes evoke frustration among coworkers, particularly when those challenges affect team dynamics or workload distribution. As van Beukering et al. (2022) note, coworkers—like employers—may hold stigmatizing perceptions toward individuals with disabilities, often stemming from limited understanding and awareness. This lack of knowledge can foster fear and reinforce negative attitudes, further marginalizing employees with mental health conditions. Such stigma compounds the difficulties these individuals already face, contributing to a persistent threat of being misunderstood or excluded in the workplace (Ramirez-Velma et al., 2023). For example, in high-responsibility professions such as medicine, physicians often internalize cultural norms of duty, self-sufficiency, and perfectionism. Ng et al. (2024) found that psychological distress in this context is frequently associated with shame, embarrassment, self-doubt, and insecurity—factors that may discourage help-seeking and perpetuate silence.

A persistent barrier to workplace inclusion is the perception that accommodations for employees with mental health conditions constitute unfair or preferential treatment. As van Beukering et al. (2022) note, when productivity is viewed as a shared standard, any adjustment to responsibilities may be misinterpreted as a lack of accountability on the part of the employee receiving support. These stigmatizing beliefs often stem from a combination of limited knowledge, negative attitudes, and behavioral biases among coworkers (Ramirez-Velma et al.,

2023). To counteract stigma, particularly self-stigma, Ramirez-Velma et al. (2023) emphasize the importance of interventions that strengthen coping skills, build self-esteem, foster empowerment and hope, enhance perceptions of recovery, and promote help-seeking behaviors. Such strategies are essential for cultivating resilience and supporting meaningful participation in the workplace.

Disclosure and Fear

Disclosure and stigma remain deeply intertwined, with extensive research indicating that fear of stigmatization often deters employees from revealing mental health challenges in the workplace (van Beukering et al., 2022). This reluctance contributes to the underutilization of support services; for instance, Canadian studies found that nearly half of workers who could benefit from mental health care did not access any (Dewa et al., 2021). Comparative data from the United States further revealed that employees with depression were less likely to report receiving workplace accommodations than those with physical health conditions. Similarly, a Dutch study by Dewa et al. (2021) found that only one-third of workers with mental disorders had received accommodations, underscoring the persistent gap in support and the influence of stigma on help-seeking and disclosure.

Individuals with mental health conditions experience disproportionately higher rates of unemployment compared to the general workforce, often facing the difficult decision of whether to disclose their condition during the job search process, a decision complicated by the risk of rejection and discrimination (Janssens et al., 2020). Within the workplace, conversations about mental health are frequently avoided by both employees and supervisors, mainly due to stigma and fears of job insecurity (van Hees et al., 2022). However, when disclosure is met with

understanding and support, it can lead to improved work outcomes, including access to appropriate accommodations and adjustments that enable sustained employment and well-being.

Stigma is a multifaceted construct encompassing processes such as labeling, stereotyping, prejudice, social exclusion, status loss, and discrimination. These dynamics unfold within the context of unequal power relations between those who are stigmatized and those who hold social dominance (Ramirez-Velma et al., 2023). Therefore, decisions about disclosure are complex and often based on several factors and the provision of guidance on who to disclose to and how the disclosure will be treated, with the assurance that it will be handled using a supportive approach rather than a punitive one (Ng et al., 2024). Furthermore, in a U.S. study, approximately 77% of employees with a disability reported disclosing their condition to their manager, with emotional factors playing a pivotal role in that decision (Dewa et al., 2021). Specifically, employees' perceptions of their managers and their sense of responsibility toward the workplace were found to influence their willingness to disclose significantly. These findings underscore the relational and contextual nature of disclosure, highlighting the importance of trust, psychological safety, and supportive leadership in fostering open communication around disability and mental health.

Disclosure of mental health challenges in the workplace remains a complex and emotionally charged decision for many employees. As van Hees et al. (2022) note, the reluctance to disclose often impedes supervisors' ability to provide appropriate support. Broader societal stigma also influences employment decisions; Janssens et al. (2020) found that individuals with depression, addiction, or schizophrenia frequently avoid applying for jobs or pursuing training due to anticipated negative reactions from others.

Several extrinsic factors may encourage disclosure, including the belief that a manager would eventually recognize the issue, observing positive outcomes from others who disclosed,

receiving a recommendation from an occupational health physician, or seeking accommodation, treatment during work hours, or policy-based solutions to avoid reporting sick (Dewa et al., 2021). Conversely, disclosure may be discouraged by perceptions that it would not lead to meaningful change, a desire to manage the issue independently, feelings of discomfort or embarrassment, or a lack of perceived benefit. Most notably, Ng et al. (2024) identified fear of negative career consequences, strained relationships, and potential social rejection as the most significant deterrents to disclosure.

Awareness

Stigma presents a significant barrier to employment, particularly due to the persistence of negative attitudes among employers toward individuals with mental health conditions. As van Beukering et al. (2022) report, people living with common or severe mental disorders are three to seven times more likely to experience unemployment compared to those without such conditions. These disparities reflect not only systemic bias but also the enduring impact of stigma on hiring practices, workplace inclusion, and long-term career stability. These vulnerable individuals experience adverse effects when asked to list their illness on applications for job promotions and other career opportunities (Janssens et al., 2020). By 2030, depression is projected to become the third leading cause of disease burden in low- and middle-income countries, underscoring its growing global impact (Luberenga et al., 2023). Given the high prevalence of mental health challenges across both the general and working populations, the workplace has emerged as a critical setting for mental health promotion, prevention, and intervention efforts (Ramirez-Velma et al., 2023). This shift reflects the strategic importance of organizational environments in shaping mental health outcomes and advancing public health goals.

Stigma operates across multiple levels of proximity and influence. As Ramirez-Velma et al. (2023) explain, it can manifest in deeply personal contexts, such as prejudice within intimate relationships, or take more systemic forms, including discriminatory laws, policies, and organizational practices (Ramirez-Velma et al., 2023). Furthermore, stigma is not particular to one field or discipline; rather, it can be seen across multiple domains and is even more common in high-risk workforces (Tan et al., 2021). In addition to internalized prejudices, dismissive and stigmatizing attitudes toward mental health are often reflected in everyday language, even among professionals such as physicians. Ng et al. (2024) observed that terms like ‘bipolar’ and ‘schizophrenic’ are frequently misused to describe mood fluctuations or inconsistent behavior, while derogatory labels such as ‘psycho’ or ‘crazy’ are employed as insults. These linguistic patterns not only perpetuate harmful stereotypes but also trivialize complex mental health conditions, reinforcing stigma within both clinical and workplace settings.

Stigma surrounding mental health remains a significant barrier to help-seeking, even among high-risk occupational groups. Tan et al. (2021) found that one in three first responders experience stigma related to mental health, despite being at elevated risk for suicidal ideation, depression, post-traumatic stress disorder, and substance misuse. Alarmingly, many in this group refrain from accessing support services—even when readily available—due to fear of judgment or professional repercussions. Similarly, Kwak et al. (2022) highlight the high prevalence of mental health challenges among educators and school personnel. The teaching profession is frequently characterized by excessive workload and limited managerial support, conditions that contribute to heightened vulnerability to psychological distress.

Mental health challenges affect approximately one in four employees during their working lives, with significant implications for individual well-being and organizational

outcomes (Luberenga et al., 2023). Mental illness has become the leading cause of long-term sickness absence and work incapacity across most developed nations (Tan et al., 2021), and employees in persistently stressful work environments face heightened vulnerability to psychological distress (Luberenga et al., 2023). To effectively promote mental health in the workplace, employers must adopt a holistic understanding of mental well-being, recognizing it as a dynamic balance across cognitive, behavioral, emotional, and social domains, all situated within the context of work (Luberenga et al., 2023).

Workplace-specific stigma reduction programs are essential for fostering inclusion and psychological safety (Ramirez-Velma et al., 2023). If awareness reduces stigmatizing attitudes and promotes symptom recognition, mental health programs should be widely implemented, encouraging individuals to seek help when needed (Tan et al., 2021). Awareness of stigma in workplace contexts remains relatively low, and employers need to recognize that mere acknowledgment of stigma does not necessarily equate to genuine understanding or comprehension (Tan et al., 2021). Without deeper insight into the mechanisms and impacts of stigma, efforts to address it may fall short. However, targeted interventions can complement broader organizational strategies by actively working to reduce stereotypes, prejudice, and discriminatory behaviors toward individuals experiencing mental health challenges. These interventions are most effective when they focus on increasing awareness and providing accurate, sustained information over time (Ramirez-Velma et al., 2023). In this context, mental health awareness programs play a critical role in improving workplace mental health by fostering a more informed, empathetic, and inclusive organizational culture (Luberenga et al., 2023).

Workplace mental health awareness programs often incorporate strategies such as encouraging active employee participation and decision-making, promoting work-life balance,

fostering respectful and non-derogatory behaviors, managing workloads, implementing conflict resolution practices, and creating opportunities for training and capacity building (Luberenga et al., 2023). While psychoeducation has traditionally been implemented as a public health or community-based intervention, organizations are increasingly adopting these programs under the premise that they can support employees experiencing mental health challenges and mitigate the economic impact of mental illness on employers (Tan et al., 2021). Although research on the effectiveness of psychoeducation in workplace settings remains limited, a meta-analysis of a widely implemented public health psychoeducational program demonstrated promising outcomes, namely, improved mental health literacy, reduced stigmatizing attitudes, and increased supportive behaviors toward individuals with mental health conditions (Tan et al., 2021).

Supervisors' Role in Mental Health Issues

Despite the significant risks associated with poor mental health, nearly half of the global population lacks access to evidence-based mental health support, with this gap reaching up to 90% in the lowest-resourced countries (Murphy et al., 2023). Given that adults spend over 60% of their waking hours in the workplace, organizational settings represent a critical opportunity for implementing mental health prevention, protection, promotion, and support interventions. Leveraging the workplace as a strategic site for mental health initiatives can help address service gaps, reduce stigma, and promote well-being at both individual and organizational levels (Murphy et al., 2023). In this section, three essential elements of the role of a supervisor concerning workplace mental health will be discussed. The three elements are rapport, training, and accommodations.

Rapport

Supervisors play a pivotal role in shaping employees' decisions to disclose mental health challenges and seek accommodations (van Hoffen et al., 2020). Workplace interventions increasingly focus on enhancing supportive supervisory behaviors—such as responsiveness to work, family, and safety-related needs—to foster positive employee experiences (Mohr et al., 2021). When employees maintain strong relationships with their supervisors and receive consistent feedback on performance, they are better equipped to manage high job demands and psychological stressors (van Hoffen et al., 2020). Evidence suggests that supervisory interventions tailored to the specific context and needs of employees can yield meaningful improvements in workplace well-being. Leveraging supervisors as agents of support has proven to be an effective strategy for promoting mental health and resilience across organizational settings (Mohr et al., 2021).

A supportive workplace culture is grounded in genuine, empathetic, and open communication surrounding mental wellness and mental health conditions (van Eerd et al., 2021). To foster such a culture, organizations must ensure that accessible communication channels are available and that structured practices facilitate effective dialogue between employees and supervisors. Positive outcomes such as increased well-being, engagement, and trust are indicative of healthy work environments that prioritize encouragement, humanization, and psychological safety. Conversely, adverse outcomes often reflect unhealthy organizational cultures characterized by chronic stress, unmanaged psychosocial risks, and hazardous or unpleasant working conditions. In more extreme cases, these environments may give rise to discrimination, harassment, and dysfunctional power dynamics, which can escalate into hostile or even violent workplace behaviors (Wu et al., 2021).

First-level managers and supervisors hold the most significant influence over employees due to their consistent, day-to-day interactions. Lecours et al. (2022) suggest that when managers demonstrate positive and supportive behaviors, they can elicit a sense of moral reciprocity from employees—prompting them to respond with beneficial attitudes and actions. This dynamic is particularly relevant in the context of mental health disclosure, where employees often feel motivated by a sense of responsibility and positive regard toward their supervisors (Dewa et al., 2021). Supportive relationships help alleviate feelings of indebtedness and foster engagement in constructive workplace behaviors. The more employees feel supported, the more likely they are to contribute positively to the organizational climate (Lecours et al., 2022). Moreover, supportive supervision has been shown to enhance job satisfaction, physical health, and overall productivity, reinforcing its critical role in promoting both individual and organizational well-being (Wu et al., 2021).

Supportive relationships with supervisors and colleagues are consistently cited as key factors influencing employees' decisions to remain at or return to work despite experiencing mental health challenges (Joosen et al., 2022). Many employees who report positive workplace experiences attribute them to the support received from their managers, particularly in moments of vulnerability or recovery (Dewa et al., 2021). Given that employees may be hesitant to openly discuss mental health concerns, organizational leaders play a critical role in modeling empathetic behaviors and implementing support services that address workplace stressors and psychological barriers to well-being (Wu et al., 2021). Notably, among employees who disclosed mental health issues, managerial support was the most frequently reported contributor to a positive disclosure experience (Dewa et al., 2021). Cultivating a positive workplace culture involves recognizing mental illness as equivalent to physical illness or injury and responding with compassion,

without stigma or fear of reprisal (van Eerd et al., 2021). Supervisors are uniquely positioned to shape employees' daily experiences, acting as conduits through which organizational values, policies, and practices are enacted (Mohr et al., 2021).

Supervisor-focused interventions have demonstrated measurable success in improving employee outcomes related to well-being, health, and safety (Mohr et al., 2021). When leaders actively prioritize mental health, they shape employees' perceptions of the organization's commitment to health promotion and psychological safety (Wu et al., 2021). Employees who perceive their managers as supportive and open to working with individuals experiencing mental health challenges are significantly less likely to report work absences (Dewa et al., 2021). Consistent and transparent leadership support is therefore essential in cultivating a positive workplace climate and shaping employee attitudes toward mental health. Crucially, the implementation of workplace mental health policies depends on the active engagement and endorsement of leadership across all levels of the organization (Dewa et al., 2021).

Training

Many organizations remain ill-equipped to effectively support employees with mental health conditions, with supervisors often lacking the conceptual and procedural knowledge necessary to assist vulnerable workers (Kalfa et al., 2021). To foster disclosure and engagement, organizations must prioritize relationship-building between managers and employees, cultivating environments that meet relational needs and enhance job satisfaction (Dewa et al., 2021). The workplace itself can be a source of psychological strain, with negative impacts frequently stemming from strained managerial relationships, excessive workloads, poor work-life balance, and inadequate compensation (Murphy et al., 2023). Addressing these challenges requires a deep understanding of employee perspectives and experiences, which is essential for designing

targeted, context-sensitive interventions that promote mental health and well-being across the workforce (Murphy et al., 2023).

A nationwide study of employees in Denmark found that low leadership quality was a significant predictor of long-term sickness absence, suggesting that such absences are more closely tied to workplace conditions than to individual employee traits (Sorensen et al., 2020). This finding underscores the importance of equipping leaders with proper training and support to foster a workplace culture that actively promotes mental well-being (Murphy et al., 2023). Integrating mental health into the core of corporate leadership is a critical step toward destigmatizing psychological challenges and enhancing organizational responsiveness. Leadership training that addresses work performance issues can help establish open communication channels through which employees can access mental health resources, benefits, and education on emotional well-being. Moreover, educating leaders to tailor their management approaches to the diverse needs of employees is essential for bridging the gap between mental health challenges and the organizational capacity to support them (Wu et al., 2021).

Leadership quality encompasses the specific behaviors and actions leaders demonstrate toward their subordinates, including their capacity to provide guidance, resolve conflicts, and support professional development (Sorensen et al., 2020). When leadership quality is low, it can contribute to adverse working conditions and act as a psychosocial stressor—particularly when employees experience a lack of appreciation, acknowledgment, or clarity in expectations. These deficiencies can have a direct and detrimental impact on employee well-being (Sorensen et al., 2020). To address these challenges, supervisor participation in targeted interventions and training offers valuable opportunities for skill development, enhanced job performance, and improved relational dynamics. Supervisor support interventions, in particular, equip leaders with the tools,

knowledge, and resources necessary to more effectively manage and connect with their teams (Mohr et al., 2021).

An international survey spanning all World Health Organization regions revealed a shared recognition among general workers and managers of the need for enhanced training and capacity building to equip managers with the skills required to provide effective mental health support in the workplace (Murphy et al., 2023). Specifically, training that strengthens managerial confidence and competence in addressing mental health concerns is seen as essential (Murphy et al., 2023). When workplace interventions successfully improve employee health and well-being, supervisors often experience a reduction in stress-inducing demands, as the organizational climate becomes more stable and supportive (Mohr et al., 2021). Additionally, as supervisors begin to apply the knowledge and skills gained through these interventions, they tend to feel more confident in their leadership capabilities and more effective in their roles (Mohr et al., 2021).

Investing in workplace mental health promotion and prevention can yield considerable financial savings and organizational benefits. However, global access to occupational health services remains limited, with only 20–50% of workers in high-income countries and a mere 5–10% in low- and middle-income countries able to access such support (Murphy et al., 2023). Interventions, defined as purposefully applied strategies within the workplace, may target individuals across all organizational levels, including workers, supervisors, managers, occupational health professionals, executives, and entire institutions (Paterson et al., 2021). Supporting mental health programs and services in the workplace has been shown to enhance mental health literacy, while the provision of clear pathways to care can facilitate timely access to support and encourage help-seeking behaviors among employees (Murphy et al., 2023).

Promoting mental health in the workplace yields a range of organizational benefits, including improved work quality and productivity, enhanced workplace culture, stronger employee retention, and reductions in absenteeism and presenteeism (Murphy et al., 2023). Stigma reduction plays a critical role in supporting employees, particularly those returning from work disability leave, by facilitating access to appropriate accommodations and fostering a culture of acceptance (Dewa et al., 2021). Creating open and well-equipped workplace environments not only reduces stigma but also strengthens organizational capacity to respond effectively to mental health needs (Murphy et al., 2023). Organizational interventions have also been shown to reduce burnout and improve overall employee well-being (Aust et al., 2024). Given that individuals spend most of their waking hours at work, it is imperative that organizations prioritize psychological safety and cultivate environments in which employees feel empowered, supported, and able to thrive (Murphy et al., 2023).

Employees consistently identify improved quality of life, well-being, and job satisfaction as key benefits of receiving mental health support in the workplace (Murphy et al., 2023). Interventions are typically designed to protect mental health by mitigating work-related risk factors, such as job strain, poor working conditions, and chronic stressors, while also promoting well-being through the cultivation of positive work experiences and the development of individual strengths (Paterson et al., 2021). These supports are equally critical in responding to acute mental health challenges, including anxiety and depression, when they arise. Removing barriers to care, such as stigma and affordability, can enhance access to support and contribute to improved organizational morale (Murphy et al., 2023). Positive leadership practices serve as a cornerstone for fostering a psychologically safe and supportive organizational climate. When leaders adopt the role of wellness champions, they can normalize conversations around mental

health, encourage help-seeking behaviors, and increase the likelihood of timely and effective treatment (Wu et al., 2021).

Accommodations

A range of workplace factors, including uneven workload distribution, limited autonomy, poor interpersonal relationships, role conflict, discriminatory practices, and inequitable organizational cultures, can significantly contribute to mental health challenges among employees, adversely affecting their overall well-being (Luberenga et al., 2023). Importantly, not all employees with mental health conditions enter the workforce already experiencing those challenges; instead, organizational environments themselves can precipitate symptoms of psychological distress. In contrast, a workplace culture that is responsive to employee needs, particularly those of individuals with physical and mental disabilities, can serve as a protective factor, fostering inclusion, resilience, and sustained well-being (Faller et al., 2023).

Organizations have the capacity to provide reasonable workplace accommodations—defined as modifications to the work environment that reduce employment barriers and enable individuals with mental health conditions to perform effectively, without imposing undue hardship on the employer (Faller et al., 2023). However, several barriers hinder the implementation of such accommodations. One key challenge is the ambiguity surrounding responsibility for initiating and managing accommodations, which can lead to delays or inaction (van Eerd et al., 2021). Additionally, persistent stigma—often fueled by low mental health awareness—continues to undermine efforts to support employees. This lack of understanding can result in poor treatment of individuals who disclose mental health challenges, further discouraging openness and help-seeking behavior in the workplace (Murphy et al., 2023).

Furthermore, managers and supervisors who are not supportive in the workplace can be one of the barriers standing in the way of an employee with a mental health condition seeking and receiving accommodations (van Eerd et al., 2021). It is also essential to make other types of support available, such as support groups, peer support, and other healthcare resources (van Eerd et al., 2021). Accessing workplace accommodations often depends on an employee's willingness to initiate a request for support, which typically requires disclosing a mental health condition to a manager or supervisor (Dewa et al., 2021).

While managers increasingly recognize the importance of communicating about mental well-being, many remain uncertain about how to effectively support employees' mental health needs and often do not perceive initiating such conversations as part of their role (Joosen et al., 2022). Despite the documented benefits of workplace accommodation, employees frequently lack awareness of available supports or choose not to disclose mental health concerns due to fear of stigma and potential repercussions (Faller et al., 2023). Key challenges to implementing mental health support include persistent stigma within organizational cultures, difficulty securing senior leadership buy-in, and limited financial and internal resources to meet employee needs (Hossain et al., 2021).

Workplace mental health screening offers the potential to facilitate early identification and prevention of mental health conditions, enabling timely intervention and improved access to care (Murphy et al., 2023). Additionally, accommodations tailored to employees with mental health challenges have been shown to improve symptom management, job tenure, and interpersonal relationships (Faller et al., 2023). A further benefit includes fostering a more supportive organizational culture—one that normalizes open dialogue around mental health and well-being (Murphy et al., 2023).

While accommodation processes for physical disabilities are generally well-defined, those for mental health conditions remain less understood and inconsistently applied (Hossain et al., 2021). Enhancing supervisor awareness of mental health and available interventions is crucial for increasing support for affected employees and promoting help-seeking behavior (Murphy et al., 2023). Importantly, the mere availability of accommodations is insufficient; programs must be appropriately designed and responsive to the diverse needs of workers. This requires collaborative policy development that incorporates the voices of individuals with lived experience of mental health conditions, ensuring that organizational practices are both inclusive and effective (Murphy et al., 2023).

Facilitating ease of access and establishing clear, navigable pathways for requesting and negotiating workplace accommodations is essential to supporting employees with mental health conditions (Murphy et al., 2023). Stakeholder collaboration plays a pivotal role in this process; when managers, supervisors, and HR professionals are well-informed about accommodation procedures and committed to fostering a psychologically healthy work environment, employees report more positive experiences when seeking support (Hossain et al., 2021). Moreover, the implementation of effective accommodations contributes to a range of organizational benefits—including increased job satisfaction, improved quality of work life, stronger workplace relationships, a more inclusive organizational culture, and an enhanced reputation for supporting employee well-being (Faller et al., 2023).

Managers can adopt a range of concrete behaviors to support employees experiencing mental health challenges, including actively promoting mental health, expressing appreciation for employee contributions, granting decisional latitude, fostering open dialogue, and encouraging team cohesion (Lecours et al., 2022). In addition to these relational practices,

organizational accommodations that prioritize work-life balance, healthy interpersonal relationships, and effective communication between management and staff are essential for preventing mental health issues in the workplace (Murphy et al., 2023). Standard accommodations identified in the literature include flexible scheduling, supportive relationships with employers and coworkers, modified job duties, and tailored employee training (Hossain et al., 2021). Notably, allowing flexibility in work hours can facilitate employee participation in mental health programs and services, thereby improving access to necessary supports and promoting overall well-being (Murphy et al., 2023).

Summary

This chapter began with an explanation of the theoretical lens and framework through which this study was conducted; namely, through Eisenberger et al.'s (1986) theory of perceived organizational support. In addition, Chapter 2 focused on themes of workplace mental health that emerged from the literature, including mental health conditions and work stress, stigma, and supervisors' role in mental health issues.

One of the key highlights is the general lack of awareness of mental health in the workplace (Murphy, 2023). Mental health problems represent the leading cause of sick leave and absenteeism across most Western countries, yet negative perceptions and persistent stigma continue to deter employees from seeking help (van Beukering et al., 2022). In contrast, organizations that actively promote mental health awareness and provide meaningful support to employees experiencing mental health challenges are more likely to reduce absenteeism and enhance overall productivity (Paterson et al., 2021). Additionally, supervisors play a significant role in the implementation of workplace interventions, as rapport with their employees may determine whether they choose to disclose a mental health challenge and seek accommodations

(Joosen et al., 2022). Finally, a set of subthemes for each emerging theme was presented in Chapter 2. The subthemes for mental health conditions and work stress were common mental health conditions, absenteeism, and awareness. For the theme of stigma, subthemes included negative perceptions, disclosure and fear, and awareness. Lastly, the supervisors' role in mental health issues included rapport, training, and accommodations.

While the themes and sub-themes that emerged from the literature review were insightful in understanding mental health supports in the workplace, most studies primarily focused on the employee's experiences while working with a mental health condition or seeking support. Surprisingly, few studies have ventured into the perspective of the organizational leader, who is often the key provider of the support being requested. This gap in the existing research underscored the need for this study, which explored the perspective of organizational leaders in providing mental health support in their organizations. Chapter 3 continues with a discussion of the selected research methodology and design, often referred to as the nature of the study.

Chapter 3: Research Method

Employee mental health and well-being have emerged as growing concerns among employers, particularly in the wake of the COVID-19 pandemic, which intensified psychological stressors across the workforce (Wu et al., 2021). The economic implications are substantial: global indirect costs from absenteeism and presenteeism were estimated at \$2.5 trillion in 2010 and are projected to rise to \$6 trillion by 2030 (Greiner et al., 2022). Mental illness continues to exert a severe toll on economies, with major depressive disorder alone contributing to a 37.9% increase in incremental economic burden between 2010 and 2018, from \$236.6 billion to \$326.2 billion. Notably, workplace-related costs represent the largest share of this burden, including productivity losses and suicide-related impacts (Greenberg et al., 2021).

The problem addressed in this study was organizational leaders' lack of understanding of the need for mental health support for their employees (Robroek et al., 2021). At any given time, approximately one-sixth of the working-age population experiences a mental disorder, with common conditions including depression, anxiety, and stress-related disorders (van Hees et al., 2022; Greiner et al., 2022). Despite the prevalence of these challenges, many affected employees remain undiagnosed or choose not to disclose their condition in the workplace, often due to stigma, fear of reprisal, or lack of psychological safety (van Hees et al., 2022). The purpose of this qualitative descriptive study was to explore how organizational leaders describe their decision-making process for providing mental health support for employees within their organizations.

Chapter 3 begins by describing qualitative descriptive research, which is this study's research methodology and design. Next, the population and sample is described, followed by the

instruments, study procedures, and data analysis used. Finally, Chapter 3 includes assumptions, limitations, and delimitations before providing ethical assurances and summarizing the chapter.

Research Methodology and Design (Nature of the Study)

A qualitative methodology was used in this study to explore and understand the perceptions of organizational leaders. Qualitative research is inherently interactive, requiring researchers to engage closely with participants, immerse themselves in their experiences, and collaboratively interpret the meaning of a phenomenon (deMarrais et al., 2024). In addition, qualitative researchers seek to gather rich accounts of participants' experiences, perceptions, and behaviors to promote a deeper understanding of how, why, or what individuals were thinking and feeling during a specific time or event (Tenny et al., 2022).

A key strength of qualitative research lies in its capacity to illuminate complex processes and patterns of human behavior that are often difficult to capture through quantitative methods (Tenny et al., 2022). Rather than adhering to a singular set of tools or procedures, qualitative inquiry is shaped by the researcher's theoretical orientation, the existing body of scholarship, and the specific research questions guiding the study (deMarrais et al., 2024).

Conversely, quantitative research consists of two main steps: comprehensively collecting and mathematically analyzing data (Zou & Xu, 2024). In addition, quantitative research involves the systematic collection and analysis of numerical data to examine relationships among variables and to describe, predict, or control phenomena of interest (Sreekumar, 2023). This approach is typically guided by a predefined theory or hypothesis, with data gathered through structured methods such as experiments, surveys, or questionnaires that elicit concise, measurable responses (Zou & Xu, 2024). Contrarily, this qualitative study sought to explore the perceptions of organizational leaders and answer research questions related to their personal

experiences. Quantitative research methodology was not a good fit for this study because it uses large sample sizes and is better suited to answer conclusive research questions, such as what, when, and where (Sreekumar, 2023), whereas this study sought to answer how.

The specific design used for this study was descriptive. Descriptive research designs obtain information to describe a phenomenon, situation, or population (Elliot & Timulak, 2021). Descriptive research is directly aligned with the data and information to be collected in this study. Furthermore, the descriptive information collected yielded rich, nuanced data that enabled in-depth analysis and deepened understanding of the research topic, thereby contributing meaningfully to the development of responses to the research questions (Hall & Liebenberg, 2024). In addition, descriptive research is characterized by the use of open-ended and exploratory questions to elicit verbally reported experiences and observations. Researchers then organize these understandings into clusters of similar responses to identify patterns and themes. A critical component of this approach involves maintaining reflexive awareness—acknowledging and disclosing the researcher’s own interests, assumptions, and prior expectations throughout the research process (Elliot & Timulak, 2021).

Qualitative research provides various potential designs for a study, including phenomenology or ethnography. Phenomenology is a qualitative research approach that explores the meaning of a phenomenon by investigating and interpreting the significance of a particular experience as understood by a group of individuals from their own perspectives (Ugwu & Eze, 2023). Although this study aimed to understand the participants' perspective, phenomenology is less suitable because it assumes that individuals use a common framework or essence to interpret their experiences (Ugwu & Eze, 2023). Another alternative qualitative design is ethnography. Ethnography is a qualitative research design that involves deep immersion within a specific

community or population, enabling the researcher to document actions and behaviors from the perspective of those embedded in the cultural context (Tenny et al., 2022). This approach is particularly well-suited for examining group customs, social norms, and interpersonal dynamics within a shared cultural framework (Ugwu & Eze, 2023). However, ethnography was deemed less appropriate for the present study, as the participants did not belong to a single, cohesive cultural group.

The selected research methodology and design were the best choice for this study because the descriptive qualitative approach orients data analysis to understand the complexities of health and well-being (Vasilevsi et al., 2023). The qualitative method provides rational answers to the why and how of multi-faceted social questions (Tenny et al., 2022). Furthermore, the descriptive design of the research was appropriate because it generated data that provided straightforward descriptions of the experiences and perspectives of the organizational leader participants (Masibo et al., 2024).

Population and Sample

There are 16 U.S. territories currently under American sovereignty. Of these, only five are permanently inhabited, and all five are still unincorporated. Residents of the five inhabited U.S. territories are unable to vote in presidential elections, though each territory is represented in the U.S. Congress by a non-voting delegate. These territories operate under an organic act or similar legal framework that grants a degree of self-governance. Each has an established governmental structure composed of three branches, including an elected governor and legislature. The population for this study was the executive branches of the five inhabited U.S. territories. However, the target population for this study was the executive branch of government on the territory of Guam.

The executive branch of Guam is comprised of 39 agencies led by directors and deputy directors. The target population for this study was organizational leaders of local government agencies within the executive branch, of which there were over 60 individuals. Some directors were appointed directly by the governor, and some were appointed by a governing board whose members were appointed by the governor. Given the study's problem, purpose, and research questions, this target population was appropriate because the executive branch of government is the largest employer in the territory of Guam (Global Tenders, 2022).

In qualitative research, purposeful sampling is often used (Elliot & Timulak, 2021). Purposeful sampling means a researcher intentionally selects individuals to participate based on their characteristics, knowledge, experiences, or other criteria relevant to the study (Andrade, 2021). In addition, this also implies that participants are intentionally chosen for their ability to provide meaningful insight into the research problem and the central phenomenon under investigation (Andrade, 2021). Furthermore, in qualitative descriptive studies, researchers need to identify the characteristics of their participants, including information about recruitment, which can include age, ethnicity, and education (Elliot & Timulak, 2021). The only specific characteristic or requirement of participants for this study was that the organizational leader must have held the title “director” for the past three years, regardless of age, ethnicity, gender, or education level.

Regarding sample size, saturation is broadly applicable and helpful in the descriptive approach (Elliot & Timulak, 2021). There are pragmatic issues that must be addressed, and data collection deadlines must also be met; consequently, some of these factors may significantly influence the sample size (Creswell & Poth, 2018). The sample size of this study included 15 participants. This number was attainable given the parameters of being a director of an executive

branch government agency with at least three years of experience in that capacity, and 15 were recruited to ensure the minimum sample size and saturation were achieved. Given the problem, purpose, and research questions, this sample size was appropriate for emerging categories or themes. Furthermore, this ensured that participants possessed relevant professional or personal experience, enabling them to provide rich, detailed accounts related to the phenomenon under investigation (deMarrais et al., 2024).

Participants for this study were recruited through a letter of invitation (Appendix A) that was hand-delivered or emailed to all agency directors within the executive branch of the local government. Anyone interested and willing to participate was asked to respond via email within ten days of receipt. Shortly after, interview dates were scheduled.

Although the territory of Guam has leaders who are easily accessible to the public, the backup plan was to extend the invitation to deputy directors of the executive branch if the recruitment plan did not generate an adequate sample. Deputy directors must also have had at least three years of experience in their current role. Although not every executive branch agency had a deputy director, some larger autonomous agencies had more than one. This backup plan enlarged the target population and increased the likelihood of generating an adequate sample.

Furthermore, a second backup plan was to contact members of the executive branch of another inhabited U.S. territory. For example, the Commonwealth of the Northern Mariana Islands (CNMI) has an executive branch of government that consisted of agencies headed by directors. The CNMI was also the closest inhabited U.S. territory to Guam, roughly 135 miles or 45 minutes of flight away, and was easily accessible via daily direct flights from Guam.

Qualitative data collection typically involves engaging directly with individuals, either through one-on-one interactions or within group settings, to gather rich, contextually grounded

insights. For this study, in-depth, one-on-one, semistructured interviews and a focus group were the primary methods of collecting data. Employing multiple data collection methods was recommended to strengthen the validity of the study's findings (Creswell & Creswell, 2023). Furthermore, perceptual information is considered essential in qualitative research, as it depends on interviews to elicit participants' accounts of their experiences and how those experiences shaped their decision-making processes (Creswell & Poth, 2018). These collection methods were aligned to understand the perceptions of organizational leaders and helped provide the framework to answer the research questions.

Instrumentation

The main feature of qualitative descriptive research is that it uses an open-ended data-gathering strategy to unfold detailed descriptive information about a phenomenon (Elliot & Timulak, 2021). Researchers use interviews to generate descriptions of perceptions and thought processes, as they are a valuable tool for eliciting participants' perceptions and cognitive processes, making them particularly suitable for exploring sensitive issues or topics that require deep, nuanced understanding (Tenny et al., 2022). Additionally, researchers use focus groups to generate dialogue on various perspectives, opinions, and beliefs concerning research topics (deMarrais et al., 2024). Developing interview and focus group protocols involves reflecting on the intended purpose of the study. According to Creswell and Creswell (2023), a researcher should produce two to three research questions and then develop interview questions that will elicit information that responds to each research question. This qualitative descriptive study used one-on-one interviews and a focus group.

Interview Protocol

Qualitative interviewers demonstrate flexibility in shaping the direction of conversations, often employing conversational techniques and semistructured interview guides to facilitate meaningful dialogue (deMarrais et al., 2024). While researchers enter interviews with predetermined topics, they prioritize creating space for participants to respond in their own words and guide the flow of discussion. Storytelling is actively encouraged with open-ended questions and follow-up prompts that invite deeper reflection and elaboration (deMarrais et al., 2024).

The interview protocol (Appendix D) was grounded in the study framework to obtain data that allowed the research questions to be answered. The protocol contained an introduction in which the participant was welcomed and reminded of the previously signed informed consent. The interviewee was welcome to skip questions or end the interview process anytime. Questions were then asked to gather data, followed by a conclusion in which the interviewee was again thanked for their time, and the process for member checking was discussed.

Two experts in mental health and leadership field-tested the interview questions. The experts provided valuable recommendations and insight on fine-tuning the questions to ensure they made sense and captured the basic tenets of this study. If open-ended questions seemed too broad during the interview, additional guidance was used to help participants focus their responses (deMarrais et al., 2024). Therefore, pre-determined probes such as “Please give me another example of...” or “What did you mean when you said...” were used to draw out more information when necessary.

Focus Group Protocol

A supplement to individual qualitative interviewing is a focus group, which is a facilitated conversation (Elliot & Timulak, 2021). For this study, five directors who did not participate in the individual interviews were recruited. Focus groups involve unstructured and generally a few open-ended questions to elicit participants' views and opinions (Creswell & Creswell, 2023). For this study, the focus group was conducted in a face-to-face setting. The use of a focus group was especially appropriate for this study, as it allowed for the exploration of social dynamics that influence the decision-making processes of agency directors (Elliot & Timulak, 2021). To maximize potential group dynamics, the moderation of a focus group may vary in moderator directiveness, depending on the study's goals. Like the interview protocol, pre-determined probes such as “Can you tell me more about...” or “Can anyone else respond to that...” were used to draw out more information if necessary.

Krueger (2002) developed a focus group guide and strategies for creating the protocol that was used for this study. The focus group was also recorded and followed the same confidentiality and consent protocols as the one-on-one interviews. As with the interviews, the focus group had a set of researcher-designed, pre-determined questions before the meeting began (Appendix E). If a conversation regarding a participant's responses provided an answer to a future question, that future question(s) was not asked again. While the questions were probed, and the tone was conversational, the protocols ensured that the questions aligned with the design. The interview and focus group processes should be transferable to other settings. The same experts who field-tested the interview questions also reviewed the focus group questions and provided clarity and feedback on fine-tuning them.

Study Procedures

The development of the research problem and corresponding research questions is shaped by existing scholarly literature, which also plays a critical role in informing the data collection process (Elliot & Timulak, 2021). In this study, the data collection strategy was determined by the research questions and the data sources that would yield the best information to answer them. This study's two data collection methods were semistructured interviews and a focus group.

Interview Procedures

Following approval from the National University's IRB and in compliance with public law, the IRB of a university in Micronesia, letters of invitation were sent to all government agency directors. Directors were asked to email me if they were interested in participating in this study. A mutually agreeable date and time were coordinated for the interview, and signed consent and confidentiality forms were collected before the interview. All individual interviews took place in an office space that was private and not subject to disruption by others. Additionally, the private office space was located in a neutral setting that promoted anonymity and was conducive to audio recording. The interviews were digitally recorded and took approximately 45 minutes, including questions and follow-ups.

The interviews were transcribed verbatim using transcription software from Apple Intelligence shortly after being recorded. Interview transcripts were emailed to participants so any errors could be corrected as a form of member checking. Participants had five business days to return any corrections, after which time the responses were considered accurate as transcribed. Additionally, the digital recordings and written transcriptions are stored in a locked file cabinet in my home office and will remain for at least three years following the completion of this study.

Focus Group Procedures

After obtaining approval from the National University's IRB and in compliance with public law, the IRB of a university in Micronesia, letters of invitation were sent to all government agency directors. Directors were asked to email me if they were interested in participating in the study. A date and time for the focus group was coordinated, and five directors were invited to participate. Before the focus group began, signed consent and confidentiality forms were collected. The focus group was conducted in a private room and was not subject to disruption by others. Like the interviews, the focus group was digitally recorded and took approximately 60 minutes, including any probes. Participants were encouraged to share freely and were reminded that there were no right or wrong responses, but rather a diversity of perspectives that were equally valued. For focus groups, ground rules must be made clear before the group discussion begins, including listening respectfully and non-judgmentally to others as they speak (Krueger, 2002).

Shortly after, the focus group recording was transcribed verbatim using Apple Intelligence transcription software. A transcript of the focus group was emailed to participants the following week, allowing for any errors to be corrected as a form of member checking. Participants were given five business days to submit any revisions, after which the transcripts were deemed accurate and finalized. Additionally, the digital recordings and written transcriptions are stored in a locked file cabinet in my home office. They will remain for at least three years following the conclusion of this study.

Data Analysis

Inductive thematic analysis was used to analyze the data collected through the individual semistructured interviews and the focus group (Braun & Clarke, 2006). Data from each source

was analyzed separately, and the themes from each were reconciled to produce final themes that answered the research questions. Thematic analysis is a versatile method of qualitative data interpretation that facilitates the identification and construction of themes and meaning-driven patterns within a dataset (Terry & Hayfield, 2021). Additionally, thematic analysis fosters a deep engagement with the data, allowing researchers to uncover rich and contextually grounded insights. Its goal is to identify, systematically organize, and interpret patterns or themes in narratives (Kalmbach et al., 2024). Braun and Clarke's (2006) seminal work on thematic analysis consists of six phases: a) familiarization with the data, b) generating initial codes, c) searching for themes, d) reviewing themes, e) defining and naming themes, and f) producing the report.

Familiarization with the Data

Researchers must become familiar with all their data to produce a solid thematic analysis. Familiarization is an active engagement with data, reading to immerse oneself in the data set (Terry & Hayfield, 2021). During the interviews and focus group, attention was focused on participant responses, and a reflexive journal was used to help reflect on the data collection process and observations (Braun & Clarke, 2006). As part of this first phase in thematic analysis, the transcriptions and data set were read at least once. This first step was intended to get to know the data before engaging with it more systematically, such as during the coding phase (Hayley, 2024).

Generating Initial Codes

During the initial coding phase, data segments were identified and labeled with descriptive codes that captured the essence of the content. The codes developed were short but meaningful (Hayley, 2024). This is the phase in which the data was approached more systematically in the context of the framework and more rigorously than during the first phase

(Neo et al., 2024). The coding phase could not be done quickly or hastily. Coding served as a means of delving more deeply into the data, allowing researchers to organize it into coherent and manageable segments for analysis (Terry & Hayfield, 2021). During this second phase, care was taken to avoid interpreting the data prematurely, and my focus was on describing participants' experiences in literal terms (Kalmbach et al., 2024). Engaging fully with familiarization and coding is essential because these early phases provide the foundation for a solid thematic analysis.

Searching for Themes

Phase three requires constructing meaningful themes grounded in the data, using data extracts to evidence their credibility (Terry & Hayfield, 2021). It is not unusual for this phase to construct more themes than necessary or even for researchers to return to earlier phases. At this point, more effort was put into grouping similar codes under more prominent labels and then compiling the codes into themes (Kalmbach et al., 2024). Initial themes cannot be overinvested in, as the goal of this phase is to understand the data better rather than to finish the analysis (Terry & Hayfield, 2021).

Reviewing Themes

Phase four of the thematic analysis entails developing and reviewing themes. This crucial phase allows the initial themes to be reconnected to the broader data set, ensuring the story aligns closely with the actual evidence in the data (Terry & Hayfield, 2021). At this point, coding software may be used to help organize the data (Kalmbach et al., 2024).

By the end of this phase, the goal was to develop the most effective themes that convey the most accurate story about the data. Generating themes to create options to be tested and further developed is crucial for data analysis, and testing the data confirms that the themes are of

high quality and may only need minor adjustments (Terry & Hayfield, 2021). At this point in the data analysis, peer debriefings, an option for testing themes, can be conducted with at least two colleagues with relevant qualitative research knowledge and experience.

Defining and Naming Themes

In phase five, thinking, rethinking, shuffling, and making changes are essential (Terry & Hayfield, 2021). The goal is to produce thematic definitions and name themes (Hayley, 2024). These definitions help further refine themes, confirm that they have the necessary conceptual and storytelling depth to write a narrative without digressing, and help clarify the overarching narrative within the data, making the thematic structure more visible and coherent (Terry & Hayfield, 2021). In phase five, final names for themes are assigned and may be grounded in the participants' own words (Hayley, 2024). During this phase, care is taken to ensure that the previously selected labels capture the whole essence of each theme while reviewing other themes to affirm that the larger story is told correctly (Kalmbach et al., 2024).

Producing the Report

The sixth and final phase of thematic analysis is writing the research results. In qualitative research, this final phase describes the data gathered during the study and presents the organized themes (Kalmbach et al., 2024). Additionally, this phase presents an integrated section of the reconciled final themes and discusses how these relate to the literature on workplace mental health (Hayley, 2024). Themes from the interviews and those from the focus group are compared and further condensed as needed.

This section includes an introduction, each theme and its overarching idea, subthemes, and data extracts. It is crucial to incorporate analytic discussion and add context to the results of

the existing literature. Ultimately, anyone wishing to replicate this study must have a clear sense of the quality of the research (Terry & Hayfield, 2021).

Assumptions

In qualitative research, identifying assumptions and biases at the outset is crucial since the researcher serves as the primary data collection instrument (Creswell & Creswell, 2023). Assumptions are details that a researcher accepts as accurate without proof (Creswell & Poth, 2018). This study involved agency directors and included a few key assumptions. The first assumption was that all organizational leaders or agency directors prioritize the well-being of their employees, as they are responsible for an organization's overall success or failure. A second assumption was that government organizations have existing policies or procedures that prioritize or acknowledge the health and well-being of employees, particularly in the wake of the global COVID-19 pandemic. The last assumption was that qualitative methodology and descriptive design are most appropriate to support the purpose of this study, which was to explore how organizational leaders provide mental health support for their employees.

Limitations

All research contains inherent limitations or potential weaknesses that should be acknowledged by the researcher to help ensure that future studies can avoid similar challenges (Lim, 2024). It is beneficial for researchers to acknowledge potential limitations of the study, as well as alternative interpretations of the findings, to provide a more balanced and transparent account of the research outcomes (Creswell & Poth, 2018). The design and method of this study had some limitations.

One limitation was in the chosen qualitative methodology. Qualitative research often relies on smaller sample sizes, which can constrain the transferability of findings. As a result, the

insights generated may not be readily applicable across different contexts, settings, or populations. To mitigate this, rich and detailed descriptions were provided, as the depth and specificity of these descriptions may help others determine whether the results can be transferred to other populations.

Another limitation was experience. Given the experience level in qualitative methods, there may be constraints on the depth and rigor of data analysis. Peer debriefings and member checks were incorporated after the interviews were conducted and transcriptions were complete to enhance the credibility of the findings. Furthermore, the sampling strategy is limited, and there is a potential for attrition, especially for the focus group. To mitigate this limitation, 15 participants were included. Lastly, there is a limitation related to personal biases, as perspectives and biases can influence data collection and analysis, thereby impacting the study's objectivity. However, allowing participants to review and verify the accuracy of interpretations, a form of member checking, helped mitigate this limitation.

Delimitations

Delimitations refer to the intentional boundaries established by the researcher to define what aspects of the study will be included or excluded (Creswell & Creswell, 2023). There were 39 agency directors within the local government of Guam with varied years of experience. In this study, one delimitation restricted participation to agency directors with at least three years of experience.

In addition, a delimitation was that there were 10 participants in the one-on-one interviews and five different participants in the focus group. Another delimitation is that this study explored leaders in the executive branch of Guam because of its geographic location and

accessibility. However, future research may expand this to other territories or even the mainland United States.

A delimitation specific to a focus group is participant selection—only individuals who meet the criteria can be included in the focus group, decreasing the study’s applicability. An added delimitation to the focus group session is that the questions are pre-determined, limiting the conversation to specific areas of interest. A final delimitation factor was that this study did not distinguish the gender or age of the agency director participants who otherwise met the eligibility criteria.

Ethical Assurances

Ethical principles are central to qualitative research design, requiring researchers to uphold participants’ rights and to honor their individual needs, values, and preferences throughout the study process (Creswell & Creswell, 2023). In this qualitative study, the perceptions of organizational leaders were explored, which may be more intrusive due to the naturalistic inquiry approach and involve greater reactivity than quantitative approaches. Acknowledging that qualitative methods are highly personal, it was essential to anticipate and address any ethical concerns, as participants may reveal sensitive information.

The following safeguards were employed to protect the rights of participants:

1. Research objectives were articulated verbally and in writing so that participants clearly understood them. A description of how data may be used was included.
2. Written permission (informed consent) to proceed with the study as described was received from the participant before the scheduled interview (Appendix C).
3. A research exemption form was filed with the University’s Institutional Review Board (IRB), and no data was collected without prior approval from the IRB.

4. The participants were informed of all data collection devices and activities.
5. The informed consent protocol was reviewed.
6. Verbatim transcriptions were available to the participant.
7. When making choices regarding the data, the participant's rights, interests, and wishes were considered first.

Another ethical consideration for participants in this study is confidentiality. First, the interviews occurred in a private area, with no others present. Although the interviews were recorded, the recordings, transcriptions, and files will remain stored in a secure file cabinet until the completion of this study. In addition, no references to the participants or their respective agencies were made throughout the study. The extent of confidentiality is limited to certain disclosures which must be reported to the respective authorities, such as risks to the safety of oneself or others. However, participants were informed of this from the point of consent, immediately before the interview, and again after the interview. In qualitative research, the researcher serves as the central instrument for data collection, which necessitates recognizing any personal or professional biases or assumptions related to the topic, problem, or context (Creswell & Poth, 2018). In this study, deliberate efforts were made to maintain impartiality during data interpretation, irrespective of prior experience in the mental health field.

Summary

In this study, the perceptions of organizational leaders about providing mental health support to their employees were explored. The qualitative research design was descriptive, and data-gathering methods included individual interviews and a focus group. Chapter 3 contained a discussion of the procedures for selecting participants, collecting data, and analyzing data. Additionally, this chapter included assumptions, study limitations, delimitations, ethical

considerations, and assurances. Chapter 4 follows with information regarding the process of collecting and analyzing data sets. The study findings are shared, and the research questions are answered.

Chapter 4: Findings

The problem addressed in this study was organizational leaders' lack of understanding of the need for mental health support for their employees (Robroek et al., 2021). Bennett et al. (2022) emphasize that exploring leaders' perceptions of mental health challenges and associated support programs can reveal key factors that contribute to heightened organizational awareness of mental health needs. The purpose of this qualitative descriptive study was to explore how organizational leaders describe their decision-making process for providing mental health support for employees within their organizations.

In this chapter, the findings from the study involving the government of Guam agency directors are presented. The study's trustworthiness of the data, including credibility, transferability, dependability, and confirmability, were reviewed and evaluated. In addition, data results, data analysis, and evaluation of the data findings are presented. The research questions that were used to guide this study are as follows:

RQ1

To what extent do organizational leaders believe they consider their employees' mental health?

RQ2

How do organizational leaders determine if employees need mental health or social support in the workplace?

RQ3

How do organizational leaders describe the process for restructuring support practices to assist their employees more effectively?

In this study, agency director participants were asked about their thoughts and perceptions of workplace mental health, and those of their employees. In addition, they were asked a series of questions about practices within their organizations that show mindfulness toward the mental well-being of their employees. Their responses were analyzed, and the resulting themes answered the research questions.

Trustworthiness of the Data

During the 1980s, qualitative research was often undervalued by proponents of quantitative methods, who questioned its rigor and capacity to produce valid findings (Enworo, 2023). However, like other research paradigms, qualitative studies are guided by established criteria for evaluating quality (Enworo, 2023). To address concerns about methodological rigor, Lincoln and Guba (1986) introduced the concept of trustworthiness, which encompasses four foundational components: credibility, transferability, dependability, and confirmability. Each of these elements serves as a benchmark for ensuring the integrity and reliability of qualitative inquiry, as outlined below.

Credibility

Credibility refers to the extent to which the researcher's interpretations and conclusions can be trusted, aiming to instill confidence in the accuracy of the findings (Enworo, 2023). It also underscores the importance of grounding results in the data itself, rather than in the researcher's subjective assumptions or imagination (Enworo, 2023). This study was designed and conducted to maximize credibility, and triangulation was applied. Participants either scheduled individual interviews or confirmed attendance for the planned focus group after meeting the eligibility requirement of at least three years of experience as a director, which enabled them to contribute rich, detailed narratives about the phenomenon under study (deMarras et al., 2024). All sessions,

individual interviews, and focus group, were audio recorded with participant consent. Interview questions remained consistent throughout the data collection process. As part of member checking, participants received full transcripts of their interviews and the focus group, which had been lightly edited to remove repeated words and filler expressions such as “umm,” “so,” and “like.” No participants suggested corrections.

Transferability

Transferability refers to the extent to which a study’s findings can be applied or adapted to other contexts, environments, or populations, thereby supporting broader relevance beyond the original research setting (Guba & Lincoln, 1989). The findings of this study indicate high transferability due to the diversity of organizational representation, spanning from an agency with as few as 12 employees to those with up to 1,200. This range enhances the transferability of the results across varying organizational structures and sizes. Additionally, the data sources directly pertain to providing mental health support within the executive branch of government agencies, ensuring relevance across similar settings. By exclusively including only current agency directors with at least three years of experience, this study captured perspectives grounded in long-term leadership, reinforcing the applicability of findings to comparable leadership roles in other governmental contexts.

Dependability

Dependability reflects the consistency and reliability of the research process, indicating that the study was conducted with methodological integrity and that similar results could be obtained if the study were replicated under comparable conditions (Guba & Lincoln, 1989). Additionally, it means that others can trust the information provided in the study (Stahl & King, 2020). Participants were asked structured questions about their mental health policies and

practices, strategies for raising awareness and reducing stigma, and factors that might prompt concern for their employees' well-being. To maintain consistency, all questions were presented in the same order to each participant, adhering strictly to the interview and focus group protocols. The discussions were conducted face-to-face, and all sessions were audio-recorded to ensure precise transcription and accurate documentation of responses. These measures ensure that the study's findings remain stable and replicable in similar research contexts.

Confirmability

Confirmability is achieved when participants provide honest experiences that are not influenced by the researcher (Shenton, 2004). Additionally, confirmability reinforces confidence that the study's findings are grounded in the data collected and can be verified through transparent documentation and analytical processes (Guba & Lincoln, 1989). To ensure the confirmability of the study findings and reduce the likelihood of researcher bias, strict measures were taken to mitigate potential biases from me and the participants. Interviews followed a pre-developed set of questions, with the protocol outlined in Appendix D strictly adhered to. Likewise, the focus group was conducted using the set questions listed in Appendix E, following the established protocol. Participants were also fully informed that I work within the government's behavioral health agency, ensuring transparency regarding potential conflicts of interest. However, the primary purpose of this study remained focused on improving mental health support for government employees, with all data collection and analysis processes designed to uphold objectivity and minimize subjective interpretations.

Results

Upon approval from National University's Institutional Review Board (IRB), data collection began through recorded interviews and a focus group. The data collection process

proceeded. Purposeful sampling was used to recruit only directors with at least three years of experience.

After the data were collected, it was transcribed verbatim and cleaned up through a time-consuming process by deleting repeated words and removing fillers including “like,” “so,” “you know,” and “umm.” An edited copy of the transcribed interviews and focus group was then sent to each participant with a request to provide feedback on any misinterpretations or incorrect information. The data results will be presented below, along with a discussion of the data analysis process. The findings will then be presented, and the research questions will be answered.

Demographic Data

The individuals who participated in this study held the position of director or appointing authority of the government of Guam executive branch agencies. Ten directors participated in individual interviews, and five other directors participated in a focus group discussion. Participants in the interviews and the focus group met the minimum criteria of having served as a director for three years, and over half had more than five years of experience. In addition, the directors oversee agencies of different sizes, ranging from 12 to 1,200 employees. Demographic information is displayed in Tables 1 and 2 below.

Table 1*Participant Demographics-Interviews*

Participant ID	Title	Experience-Years	Agency Size
Participant A	Director	8	185
Participant B	Administrator	6	1200
Participant C	Executive Director	3	120
Participant D	Director	6	80
Participant E	Director	3	30
Participant F	Administrator	6	25
Participant G	President	4	24
Participant H	Executive Manager	6	280
Participant I	Director	3.5	450
Participant J	Administrator	3	15

Table 2*Participant Demographics-Focus Group*

Participant ID	Title	Experience-Years	Agency Size
Participant K	Chief	6	280
Participant L	Director	6	400
Participant M	Administrator	6	35
Participant N	Director	6	13
Participant O	Director	3	12

Data collection was generally smooth, and participants were gracious with their time, and genuinely delighted to be interviewed. Most directors responded via email, confirming their desire to participate and offering themselves for an interview or the focus group, without expressing a preference. The first few interviews were extended as the researcher developed a

better knack for redirecting to the question(s) or using probes when needed to avoid tangents.

Information regarding data collection is displayed in Tables 3 and 4.

Table 3

Participant Interviews: Date, Duration, and Data Collected

Participant	Date of Interview	Duration – Minutes	Pages of Transcript
Participant A	March 14, 2025	50	11
Participant B	March 13, 2025	52	14
Participant C	March 15, 2025	60	13
Participant D	March 12, 2025	61	18
Participant E	May 9, 2025	46	9
Participant F	April 25, 2025	43	12
Participant G	May 10, 2025	43	8
Participant H	March 13, 2025	56	14
Participant I	March 12, 2025	65	17
Participant J	March 13, 2025	45	10

Table 4

Focus Group: Date, Duration, and Data Collected

Participants	Date of FG	Duration – Minutes	Pages of Transcript
Participants K, L, M, N and O	March 19, 2025	76	20

Data Analysis Process

The following six phases of Braun and Clarke's (2006) inductive thematic analysis were used as explained below.

Phase 1: Familiarization With the Data. Transcripts from data collected in each data source were read for accuracy, and any hand-written notes taken during the interviews and focus group were read alongside for context. Corrections to the transcripts were time-consuming, most

especially when removing repeated words and fillers such as “umm,” “so,” and “like.” After corrections were made, the transcripts were sent to participants for review and accuracy immediately after correcting each transcript. No further corrections were made or suggested by the participant.

Phase 2: Generating Initial Codes. During this phase, initial codes were developed systematically, where each participant’s transcript was read. The literal terms that directors used, which were meaningful to the overall dataset, were highlighted and recorded as semantic codes. The interviews generated 300 initial codes (see Appendix F), which were condensed into 146 secondary codes after initial codes with similar meaning were combined and collapsed using latent coding for the second cycle (see Appendix H). Using the same process, the focus group transcripts were analyzed separately from the interviews and generated 115 initial codes (see Appendix G). These were then condensed into 94 secondary codes after similar initial codes were combined (see Appendix I).

Phase 3: Searching for Themes. Following the generation of initial and secondary codes, the framework was revisited, and 11 initial themes were developed from the interview data secondary codes based on identified patterns. Additionally, 10 initial themes were created from the focus group data secondary codes. During this process, none of the secondary codes were discarded as each fit into one of the newly established and broader initial themes. To the extent possible, the analysis for both data sets was independent, and every effort was made to prevent themes from one data set from influencing the identification of themes in the other. Phase 3 required constructing meaningful themes grounded in the data while using data extracts to evidence their credibility (Terry & Hayfield, 2021). Table 5 displays the initial themes identified from the interviews and focus group.

Table 5*Identifying Initial Themes*

<i>Initial Themes – Interviews</i>		<i>Initial Themes – Focus Group</i>	
Flexible Time	Signs of workplace distress	How to help employees	Past practices that are not beneficial
Open-Door policy	Mental health awareness or support	Mental health stigma	Leadership paradigm shift
Team building	Effective communication	Warning signs	Positive work environment
Employee benefits	Negative work environment	Recognizing employees	Meeting expectations of the job
Employee recognition	Adequate training and staffing	A supportive workplace	Balancing work and personal life
Work-life balance			

Phase 4: Reviewing Themes. In this phase, the initial themes were closely reviewed in conjunction with the research questions, using the lens of this study’s theoretical framework of perceived organizational support. This framework posits that family-supportive organizational practices and work conditions, such as benefits, are necessary for employees (Yan et al., 2024). At the end of this phase, final themes were developed after broadening meanings to tell the most accurate story of the data. Eleven themes from the interview data set were further broken down into five final themes, and 10 themes from the focus group data set were further broken down into four final themes. Additionally, peer debriefing with two colleagues familiar with qualitative descriptive research was conducted to validate the final themes for each data set. Tables 6 and 7 depict the evolution from initial themes to the final themes of the interviews and focus group, along with participants' same responses.

Table 6*Determining Final Themes-Interviews*

Initial Themes	Final Theme	Sample Response
Open-door policy, effective communication	Building trust through open and challenging conversations	“I say all the time, my door is always open. I encourage my managers to adopt the same principle. If something needs attending to, don't let it fester because it just gets worse. Try and deal with it. Yes, sometimes it's hard to actually get to the bottom of things, and you have to be patient and understand that it is difficult for staff to open up too. But I think sometimes, even though the door is open, they're reluctant to walk in because they don't quite know how I'll deal with it. I hate to think I may be seen as unapproachable, although it might be a little bit of the case, I realize it, and I'm working on it because I've always cared about the people that work for me. I've always been concerned about whatever troubles they have at home or work, and if I can do something to help, I certainly want to.” (Participant A)
Flexible time, Employee benefits, work-life balance	Balancing productivity, employee satisfaction, and work-life boundaries	“We have people leaving us; the job they perform 24/7 is tough, and I'm always telling them to take advantage of our group health insurance benefits – get those massages, participate in the workplace wellness program, and take time off. I always stress that our mental health is just as critical as our physical health. I want my staff to come in every day with a healthy mindset because the children are relying on us.” (Participant D)
Signs of workplace distress	Recognizing struggles and fostering employee well-being	“I notice changes in their affect. I know my staff well, so I can tell when something's not right. If they don't come to me first, I usually drop into their workspace or call them into my office and ask directly if everything is okay and what help they need from me. If it's not something I can provide, I'm quick to recommend professional services.” (Participant C)
Adequate training & staffing, negative work environment	Navigating workplace pressures to build a resilient public service	“Sometimes the public can be so brutal. We are a public-facing organization; we have people who visit us daily, and the negative public opinion is mostly due to a lack of information about what it actually takes to perform these functions.” (Participant A)
Team building, employee recognition, mental health awareness & support	Empowering employees through support, shared experiences and appreciation	“I just continually put it out there that my office is a safe place where open communication can happen, personal or otherwise, we will share your struggles. For example, when someone gets sick, we pitch in to cover down or offer leave if it's available. I think it's just encouraging that cohesiveness as an agency family to reinforce kind of that we should be there for each other.” (Participant J)

Table 7*Determining Final Themes-Focus Group*

Initial Themes	Final Theme	Sample Response
Leadership paradigm shift, balancing work and personal life, a supportive workplace	Transforming leadership through connection and supporting employees beyond the workplace	“One of the first things when I moved to [my new agency], I had a division head meeting and told them my philosophy about balance of life. One of the things I said in my welcome speech is, you're going to know that my expectation of you is not to stay late and be burnt out. My expectation of you is to have a balanced life at home. One thing I'm going to help you with is you're going to go home at a decent hour because I need you to have a good relationship in your home and come to work without any worries and concerns about the home, because you've given them some dedicated time. That's important to me. The balanced life.” (Participant L)
How to help, positive work environment	Creating a workplace that cares	“For us, part of the in-processing for new employees is our peer support group. We actually introduce the Peer support group to all of our brand-new recruits, and we tell them who they are, what they do, and how to get a hold of them. And then we also have what's called a family night with the new hires, and I also tell the family what the expectations are of their loved one. I tell the family that things will get tough but when they do, please reach out to us. I give them my cell and office number, and I inform them of other supports we have in place such as the Chaplain Corps”. (Participant K)
Stigma, past practices that are not beneficial, red flags or warning signs	Fostering a supportive and stigma-free workplace	“I'm pretty open about receiving some mental health assistance at some point in my life, and it's why I do check-ins with the staff, especially when I know that they are going through something. I take moments to call them in and just let them know that they can talk to me and seek my support. I have shared with them some vulnerable moments in my life just so that they know that I am calm and collected during hard situations. I make sure that they fully know that I have an open-door policy and that I'm comfortable hearing hard things.” (Participant N)
Recognizing employees, meeting the expectations of the job	Supporting employees and celebrating contributions in high-stress, public-facing roles	“Because we are government and we serve the public, there are mental health concerns, especially in light of high mission demand agencies. One thing I've instilled is a day off for your birthday across the board. The purpose of that is not just giving a day off, but to honor the person's existence, and tell them that they matter. That is just one example of a simple way to honor your employees, celebrate their contributions, and to say take the much-needed rest.” (Participant L)

Phase 5: Defining and Naming of Themes. The fifth phase aims to produce thematic definitions and assign names to themes (Hayley, 2024). These definitions will help further refine themes to affirm that the larger story is told correctly (Kalmbach et al., 2024). Prior to aligning and integrating the themes from both data sets, it was essential to clearly define each of them. Establishing operational definitions ensures that the consolidation of insights from the interviews and focus group meaningfully addresses the three research questions. Below are the definitions used for each theme.

Interview Themes Defined

Building trust through open and challenging conversations. According to participants, this is defined as establishing psychological safety through transparent and empathetic communication, where leaders proactively engage in open dialogue, including complex topics such as mental health, while upholding confidentiality, modeling vulnerability, and fostering a culture of trust and relational accountability. This requires leaders to model vulnerability and actively listen without judgment, respect confidentiality, and create daily moments of connection that reduce stigma and foster relational trust. This was illustrated by Participant F who said “I shared very openly that I often see a therapist. It is difficult to be vulnerable to others; however, I think it must start at the top. We need to build a more emotionally aware and intelligent set of leaders so employees can feel safe enough to come talk to us about what’s troubling them.”

Balancing productivity, employee satisfaction, and work-life boundaries. This means fostering a culture that prioritizes operational effectiveness and individual well-being while driving results. It’s about trusting employees to deliver outcomes without compromising their mental health, family responsibilities, or right to disconnect, encouraging moments of pause and meaningful work-life integration. Participant G stated, “I allow my staff to adjust their time if

they need to come in earlier or later than usual to take care of personal matters. To me, as long as they complete their tasks on time, I remain flexible when they need additional time for their kids. I also never deny an employee's request to attend school programs or parent-teacher conferences because family is first".

Recognizing struggles and fostering employee well-being. This is a leadership responsibility that begins with attentiveness. Leaders play a critical role in identifying early warning signs such as behavioral shifts, disengagement, or absenteeism, and responding with empathy, discretion, and timely support. Leaders model a culture where well-being is supported and expected by normalizing check-ins, encouraging open dialogue, and connecting staff to appropriate resources. This proactive stance prevents escalation, builds trust, and reinforces that people come before performance. This was highlighted by Participant E, who said:

I have daily interactions with my staff, and I can tell when someone is having an off day. I just kind of see the signs, and I am comfortable enough to ask them directly, but of course, in confidence, is everything okay? If they need professional help, I refer them to Guam Behavioral Health, but if they just need someone to talk to, I could also be that sounding board.

Navigating workplace pressures to build a resilient public service. This requires leaders to actively mitigate systemic stressors while empowering staff with the tools and support to succeed. This includes ensuring adequate onboarding, training, and cross-training, addressing staffing gaps, and investing in continuous professional development. Leaders play a pivotal role in fostering resilience by acknowledging the impact of public perception, outdated infrastructure, and high service demands, while championing transparency, modeling adaptability, and

prioritizing employee well-being as central to sustainable service delivery. Participant B expressed this by saying:

It is my responsibility to make sure that they are in a workplace that is safe. This doesn't only mean physically, but emotionally as well. Being in public healthcare service is very stressful, so a few years ago we developed this philosophy called *just* culture, and it's intended to make employees feel safe as a human being to make mistakes, instead of that constant fear of being chastised or ridiculed. Instead, we start turning it around to ask how we can learn from that error or mistake?

Empowering employees through support, shared experiences, and appreciation.

This refers to a workplace culture where individuals feel seen, valued, and connected, both in times of celebration and challenge. It involves fostering social connection through team events and recognizing employee achievements, normalizing conversations about mental health, and ensuring access to supportive resources, such as debriefing, affirmations, and coping tools. This was affirmed by Participant H, who said:

Our agency is big on team building and health. Each month, a different division is assigned to coordinate the group activity using the Governor's wellness program hours. For example, this month, we are doing a Sea-walk. We are also big on our employee incentive program, recognizing employees of the quarter from the supervisor to the housekeeper. It can get competitive, which makes it both fun and rewarding.

Focus Group Themes Defined

Transforming leadership through connection and supporting employees beyond the workplace. This means reimagining leadership as a relational, empathetic practice that extends past task management into a genuine care for employees' well-being. It involves leading

alongside staff, not above them. In other words, building a rapport, practicing active listening, and sharing personal stories to foster trust. Leaders embrace difficult conversations, model boundaries, encourage work-life balance, and promote flexibility through accommodations that reflect life's complexities. Participant N expressed:

I'm pretty open about receiving some mental health assistance at some point in my life, and it's why I do check-ins with the staff, especially when I know that they are going through something. I take moments to call them in and just let them know that they can talk to me and seek my support. I have shared with them some vulnerable moments in my life too and I always say, I don't need to know the details, but I will support you as long as I know what you need from me.

Creating a workplace that cares. This means embedding empathy and shared responsibility into the daily work fabric where emotional well-being, connection, and support are prioritized alongside performance. This includes providing accessible mental health and grief support, promoting peer connection through shared breaks and decompression spaces, and openly addressing the impact of external stressors like community anxiety. A caring workplace encourages transparency around support services, normalizes asking for help, and fosters a team-oriented culture where staff actively share the workload and reduce one another's stress through understanding and collaboration. A clear example of providing accessible support was described by Participant K, who said:

When I first joined the department, I was told, 'Boy, just suck it up. It's all part of your job – you will see dead bodies, rape victims and abused children' and there was no support back then. But we really are exposed to traumatic events and critical incidents, and some of our officers have needed higher levels of care. I've even brought some

directly to Guam Behavioral Health and Wellness Center for treatment. As a result, one of the things I've also done was obtain vicarious trauma training for some of my staff so we can enhance the in-house peer support for officers.

Fostering a supportive and stigma-free workplace. This means normalizing mental health conversations, challenging outdated attitudes, and creating a culture where employees feel safe seeking support without fear of judgment or repercussions. A stigma-free environment actively replaces silence and judgment with openness, empathy, and early intervention, ensuring no employee feels they must hide their struggle behind professionalism or fear retribution.

Participant M mentioned that:

At one point, our agency experienced a few back-to-back deaths of coworkers, which was very traumatic for our close-knit team. I didn't hesitate or wait for staff to come to me for support; I immediately checked in with them while simultaneously reaching out to our behavioral health agency for counseling and debriefing support. I wanted the staff to know it was okay not to feel okay or to feel grief because these are real experiences, and I am here to support you.

Supporting employees and celebrating contributions in high-stress, public-facing roles. This refers to a strategic leadership priority that sustains engagement, morale, and retention. In environments marked by emotional intensity and public scrutiny, leaders must proactively acknowledge employee efforts through personal recognition, visible appreciation, and structured programs such as awards, incentives, and check-ins. Participant O noted:

Working with individuals every day who have such complex needs really takes a toll on our staff, especially when the media makes it sound like nothing is being done out there. One of the things we do well is give each other kudos! Whether it's in our staff chat, on

the whiteboard in the kitchen, or in person during our office lunches, we support and lean on each other and definitely celebrate both small wins and milestones.

Reconciliation of Themes

The last part of the analysis process was to reconcile the final themes identified from the interview responses with those identified from the focus group. The resulting reconciled final themes will be used to answer the research questions. Reconciling the themes from both data sets involved more than simply identifying common threads; it was also about amplifying the voices of the organizational leaders who generously shared their insights, experiences, and practices around mental well-being in their agencies.

The final four themes were shaped through the lens of Eisenberger's perceived organizational support theory, which suggests that employees develop beliefs about their workplace based on the extent to which they feel their contributions are valued and their well-being is supported by the organization (Eisenberger et al., 1986). Being mindful of this framework, the final four themes intentionally reflect how leaders' behaviors and organizational practices shape employees' perceptions of support, revealing not only the perspectives shared by the individual participants but also conveying their collective aspirations for fostering work environments that are psychologically safe and supportive. Table 8 displays the process of reconciling the final four themes.

Table 8*Reconciling Final Themes*

Final Themes - Interviews	Final Themes – Focus Group	Final Aligned Themes
Building trust through open and challenging conversations	Creating a workplace that cares	Building trust and creating a workplace that cares
Balancing productivity, employee satisfaction, and work-life boundaries	Transforming leadership through connection and supporting employees beyond the workplace	Transforming leadership through connection and supporting employees within and beyond the workplace
Recognizing struggles and fostering employee well-being	Fostering a supportive and stigma-free workplace	Fostering a supportive, stigma-free workplace that prioritizes employee well-being
Navigating workplace pressures to build a resilient public service, Empowering employees through support, shared experiences, and appreciation	Supporting employees and celebrating contributions in high-stress, public-facing roles	Strengthening public service through resilience, recognition, and relationship

As a result of the reconciling of themes, the four final themes are identified below, followed by definitions:

1. Building trust and creating a workplace that cares.
2. Transforming leadership through connection and supporting employees within and beyond the workplace.
3. Fostering a supportive, stigma-free workplace that prioritizes employee well-being.
4. Strengthening public service through resilience, recognition, and relationship.

Final Themes Defined

Building trust and creating a workplace that cares. This reconciled final theme refers to intentionally embedding empathy, psychological safety, and shared responsibility into the

organization's day-to-day operations. It encompasses leadership practices that foster respectful dialogue, including open engagement with complex topics such as mental health, while upholding confidentiality, modeling vulnerability, and promoting relational trust. It is demonstrated through accessible mental health and grief support, peer connections and support, and recognition of external stressors that impact employee well-being. A caring workplace can be experienced when the individual employee and the organization feel supported and safe to thrive.

Transforming leadership through connection and supporting employees within and beyond the workplace. This final theme refers to redefining leadership as a relational, empathetic, and boundary-conscious practice that values organizational outcomes and employee well-being. This requires the leader to build trust and rapport through active listening, sharing vulnerabilities, and embracing difficult conversations. Additionally, this involves establishing and modeling healthy boundaries and maintaining a work-life balance by offering flexible accommodation and respecting an employee's right to disconnect.

Fostering a supportive, stigma-free workplace that prioritizes employee well-being. This refers to creating a psychologically safe organizational culture where mental health is normalized and seeking support is encouraged. This involves shifting outdated attitudes, promoting open conversations about mental health, and assuring employees that they are safe to access support services without fear of judgment or professional repercussion. Leaders must respond with empathy and discretion, and model trust by conducting regular check-ins with staff.

Strengthening public service through resilience, recognition, and relationship. This refers to the intentional fostering of a workplace culture where employees in high-stress, public-facing roles are adequately equipped and meaningfully connected. This includes leadership

efforts to mitigate systemic pressures through sufficient onboarding and development, as well as transparent communication. This also involves prioritizing team rituals, employee recognition practices, and accessible mental health support to ensure that employees feel valued both in times of success and adversity.

The final four themes identified from the participants' responses will be used to answer the three research questions in the next section.

Research Question 1

The first research question asked, "To what extent do organizational leaders believe they consider their employees' mental health?" Research Question 1 was answered by Themes 1, 2, and 4.

Theme 1: Building trust and creating a workplace that cares. Participants in both interviews and a focus group shared examples of encouraging open dialogue between staff, intending to create a safe space to disclose any mental health concerns. This was achieved by first being honest about their own experiences or by making resources for support readily available.

During our COVID-19 response, our healthcare workforce was so strained and overworked because of the daily demands on our agency as frontliners, so I reached out to a few licensed counselors, and they came to our sites and provided some psychoeducation. I worked with the supervisors to work out a schedule so the different operational sites could take turns availing of the services, if desired. (Participant I).

Participant C also shared that just as often as she notices the need to check in with certain staff, the coworkers and peers sometimes express their concern about the employee. "I'm worried about [him], I noticed he's been down lately. To me, this demonstrates the importance of

creating a caring workplace where each person, leader or coworker, can share the responsibility of looking out for each other as a team.”

Participant B said:

I stress in meetings that my door is always open, and I want them to feel comfortable coming to me about an issue, even if it is to disagree with me about a decision. Part of what I emphasize is the importance of being honest with one another while remaining respectful toward each other. I also try to walk around regularly to greet the staff, thank them for all they do, and also as a way to check in on them to ensure they're doing okay.

Theme 2: Transforming leadership through connection and supporting employees within and beyond the workplace.

Directors perceived themselves as being mindful of their employees' mental health because they had existing practices, both formal and informal, that normalized taking time for personal well-being, even without a formal policy. “Although not written in policy, all my staff are aware that I allow them a few hours per month for their mental health. They just have to let us know they want to take it, so coverage can be worked out” (Participant G).

Participant A asserted:

Physical issues certainly have less stigma than mental health issues. And for some reason, everybody's okay to talk about gout but not schizophrenia. Experience has told me you've always got to have a box of Kleenex in your office for staff (men and women) who come in to talk about the difficulties they're having. The bottom line is, when you notice somebody in a state where performance is deteriorating, then you've got to find out why. Encourage staff to take off if needed. Just show some compassion and reassure them you are willing to help, where you can.

Participant F shared, “Something I implemented a few years ago was a mental health day. Staff didn’t have to take it, but if they wanted to, no explanation was needed. But of course, they had to use it for their mental health!”

Theme 4: Strengthening public service through resilience, recognition, and relationships.

All participants brought up the unique challenges and stress that their employees face as public employees. Working for the government is not always an attractive career choice, as oftentimes there is a lot of bureaucracy, limited funding, and long hours. However, the directors did not forget to acknowledge the great work their staff perform and the importance of taking care of these employees to retain them, recruit more, and improve the services to the public.

Participant O shared, “I repeatedly tell my team to let me know what’s going on, especially if you are feeling overly stressed. Let me know what you need from me because if it’s something I can help you with, I want to.”

Participant L concurred with that sentiment and added:

Management should be expected to be participatory – walk the path and set the direction with your staff. We need to be good role models so that our staff can feel confident that their leader is in the trenches with them and that they’re not too far removed to understand the staffing shortage concerns or the antiquated facilities and equipment often found in government offices.

Participant I added:

I worked boots on the ground with my staff during COVID – I worked around the clock just wanting to help and to check in on them. Something I tell my staff a lot is that I would not ask them to do things I am not willing to do myself. Moreover, one thing our

government branch lacks is a good employee assistance program. We need one that truly supports our employees. So as much as possible, I share whatever info I have about mental health resources, and I encourage them to participate in the wellness programs.

Research Question 2

The second question asked, “How do organizational leaders determine if employees need mental health or social support in the workplace?” Research Question 2 was answered by Themes 1 and 3.

Theme 1: Building trust and creating a workplace that cares. All 15 directors mentioned an open-door policy and their willingness to engage directly with their staff, even though the conversations surrounding mental health may be difficult and sometimes uncomfortable. Participant I said:

I ask questions very pointedly even if they are difficult or uncomfortable. I need my staff to know I’m here for them. I want their mental health to be part of the conversation because I think that everyone can use help from a therapist at some point. There is nothing to be ashamed of here.

Participant N added:

Mental health is not as taboo anymore. In my agency, I not only share my personal experiences, but I help coordinate services if needed, whether for an individual employee or for us as a group. My agency is small enough that this is manageable, but I want to say that fighting stigma in Guam has come a long way, as seeking support is now actually encouraged. My intention in helping staff coordinate or link to services is because I want them to rest assured, they will not lose their job for seeking help.

Additionally, Participant D shared:

As a director, I reached out to Guam Behavioral Health to ask for mental health first aid training for me and my staff. One way we can really help break stigma both in and out of our agencies is by increasing our own knowledge of mental health. Raising our own awareness helps us to have more empathy for staff and understand how to assist them. Equally as important is for us to know when help is needed or when it is beyond our capacity as a director, so that we can get them the proper professional help.

Theme 3: Fostering a supportive, stigma-free workplace that prioritizes employee well-being. In addition to initiating direct conversations and encouraging staff to step through their “open door,” directors also described the signs they watch for that may indicate an employee needs support. Several participants shared that absenteeism, late assignments, and frequent tardiness can all signal something else is going on. Participant L stated, “If I notice a general behavior change that’s out of the norm, I’m already making it a point to ask how they’re doing. Especially if it’s somebody who is typically very dependable and all of a sudden unreliable or unreachable.”

Similarly, Participant J’s response was:

Another sign is withdrawal, I notice when people aren’t really participating anymore – even in lighter office conversations. Once I notice something like this, I call the employee in or go to their office and just say hey, is everything okay? Sometimes employees don’t want our help, but if they do, I want them to know I am here to listen and try to figure out what we can do together.

Participant K shared:

This is why it's important for us as leaders to know who our employees are. Learn a little about their personal life – are they married, do they have kids? Having this type of information also helps us establish rapport and enables us to show concern and care for our staff beyond the office.

Research Question 3

The third question asked, “How do organizational leaders describe the process for restructuring support practices to assist their employees more effectively?” Research Question 3 was answered by Themes 2 and 4.

Theme 2: Transforming leadership through connection and supporting employees within and beyond the workplace. One hundred percent of the participant directors expressed in one way or another that they are willing to make accommodations for their employees who may be experiencing mental health challenges. This is in addition to striving to create a work environment that is psychologically safe and places value on their greatest asset, the human resource. Directors should be able to work closely with employees to explore adjustments that might ease the burden, such as temporary workload distribution, flexible schedules, or encouraging them to take advantage of wellness programs.

Participant H shared that:

Being flexible as a leader goes a long way. Staff know my door is open, yet I still find myself at times seeking them out to ask what is going on. How can I help? As leaders, we need to be prepared and willing to hear what they have to say and what they are really asking from us. Although I am concerned about getting the work done, I am also reminded that we need to pause and focus on the person in front of us. Do they need time

off? Don't judge them if they do. Be flexible! I've even offered periods where the employee comes in only half a day for a few weeks. A balance can always be found – between our bottom-line output and giving them the break they need.

Participant E shared an uncommon practice of support:

Here at [agency name], family is very important. I have had staff come to me to say they need to take a few weeks off because they don't have a sitter, or perhaps it's spring break at school. Well, I encourage them to bring their children to the workplace. I know that in most agencies, this is frowned upon, but we are not a large group, and when someone is out, we all feel the burden of having to cover their work. If I can help them with that one stressor, especially when it is only a temporary adjustment, then I'm all for it.

On the contrary, Participant C shared that sometimes the accommodation allows an employee to work beyond their usual hours.

Although I always encourage my staff to leave on time and I try to set that example by not staying too late, I do have an employee who has been here for 45 years and has asked me to allow her to stay back a few hours each night. She is a widow and finds the office to be a comforting place. So, I allow her to be here past 5 pm.

Theme 4: Strengthening public service through resilience, recognition, and relationship. When a director becomes aware that an employee is experiencing a specific work or life stressor, effective support begins with empathy and trust. Asking them directly what they think they need to perform their tasks better opens the door to collaborative problem-solving and demonstrates respect for their insight. Additionally, checking in and listening non-judgmentally can create a safe space for the employee to feel valued and appreciated. If the employee's

challenge is work-related, directors described it as their responsibility to do whatever it takes to ease that burden so that the employee can complete the work. Participant A shared:

There are pressures upon administrators, especially those of us who truly care, because you have to deal with people who have particular needs. Still, if those needs are that they don't know how to perform their job, then it behooves us to provide them with the right training. We need to ensure our staff have the appropriate professional training and tools necessary before we put them into these very stressful roles.

From there, recognizing the employee's contributions reinforces their value, and even small acts of acknowledgement can go a long way.

Participant C shared that there are several WhatsApp chat groups in their agency: "I am very quick to post acknowledgements in our work chats, which is an easy way to show staff you're mindful of the hard work they do every day."

Participant F stated:

I provide staff names and their stories to my Board Chairman and ask him to recognize them during our monthly board meetings publicly. This is a huge deal to them because these board meetings are also live-streamed. Sometimes, I even prepare in-house certificates and buy some pastries so we can have a coffee break while celebrating someone's accomplishment as a team.

In addition, Participant K described a more formal employee recognition program:

Every year during [agency name] week, we give out very coveted awards. It's a big thing in our agency and we have the Governor and Lt. Governor join us to hand them out during an awards banquet. Our awards range from medal of valor to the highest meritorious commendation. It is a very established award system that has been going

strong for over 20 years. It's comprised of an awards board, and it is extremely competitive.

Evaluation of the Findings

The findings of this study highlight an alignment between the perceptions of government agency directors and the principles embedded in Eisenberger's perceived organizational support (POS) framework. Gray et al. (2023) emphasized that mutual understanding between supervisors and employees about expected support is essential to prevent unintended harm and effectively address concerns. The first research question of this study asked, "To what extent do organizational leaders believe they consider their employees' mental health?" All participants' consistent mention of open-door policies reflects a foundational belief in the importance of interpersonal accessibility and psychological safety. This willingness to engage with employees supports the POS concept that employees interpret managerial accessibility as a signal of organizational value and concern for their well-being. "When I say my door is always open, I mean it both literally and figuratively – all my staff have my personal line, call me anytime!" (Participant O).

The second question of this study asked, "How do organizational leaders determine if employees need mental health or social support in the workplace?" Beyond accessibility, most directors reported implementing at least one organizational practice, either formal or informal, that acknowledged and accommodated employees' mental health needs. These practices, including granting time off or accommodations for mental health challenges, extended the same considerations traditionally only afforded to physical health issues. This suggests an evolving cultural shift where mental health is becoming a legitimate and recognized domain of workplace well-being, further reinforcing the POS theory.

The third question asked, “How do organizational leaders describe the process for restructuring support practices to assist their employees more effectively?” Flexibility regarding work hours and paid leave was a common theme across all interviews, underscoring the perception that these directors were sensitive to the individual circumstances of their employees. This adaptability reflects an organizational ethos that values the holistic needs of employees, echoing the core tenets of perceived organizational support: when employees believe their unique challenges are understood and accommodated, their sense of support deepens. This emphasis on the flexibility of organizational leaders boosts morale and reinforces trust, laying the groundwork for stronger employee engagement and long-term retention (Ellis, 2024).

Furthermore, while exploring staff needs around flexible work arrangements, it became clear that the concept, although widely supported in principle by participants, is constrained by practical limitations. Several directors raised concerns regarding chronic staff shortages, which pose a significant barrier to offering greater flexibility in scheduling or time off. These shortages not only stretch remaining personnel thin but also risk compounding burnout if those present are continually asked to absorb additional responsibilities.

Taken together, these findings suggest that government agency directors are not only aware of but are actively engaging in supportive behaviors that contribute to the mental health of their workforce. The patterns reveal that despite operational challenges, agency directors are making meaningful strides toward supporting employee mental health, reflecting a growing organizational awareness and willingness to respond. However, the extent and consistency of these practices vary, which could present opportunities for developing more standardized approaches to mental health support across agencies.

Summary

Guided by principles of relational care and psychological safety, Chapter 4 synthesized participant insights and thematic findings to deepen understanding of leadership dynamics and mental health across Guam's executive branch. The chapter included the research problem and purpose, participant demographics, thematic development using Braun and Clarke's (2006) framework, and an evaluation of findings concerning the study's literature and theoretical foundations. In addition, the trustworthiness of the data was addressed by describing the procedures used to establish credibility, transferability, dependability, and confirmability.

Finally, the evaluation of the findings included an analysis of how the results aligned with the literature and theoretical framework presented in Chapters 1 and 2. Chapter 5 will conclude the study by outlining its implications, recommendations, and overall conclusions. Building on the thematic insights outlined in this chapter, Chapter 5 will include their implications, recommendations for future research, and concluding reflections on its contribution to leadership and the field of mental health in the workplace.

Chapter 5: Implications, Recommendations, and Conclusions

The problem addressed in this study was organizational leaders' lack of understanding of the need for mental health support for their employees (Robroek et al., 2021). The purpose of this qualitative descriptive study was to explore how organizational leaders describe their decision-making process for providing mental health support for employees within their organizations. Guided by Eisenberger et al.'s (1986) theoretical framework of perceived organizational support, this study explored the perceptions of executive branch agency directors regarding the provision of mental health support within their organizations.

This study employed a qualitative descriptive design to explore organizational leaders' perceptions, and this approach was particularly suitable due to its emphasis on open-ended and exploratory questioning, allowing participants to share those perceptions verbally. By clustering these responses into common themes, the method provided clear and rational insights into the complex social dynamics surrounding mental health in the workplace (Tenny et al., 2022). Moreover, the research design effectively facilitated the collection of clear yet insightful accounts of leaders' perspectives and experiences, thereby enriching the depth and contextual relevance of the study's findings (Masibo et al., 2024).

To gain a deeper insight into the perceptions of agency directors regarding the provision of mental health support within their organizations, the study employed qualitative data collection tools, including interviews and a focus group. These methods enabled participants to express their views candidly, fostering a comprehensive understanding of their perceptions. Through the six phases of Braun and Clarke's (2006) inductive thematic analysis, four themes emerged: 1) Building trust and creating a workplace that cares; 2) Transforming leadership through connection and supporting employees within and beyond the workplace; 3) Fostering a

supportive, stigma-free workplace that prioritizes employee well-being; and 4) Strengthening public service through resilience, recognition, and relationship. These four themes collectively capture the nuanced experiences of the agency directors as they navigate an ever-evolving cultural shift in workplace well-being, which increasingly recognizes mental health as a legitimate factor in productivity.

Like all research grounded in qualitative methodologies, this study faced inherent limitations (Lim, 2024). One significant constraint was the potential for self-selection bias, as participants who volunteered may have held distinctive experiences or perspectives not representative of the broader population. Personal biases presented a methodological challenge, as the inherently subjective nature of qualitative research can allow the researcher's perspectives to shape both data collection and interpretation, potentially compromising objectivity. Finally, qualitative research often relies on relatively small sample sizes, which can constrain the transferability of findings to broader or differing populations and contexts (Bouncken et al., 2025).

Chapter 5 concludes this research study and will build on the findings presented in the previous chapter. More specifically, Chapter 5 will outline the study's implications, as laid out by each research question, incorporating the study's findings. In addition, this chapter discusses how the results address the research problem, how they contribute to the literature and the theoretical framework, and the extent to which they align with current literature.

Implications

The findings of this study hold important implications for leadership practice, organizational policy, and future research. In addition, beyond describing participant perceptions, these findings highlight actionable implications for enhancing mental health support in

organizational settings. A discussion of these implications follows, laid out by research questions, explaining how they relate to existing literature and contribute to the mental health field.

Research Question 1

To what extent do organizational leaders consider their employees' mental health?

The focus of this research question was to explore how agency directors perceive their efforts and priorities in supporting employee mental health in the workplace. This research question asked if leaders feel they are doing enough to support the mental health of their employees, and how mindful they are. Additionally, these beliefs are being explored within professional settings and organizational responsibilities. This first research question was designed to determine the awareness, attitudes, and perceived responsibility of organizational leadership toward safeguarding and supporting the mental health of their teams.

A key finding is that agency directors consistently perceive themselves as being mindful and attentive to their employees' mental health needs. This perception aligns with existing literature suggesting that limited awareness within organizational settings contributes to stigma and social isolation in the workplace (van Eerd et al., 2021). This perception was evident in both formal and informal practices. Several directors referenced established protocols that explicitly acknowledged mental health as a legitimate reason for absence or accommodation, such as a designated *mental health day* offered as part of paid leave or flexibility in taking sick leave for mental health-related appointments. In addition, other directors, although without formal written policies, described their practices of openness and encouragement, such as the staff understanding they had permission to prioritize their wellbeing by asking for a longer break or through verbal encouragement to participate in mindfulness activities.

This finding reflects a nuanced understanding among organizational leaders that they believe they are supporting mental health, regardless of whether this support is formalized or culturally embedded. This further suggests that perceived mindfulness may not always be tied to institutional policy but to an organizational leader's values and interpersonal dynamics. This nuance supports the purpose of this study because it demonstrates that leaders often make informal, value-driven decisions when they feel responsible for providing mental health support, even in the absence of formal policies. This also supports the idea that perceived organizational norms, individual leadership values, and interpretations of support shape the decision-making process.

These findings contribute to the literature by illuminating informal and personalized ways leaders enact perceived support. Rather than a clear black-and-white distinction between support or lack of support, it introduces a middle ground of perceived mindfulness, where care for employee well-being is practiced even without a formal structure. In addition, the finding reinforces the perceived organizational support framework by demonstrating that leaders' beliefs about their attentiveness serve as indicators of perceived support. Therefore, even without policy, leaders may convey support through relational and communicative cues, suggesting that POS may also be embedded in organizational culture.

This finding is consistent with van Eerd et al. (2021), who emphasize the importance of improving organizational awareness and communication around mental health, as well as strengthening coordination with external support resources to better address employee needs. More importantly, the findings suggest that awareness of mental health needs is already a form of actionable leadership. This belief opens a new avenue for researchers to examine how

perceived awareness and leader self-reflection influence organizational climate and employee well-being, even before introducing formal programs.

Research Question 2

How do organizational leaders determine if employees need mental health or social support in the workplace?

This research question explored the decision-making processes and interpretive cues that organizational leaders rely on to recognize when employees may require mental health support. Rather than focusing on programmatic provisions or agency policies, this question aimed to understand how leaders assess needs in practice. This RQ aimed to reveal the informal strategies and relational competencies that guide leaders in making these determinations by examining how directors engage with staff, interpret signs of distress, and initiate supportive conversations.

The findings from RQ2 suggest that organizational leaders rely heavily on interpersonal engagements and behavioral observation to determine when employees may need mental health or social support. Multiple factors influenced this interpretation. Most notable, however, are the leaders' efforts to build trust and combat stigma, the relational proximity afforded by the smaller agencies, and varying levels of mental health literacy of each director. This key finding aligns directly with existing literature by Hunt (2024), who argues that the ability to recognize indicators of mental well-being challenges and respond appropriately during conversations can foster greater trust, reduce stigma, and provide meaningful support to employees in need.

In addition, the directors' willingness to initiate difficult conversations and share personal experiences positioned mental health as a welcomed topic in the workplace, challenging the historical taboo and reinforcing a climate of psychological safety. Leaders described proactive strategies such as verbal check-ins, open-door policies, and participation in mental health

training, which fostered a culture where employee well-being was acknowledged and actively supported. These practices highlight the importance of direct human connection in identifying unspoken or emerging needs, particularly when behavioral challenges, such as absenteeism or withdrawal from activities, may signal underlying issues.

Additionally, participants emphasized the role of informal knowledge, such as learning about employees' lives, building rapport, and knowing their typical patterns or behavior, to interpret when support may be necessary. This suggests relational care, rather than rigid protocol, is a primary method for assessing an employee's well-being. However, interpretation was not uniform across participants or agencies. It is likely that factors such as agency size, personal leadership styles, or personal experience or training with mental health, played a role in shaping how mental health signals were perceived and or acted upon. This aligns with existing literature, which emphasizes that awareness and openness about mental health are essential for effective communication in the workplace. It agrees with van Eerd et al. (2021), who emphasized that fostering a supportive workplace depends on cultivating open dialogue around mental wellness and mental health conditions; and Murphy et al. (2023), who found that effective communication between management and employees should be prioritized as they also promote the prevention of mental health challenges.

Conversely, a stigmatizing attitude due to limited understanding of mental health conditions and disabilities, poses a major obstacle to supporting employees and can lead to increased fear toward individuals in the workplace (van Beukering et al., 2022). Moreover, recognizing signs of mental health challenges and responding appropriately can foster trust, reduce stigma, and provide meaningful encouragement to needy employees (Adams & Nguyen, 2022).

These findings align with Eisenberger's (1986) theoretical lens of perceived organizational support by illustrating how leaders' attitudes and actions communicate concern, trust, and validation to employees. Support is often delivered not through formalized structures, but through relational dynamics that affirm employee worth and belonging. This evolving paradigm, where mental health is treated with equal legitimacy as physical health, signals a cultural shift in workplace leadership that has meaningful implications for organizational policy, leadership development, and employee engagement.

These findings directly address RQ2 by underscoring how organizational leaders assess employees' mental health support needs through relational practices and behavioral observations. Leaders consistently described processes rooted in trust-building, familiarity with staff, and proactive attentiveness to workplace behavior, rather than relying solely on formal assessments or institutional guidelines. Their decision-making often emerged from noticing subtle shifts, such as changes in productivity, then engaging in personal dialogue to understand underlying concerns. These actions reflect a situational and relational approach to support, underscoring that leaders interpret need through context and individualized knowledge of their team members. The results for RQ2 are consistent with the literature regarding the importance of building rapport with employees. More specifically, Dewa et al. (2021) found that employees may hesitate to disclose mental health challenges due to fear of stigma or negative consequences. To counter this reluctance, leaders can proactively model supportive behaviors such as openness, empathy, and nonjudgmental communication to foster a psychologically safe environment where employees feel encouraged to seek help without fear of reprisal.

This interpretation aligns with the study's problem by revealing that many leaders rely on informal cues and interpersonal dynamics to determine support. It also advances the study's

purpose by demonstrating how those decisions are made in real-time and often hinge on perceived relational responsibility rather than formalized procedures. In terms of contribution to the literature, these findings underscore the importance of leader emotional intelligence, stigma literacy, and rapport as tools for identifying support needs. The results extend the POS framework by showing that perceived attentiveness is expressed through available resources and cultivated through daily human connection. This highlights an evolving leadership model where support begins not with policy, but presence.

Research Question 3

How do organizational leaders describe the process for restructuring support practices to assist their employees more effectively?

RQ3 explored how organizational leaders adapt and restructure support practices to meet their employees' evolving mental health and personal needs. Rather than examining whether support exists, this question focused on the dynamic process of enhancing and personalizing support systems within the workplace. It sought to uncover the leadership strategies, workplace accommodations, and recognize directors' efforts to respond to employee challenges with empathy, flexibility, and relational sensitivity. The question was formulated to understand the depth of organizational responsiveness and the extent to which human-centered care is embedded in day-to-day leadership decisions.

A key finding from RQ3 was the widespread emphasis on flexibility. All participant directors reported adjusting work schedules, leave policies, and workplace norms to accommodate employees experiencing mental health or personal challenges. This organizational flexibility of permitting half-day schedules, welcoming children into the office, or allowing staff to work outside typical hours, signaled a leadership mindset rooted in empathy and

responsiveness. It also reflected an organizational ethos aligned with the principles of perceived organizational support, which states that when employees perceive their unique circumstances as understood and accommodated, their sense of being valued deepens. This emphasis on adaptability promotes trust, boosts morale, and lays the foundation for long-term engagement and retention.

The findings also revealed nuanced constraints. While directors supported flexible arrangements in principle, many noted that chronic staffing shortages or the complexity of 24-hour operations limited their ability to offer accommodations consistently. These shortages pose systemic challenges, stretching existing personnel thin and risking burnout when employees must absorb additional responsibilities or longer hours. This highlights a vital implication for practice: efforts to restructure support must be coupled with adequate staffing and strategic workforce planning to sustain relational care without compromising organizational functioning.

These revelations intersect with literature emphasizing the leader's role in promoting mental health in the workplace. Luberenga et al. (2023) stressed the importance of managing workloads, fostering work-life balance, and resolving conflicts, which are principles that become especially challenging with staffing constraints. Similarly, Lecours et al. (2022) and Murphy et al. (2023), identified leadership behaviors such as providing flexibility and supporting work-life balance, as essential. The directors' support for these behaviors aligns with the literature, but the findings expose the structural limitations that complicate consistent implementation.

About the study's problem, these findings show meaningful progress. Directors are aware of mental health needs and actively engage in adaptive practices to meet them. This directly aligns with the purpose of this study, which is to uncover how leaders describe their decision-making around support. Detailed examples of collaborative problem-solving, personalized

accommodations, and formal recognition programs demonstrate leadership approaches that extend beyond static policies.

From a researcher's perspective, these findings enrich the literature by illustrating that flexible support operates as a relational strategy, but one that must be meaningfully responsive to workers' lived realities. Drawing from Murphy et al. (2023), psychological safety in the workplace is not achieved merely by making accommodations available; it hinges on inclusive practices that actively involve employees, especially those with experience of mental health conditions, in shaping those supports. Flexibility becomes relational when it reflects employees' voices and needs rather than generic policy offerings. Furthermore, the study deepens the application of perceived organizational support by illustrating how support is co-constructed through everyday leadership actions, embedded in culture, and shaped by empathy and infrastructure.

Recommendations for Practice

Based on the finding that directors perceive themselves as mindful and supportive, a recommendation would be for organizational leaders to implement reflexive leadership audits within their agencies that focus on mental health responsiveness. The audits could guide directors and other agency managers in periodically assessing their support efforts by comparing their perceived mindfulness to actual employee feedback, including their thoughts on policies and utilization rates of mental health resources. The audits can be conducted in the form of surveys and facilitated discussions and may help bridge the gap between self-perception and employee experience, illuminate blind spots in mental health support provision, and encourage continuous growth in the areas of awareness and responsiveness. Embedding this in an agency as a leadership practice ensures that attentiveness to mental health is not assumed but is evaluated,

aligned, and strengthened over time. This practice recommendation aligns with workplace literature that underscores the importance of cultivating a positive organizational culture, which employees perceive as supportive and inclusive. Such a culture is foundational for enabling employees to feel psychologically safe and valued. Murphy et al. (2023) further emphasized that understanding workers' perspectives and experiences regarding mental health is essential for designing responsive, targeted supports. Complementing this, Wu et al. (2021) highlighted the pivotal role of leadership education in narrowing the disconnect between employees' mental health needs and the organizational resources available to support them; and tailoring leadership practices to meet diverse needs fosters a more flexible and empathetic management style, ultimately strengthening the capacity of workplaces to support mental well-being.

The implication was clear: organizational cultures flourish when leaders feel equipped and empowered to detect and respond to well-being challenges in real time. For practice, these points underscore the importance of cultivating emotional intelligence and mental health literacy within leadership pipelines. The consistent use of open-door policies, direct inquiry, and personalized engagement suggests that decision-making is driven by an evolving culture of destigmatization where mental health is increasingly normalized as part of the workplace dialogue. Furthermore, it emphasizes the need for training programs that enhance leaders' capacity to recognize psychosocial signals and initiate support without waiting for formal disclosures or crises (Mohr et al., 2021).

This practice recommendation is supported by findings from Tan et al. (2021), who highlight the low levels of stigma awareness in workplace contexts. They emphasize that mere recognition of mental health issues does not necessarily translate into genuine understanding or informed responses. As Ramirez-Velma et al. (2023) suggest, interventions should be designed

to complement broader efforts aimed at reducing stereotypes, prejudice, and discrimination by fostering sustained awareness and delivering ongoing, accessible information about mental health. Furthermore, incorporating mental health awareness and sensitivity training into leadership development pathways will empower directors and cultivate their emotional intelligence while reinforcing a culture of psychological safety in the workplace.

Lastly, the findings also revealed nuanced constraints. While directors supported flexible arrangements in principle, many noted that chronic staffing shortages or the complexity of 24-hour operations limited their ability to offer accommodations consistently. These shortages pose systemic challenges, stretching existing personnel thin and risking burnout when employees must absorb additional responsibilities or work longer hours. This highlights a vital implication for practice: efforts to restructure support must be coupled with adequate staffing and strategic workforce planning to sustain relational care without compromising organizational functioning. This would mean having formal guidance that may include a tiered option for flexibility, including half-days, telework, or creative leave use, as well as supplemental strategies for coverage, task redistribution, and temporary workforce support. This acknowledges the human instincts of leaders while giving them structured tools to apply flexibility consistently and ethically.

This practice recommendation is supported by existing literature, which indicates that employees are more likely to have a positive experience when seeking support if workplace stakeholders are well-informed about how to accommodate individuals with mental health conditions and actively foster a psychologically healthy work environment (Hossain et al., 2021). It is also essential to create ease of access and clear pathways to support, especially around requesting and negotiating accommodation available to employees (Murphy et al., 2023).

Additionally, Hossain et al. (2021) identified several commonly implemented workplace accommodations for employees with mental health conditions, including flexible scheduling, supportive relationships with employers and coworkers, adjustments to job responsibilities, and modifications to training protocols. Moreover, Murphy et al. (2023) suggest that offering flexible work hours can facilitate employee participation in mental health programs, thereby improving access to essential support services and promoting overall well-being.

Recommendations for Future Research

This study uncovered significant insights into how government agency directors in Guam perceive and approach employee mental health support. While it provides a rich foundation for understanding leadership decision-making, further research is needed to deepen and expand the scope of these findings. The following recommendations are offered to guide future inquiry.

Future studies should include leaders from non-governmental organizations, such as nonprofits and private sector organizations, to compare mental health support practices across various organizational cultures and structures. Also, examining the differences in leadership approaches between larger and smaller organizations may reveal unique challenges and best practices associated with organizational scale. In addition, since this study focused on leaders' decision-making processes, future research should incorporate employee voices to gain a more holistic understanding of the perceived availability, quality, and effectiveness of mental health support. The ability to assess key differences or discrepancies between leaders' perceptions and employees' experiences could illuminate blind spots and areas for improved alignment.

Given the sampling limitations of this study, future researchers should also consider using stratified or randomized sampling techniques to reduce self-selection bias and capture a more representative cross-section of leadership perspectives. In addition, to mitigate the risk of

attrition during focus groups, future studies could consider scheduling multiple shorter sessions rather than a single long one or using virtual platforms to improve accessibility. There is also always the possibility of offering participant incentives to promote sustained involvement and increase data depth.

Although there are several recommendations for future research, given the findings of this study, the next logical step in this line of research is to explore employees' experiences and perceptions of mental health support within their organizations. While this study focused on leadership perspectives and revealed important themes related to empathy, trust, and flexibility, understanding whether these efforts are truly felt and effective at the employee level remains crucial. Research that examines how employees interpret and respond to leadership practices could uncover potential gaps between intention and impact. Therefore, by incorporating employees' voices, future studies can build a more comprehensive picture of organizational mental health culture and identify strategies that reflect empathy and lead to meaningful outcomes in the workplace.

Conclusion

This qualitative descriptive study explored how organizational leaders perceive, identify, and respond to the mental health needs of their employees, addressing a critical gap in workplace well-being. Through qualitative interviews and focus group insights, it became evident that while directors are increasingly aware of mental health challenges, their approach relies heavily on relational proximity, informal strategies, and flexible adaptation. Findings revealed that authentic human connection grounded in trust, empathy, and personalized care, serves as a foundation for identifying needs, combating stigma, and fostering a resilient workplace culture.

Given that approximately one-sixth of the workforce may be experiencing mental health conditions at any given time (van Hees et al., 2022), the implications of this study are noteworthy. Leaders must understand the signs of distress and actively create a work environment where well-being is prioritized, and accommodations are thoughtfully applied. The findings of this study confirms that organizational responsiveness is not solely defined by policy, but by the people who enact it with sincerity and compassion.

In an era where mental health quietly shapes the rhythm and resilience of the workforce, this study invites reflection on the deeper responsibilities of organizational leadership. By examining how agency directors perceive, identify, and adapt to their teams' mental and emotional needs, we gain insight into the power of intentional care in professional settings. The voices in this study reveal a human-centered approach, that recognizes well-being is not a side note to productivity, but the foundation from which all meaningful work emerges.

Through candid interviews and shared experiences, it became evident that while formal policies matter, the actual impact stems from leaders' willingness to connect, act with empathy. Trust-building, flexible accommodations, and proactive support are not simply strategies; they reflect a workplace culture that values people over processes. However, such efforts are not without constraint. This study highlights the promise and the pressure to be a supportive leader while contending with limited resources and structural barriers. Despite these challenges, the intention to uplift and protect remains at the heart of progress.

The importance of this work cannot be overstated. Mental health challenges affect millions and often go unseen in the workplace. The findings emphasize that when leaders approach support not as an obligation, but as an opportunity, they lay the groundwork for organizational strength rooted in humanity. The final message is simple: people are the pulse of

every organization. Prioritizing their mental health is not optional; it is essential. Leadership that seeks to understand rather than manage, creates the conditions where individuals and institutions can truly thrive.

References

- Adams, T. & Nguyen, T (February 2022). *Mind the Workplace 2022 Report: Employer Responsibility to Employer Mental Health*. Mental Health America, Alexandria, VA.
- Aldamman, K., Tamrakar, T., Dinesen, C., Wiedemann, N., Murphy, J., Hansen, M., Badr, E.E., Reid, T., & Vallieres, F. (2019). Caring for the mental health of humanitarian volunteers in traumatic contexts: The importance of organizational support. *European Journal of Psychotraumatology*, (10), pp. 1–13. <https://doi.org/10.1080.20008198.2019.1694811>
- Aarestad, S.H., Harris, A., Hjemdal, O., Gjengedal, R.G.H., Osnes, K., Sandi, K., Reme, S.E., Hannisdal, M., & Einarsen, S.V. (2022). Evaluating mental health and workplace participation among victims seeking treatment for common mental disorders, *Work*, 73(4), pp. 1379–1391. <https://doi.org/10.3233/WOR-210920>
- Al-Taie, M., & Khattak, M. N. (2024). The impact of perceived organizational support and human resources practices on innovative work behavior: Does gender matter? *Frontiers in Psychology*, 15, 1401916. <https://doi.org/10.3389/fpsyg.2024.1401916>
- Andrade, C. (2021). The inconvenient truth about convenience and purposive samples. *Indian Journal of Psychology Medicine*, 43(1):86-88. doi.org/10.1177/0253717620977000
- Asare-Doku, W., James, C., Rich, J.L., & Ampoonsah-Tawiah, B.K. (2022). Mental health is not our core business: A qualitative study of mental health supports in the Ghanaian mining industry. *Journal of Safety Science*, 145 (1), 1–9. doi.org/10.1016/j.ssci.2021.105484
- Attridge, M. A. (2019). Global perspective on promoting workplace mental health and the role of employee assistance programs. *American Journal of Health Promotion*, 33(4), 622–629. doi.org/10.1177/0890117119838101c

- Aust, B., Leduc, C., Cresswell-Smith, J., O'Brien, C., Leduc, M., Ni Dhalaigh, D., Dushaj, A., Fanaj, N., Maxwell, M., Reich, H., Ross, V., Sadath, A., Tóth, M. D., van Audenhove, C., van Weeghel, J., Arensman, E., Greiner, B. A., Rugulies, R., Guinart, D., Schnitzspahn, K., & Wahlbeck, K. (2024). The effects of different types of organisational workplace mental health interventions on mental health and wellbeing in healthcare workers: A systematic review. *International Archives of Occupational and Environmental Health*. doi.org/10.1007/s00420-024-02065-z
- Ballard, D.W., Lodge, G.C., & Pike, K.M. (2025). Mental Health at Work: A practical framework for employers. *Frontiers in Public Health*. doi:10.3389/fpubh.2025.1552981
- Bastian, B. & Haslam, N. (2011). Experiencing dehumanization: Cognitive and emotional effects of everyday dehumanization. *Basic and Applied Social Psychology*, 33, 295–303. doi.org/10.1080/01973533.2011.614132
- Bavik, Y. L., Shaw, J. D., & Wang, X. H. (2020). Social support: Multidisciplinary review, synthesis, and future agenda. *The Academy of Management Annals*, 14(2), 726–758. doi.org/10.5465/annals.2016.0148
- Bell, C. M., & Khoury, C. (2011). Dehumanization, deindividuation, anomie and organizational justice. In: S. Gilliland, D. Steiner, & D. Skarlicki (eds.), *Emerging Perspectives on Organizational Justice and Ethics, Research in Social Issues in Management*, 7, 169–200. Information Age Publishing.
- Bennett, J.B., Chan, A., Abellanoza, A., Bhageli, R., Gregory, J., Dostal, J., & Faringer, J. (2022). More vulnerable, more to gain? A pilot study of leader's perceptions of mental health programs and costs in small workplaces. *American Journal of Health Promotion*, 36(7), 1223–1228. doi.org/10.1177/08901171221112488c

- Bjorkenstam, E., Helgesson, M., Gustafsson, K., Virtanen, M., Magnusson Hanson, L.L., & Mittendorfer-Rutz, E. (2022). Sickness absence due to common mental disorders in young employees in Sweden: Are there differences in occupational class and employment sector? *Social Psychiatry and Psychiatric Epidemiology*, *57*, 1097–1106. doi.org/10.1007/s00127-021-02152-3
- Blau, P.M. (1964). Exchange and power in social life. New York, NY: John Wiley.
- Bloomberg, L. D., & Volpe, M. F. (2019). Completing Your Qualitative Dissertation: A Road Map from Beginning to End (4th ed.). *SAGE Publications*.
- Bouncken, R. B., Czakon, W., & Schmitt, F. (2025). Purposeful sampling and saturation in qualitative research methodologies: Recommendations and review. *Review of Managerial Science*. doi.org/10.1007/s11846-025-00881-2
- Branning, G., Waters, H.C., Houle, C.R., Worthy, S.L., Fink, B., & Hayes, K. (2021). Mental illness disclosure in the workplace: An opportunity for improvement. *American Health and Drug Benefits*, *14*(4), 147–153. Accessed from: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8844635/>
- Braun, V. & Clarke, V. (2006) Using thematic analysis in psychology. *Qualitative Research in Psychology*, *3*(2), 77–101. doi.org/10.1191/1478088706qp063oa
- Brinkmann, S., & Kvale, S. (2018). Doing Interviews (2nd ed.). *SAGE Publications*.
- Brouwers, E.P., Joose, M.C., van Zelst, C., & Van Weeghel, J. (2020). To disclose or not to disclose: A multi-stakeholder focus group study on mental health issues in the work environment. *Journal of Occupational Rehabilitation*, *30*(1), 84–92. doi.org/10.1007/s10926-019-09848-z

- Burdine, J.T., Thorne, S., & Sandhu, G. (2020). Interpretive description: A flexible qualitative methodology for medical education research. *Medical Education*, 55(3), 336–343.
doi.org/10.1111/medu.14380
- Caseins G, Stinglhamber F, Demoulin S., & DeWilde, M. (2017). Perceived organizational support and employees' well-being: the mediating role of organizational dehumanization. *European Journal of Work and Organizational Psychology*, 26(4), 527–540.
doi.org/10.1080/1359432X.2017.1319817
- Charlebois, K., & Law, S. (2022). Optimizing the discharge process in internal medicine in Quebec: A qualitative interpretive descriptive study to understand the challenges faced by healthcare professionals. *Health & Social Care in the Community*, 30(6), 5916–5925.
doi.org/10.1111/hsc.14023
- Charoensap-Kelly, P., Sheldon, P. & Antony, M.G. (2023). Social support expectations of managers and employees from Croatia, Thailand, and the United States Amid COVID-19: An organizational support theory perspective, *Southern Communication Journal*, 88(5), 491–506. doi.org/10.1080/1041794X.2023.2214114
- Chernyak-Hai, L., & Rabenu, E. (2018). The new era workplace relationships: Is social exchange theory still relevant? *Industrial and Organizational Psychology: Perspectives on Science and Practice*, 11(3), 456–481. doi.org/10.1017/iop.2018.5
- Christoff, K. (2014). Dehumanization in organizational settings: Some scientific and ethical considerations. *Frontiers in Human Neuroscience*, 8, 1–5.
doi.org/10.3389/fnhum.2014.00748
- Creswell, J.W. & Creswell, J.D. (2023). Research design. Qualitative, quantitative, and mixed method approaches, 6th ed. *SAGE Publications*.

- Creswell, J.W. & Poth, C.N. (2018). *Qualitative Inquiry & Research Design: Choosing among five approaches*, 4th ed. *SAGE Publications*.
- Daniels, R. A., Miller, L. A., Mian, M. Z., & Black, S. (2022). One size does NOT fit all: Understanding differences in perceived organizational support during the COVID-19 pandemic. *Business and Society Review*, 127(S1), 193–222. doi.org/10.1111/basr.12256
- de Oliveira C., Saka M., Bone L., & Jacobs R. (2023). The role of mental health on workplace productivity: A critical review of the literature. *Appl Health Econ Health Policy*, 21(2):167–193. doi.org/10.1007/s40258-022-00761-w
- Deci, E. L., Eghrari, H., Patrick, B. C., & Leone, D. R. (1994). Facilitating internalization: The self-determination theory perspective. *Journal of Personality*, 62(1), 119–142. doi.org/10.1111/j.1467-6494.1994.tb00797.x
- Dehalwar, K. & Sharma, S.N. (2024). Exploring the distinctions between quantitative and qualitative research methods. *Think India Journal*, 27(1), 7–15. doi.org/10.5281/zenodo.10553000
- deMarrais, K., Roulston, K., & Copples, J. (2024). *Qualitative research design and methods (qualitative inquiry)*. *Myers Education Press*.
- Dewa, C.S., Van Weeghel, J., Joosen, M.C.W., & Brouwers, E.P.M. (2020). What could influence workers' decisions to disclose a mental illness at work? *International Journal of Occupational and Environmental Medicine*, 11(3), 119–127. doi.org10.34172/ijoem.2020.1870
- Dewa, C.S., van Weeghel, J., Joosen, M.C.W., Gronholm, P.C. & Brouwers, E.P.M. (2021). Workers' decisions to disclose a mental health issue to managers and the consequences. *Frontiers in Psychiatry* (12), 1–8. doi.org10.3389/fpsy.2021.631032

- Diener, E., Scollon, C. N., & Lucas, R. E. (2004). The evolving concept of subjective well-being: The multifaceted nature of happiness. In Costa, P. T. & Siegler, I. C. (Eds.), *Advances in cell aging and gerontology*, 15, 187–220. doi.org/10.1007/978-90-481-2354-4_4
- Eisenberger R., H. R., & H. S, Sowa D. (1986). Perceived organizational support. *Journal of Applied Psychology*, 71(3), 500–507. doi.org/10.1037/0021-9010.71.3.500
- Eisenberger R., Rhoades L., & Cameron J. (1999). Does pay for performance increase or decrease perceived self-determination and intrinsic motivation? *Journal of Personality and Social Psychology*, 77(5), 1026–1040. https://doi.org10.1037/0022-3514.77.5.1026
- Eisenberger, R., Shanock, L.R., & Wen, X. (2019). Perceived organizational support: Why caring about employees counts. *Annual Review of Organizational Psychology and Organizational Behavior* (7), 101–124. doi.org10.1146.annurev-orgpsycho-012119-044917
- Elliot, R. & Timulak, L. (2021). Essentials of descriptive interpretive qualitative research. *American Psychological Association*.
- Ellis, M. (2024). Evaluating Leadership Behaviors and Their Impact on Employee Morale: A Comparative Methodological Analysis. *Journal of Fundamental & Applied Business Research*, 2(1), Article 3.
- Enworo, O. C. (2023). Application of Guba and Lincoln's parallel criteria to assess trustworthiness of qualitative research on indigenous social protection systems. *Qualitative Research Journal*, 23(4), 372-384. doi.org/10.1108/QRJ-08-2022-0116
- Faller, Y. N., Peynenburg, V., Tessier, E., Thiessen, D., & Hadjistavropoulos, H. D. (2023). Efficacy of an online workplace mental health accommodations psychoeducational

- course: A randomized controlled trial. *International Journal of Environmental Research and Public Health*, 20(7), 5317. doi.org/10.3390/ijerph20075317
- Ford, M.T., Wang, Y., Jin, J., & Eisenberger, R. (2018). Chronic and episodic anger and gratitude toward the organization: Relationships with organizational and supervisor supportiveness and extra role behavioral. *Journal of Occupational Health Psychology* (23), 175–187. doi.org/10.1037/ocp0000075
- Frank, B.P., Theil, C.M., Brill, N., Christiansen, H., Schwenck, C., Kieser, M., Reck, C., Steinmayr, R., Wirthwein, L., & Otto, K. (2022). Leave me alone with your symptoms! Social exclusion as the workplace mediates the relationship of employee’s mental illness and sick leave. *Frontiers in Public Health*, 10, 1–12. doi.org/10.3389/fpubh.2022.892174
- Galleta, A., & Cross, W. E. (2013). Mastering the semistructured interview and beyond: From research design to analysis and publication (1st ed.). *New York University Press*.
- Global Tenders. (2022). Economy of Guam. <https://www.globaltenders.com/economy-of-guam>.
- Goetzel, R.Z., Roemer, E.C., & Holvingue, C. (2018). Mental health in the workplace. *Journal of Occupation Environmental Medicine*, 60(4), 322–330. doi.org/10.1097/JOM.0000000000001271
- Gray, P., Senabe, S., Naicker, N., Kgalamono, S., Yassi, A. & Spiegel, J.M. (2019). Workplace-based organizational interventions promoting mental health and happiness among healthcare workers: A realist review. *International Journal of Environmental Research and Public Health*, 16(22), 1–22. doi.org/10.3390/ijerph16224396
- Gray, C. E., Spector, P. E., Wells, J. E., Bianchi, S. R., Ocana-Dominguez, C., Stringer, C., & Butler, T. (2023). How can organizational leaders help? Examining the effectiveness of

- leaders' support during a crisis. *Journal of Business & Psychology*, 38(1), 215–237.
doi.org/10.1007/s10869-022-09810-6
- Greenberg, P.E., Fournier, A.A., Sisitsky, T., Pike, C.T., & Kessler, R.C. (2015). The economic burden of adults with major depressive disorder in the United States. *Journal of Clinical Psychiatry*, 76(2), 155–162. doi.org/10.4088/JCP.14m09298
- Greenberg, P.E., Fournier, A.A., Sisitsky, T., Simes, M., Berman, R., Koenigsberg, S.H., & Kessler, R.C. (2021). The economic burden of adults with major depressive disorder in the United States. *Pharmacoeconomics*, 39, 653–665. doi.org/10.1007/s40273-021-01019-4
- Greiner, B.A., Leduc, C., O'Brien, C., Cresswell-Smith, J., Rugulies, R., Wahlbeck, K., Abdulla, K., Amann, B.L., Pashoja, A.C., Coppens, E., Corcoran, P., Maxwell, M., Ross, V., de Winter, L., Arensman, E., & Aust, B. (2022). The effectiveness of organizational-level workplace mental health interventions on mental health and wellbeing in construction workers: A systematic review and recommended research agenda. *PLoS ONE* 17(11): doi.org/10.1371/journal.pone.0277114
- Guba, E. G., & Lincoln, Y. S. (1989). *Fourth Generation Evaluation*. Newbury Park, CA: Sage Publications.
- Hall, S. & Liebenberg, L. (2024). Qualitative description as an introductory method to qualitative research for master's-level students and research trainees. *International Journal of Qualitative Methods*, 23. doi.org/10.1177/16094069241242264
- Harvey, S.B., Modini, M., Joyce, S., Milligan-Saville, J.S., Tan, L., Mykletun, A., Bryant, R.A., Christensen, H., & Mitchell, P.B. (2017). Can work make you mentally ill? A systematic meta-review of work-related risk factors for common mental health problems.

Occupational Environmental Medicine, 74(4), 301–310. doi.org/10.1136/oemed-2016-104015

Hayley, S. (2024). Thematic analysis: An overview. A simple and easy way to obtain fundamental knowledge of thematic analysis.

Here are NAMI's Three Steps for Being Stigma Free. (2021). National Alliance on Mental Illness. <https://www.nami.org/home>.

Hoak, G. (2021). Covering COVID: Journalists' stress and perceived organizational support while reporting on the pandemic. *Journalism & Mass Communication Quarterly*, 98(3), 854–874. doi.org/10.1177/10776990211015105

Hsu, W-T., Lin, A., & Shang, I-W. (2023). The role of novelty satisfaction in distance physical education during the COVID-19 pandemic: A self-determination theory perspective. *Psychological Reports*, 126(6), 2924–2939. doi.org/10.1177/00332941221092655

Hubens K., Krol M., Coast J., Drummond M.F., Brouwer W.B.F., Uyl-de Groot C.A., & Hakkaart-van R.L. (2021). Measurement instruments of productivity loss of paid and unpaid work: A systematic review and assessment of suitability for health economic evaluations from a societal perspective. *Value Health*, 24(11), 1686–1699. doi.org/10.1016/j.jval.2021.05.002

Ilozumba, O., Dumbuya, J., van den Broek, N., & van Belle, S. (2022). *Understanding mental health challenges among migrants and ethnic minorities: A global perspective*. *Global Mental Health*, 9, e24. doi.org/10.1017/gmh.2022.24

Jain, S., Gupta, S., & Li, V.W. (2022). Humanistic and economic burden associated with depression in the United States: A cross-sectional survey analysis. *BMC Psychiatry* 22, 542. doi.org/10.1186/s12888-022-04165-x

- Janssens, K.M.E., van Weeghel, J., Henderson, C., Joosen, M.C.W., & Brouwers, E.P.M. (2020). Evaluation of an intervention to support decisions on disclosure in the employment setting (DECIDES): Study protocol of a longitudinal cluster-randomized controlled trial. *Trials*, *21*, 443–453. doi.org/10.1186/s13063-020-04376-1
- Jansson, I. & Gunnarsson, B. (2018). Employers' views of the impact of mental health problems on the ability to work. *Work*. *59*. 585–598. doi.org/10.3233/WOR-182700
- Jessiman-Perreault, G., Smith, P.M., & Gignac, M.A. (2021). Why are workplace social support programs not improving the mental health of Canadian correctional officers? An examination of the theoretical concepts underpinning support. *International Journal of Environmental Research and Public Health*, *18*(1), 1–11. doi.org/10.3390/ijerph18052665
- Jolly, P. M., Kong, D. T., & Kim, K. Y. (2021). Social support at work: An integrative review. *Journal of Organizational Behavior*, *42*(2), 229–251. doi.org/10.1002/job.2485
- Joosen, M., Arends, I., Lugtenberg, M., van Gestel, H., Schaapveld, B., Terluin, B., van Weeghel, J., van der Klink, J., & Brouwers, E. (2022). Supporting workers with mental health problems at work: Challenges and avenues. *Scandinavian Journal of Work, Environment & Health*, *48*(5), 323–326. doi.org/10.5271/sjweh.4044
- Kairuz, C.A., Casanelia, L.M., Bennett-Brook, K., Coombes, J., & Yadav, U.N. (2021). Impact of racism and discrimination on physical and mental health among Aboriginal and Torres Strait islander peoples living in Australia: A system scoping review. *BMC Public Health*, *21*, 1302. doi.org/10.1186/s12889-021-11363-x

- Kalfa, S., Branicki, L., & Brammer, S. (2021). Organizational accommodation of employee mental health conditions and unintended stigma. *The International Journal of Human Resource Management*, 32(15), 3190–3217. doi.org/10.1080/09585192.2021.1910536
- Kalmbach, K.C., Basinger, E.D., Bayles, B., Schmitt, R., Nunez, V., Moore, B. A., & Tedeschi, R. G. (2024). Moral injury in Post-9/11 Combat-experienced military veterans: A qualitative thematic analysis. *American Psychological Association*, 21(2), 264–275. doi.org/10.1037/ser0000792
- Kilroy, J., Dundon, T., & Townsend, K. (2023). Embedding reciprocity in human resource management: A social exchange theory of the role of frontline managers. *Human Resource Management Journal*, 33(2), 511–531. doi.org/10.1111/1748-8583.12468
- Kim, H., Mattson, L. D., Zhang, D., & Cho, H. J. (2022). The role of organizational and supervisor support in young adult workers' resilience, efficacy and burnout during the COVID-19 pandemic. *Journal of Applied Communication Research*, 50(6), 691–710. doi.org/10.1080/00909882.2022.2141070
- Kinunnen, U., Parkatti, T., & Rasku, A. (1994). Occupational well-being among teachers in Finland. *Scandinavian Journal of Educational Research*, 38(3), 315–332. doi.org/10.1080/0031383940380312.
- Kirsh, B., Krupa, T. & Luong, D. (2018). How do supervisors perceive and manage employee mental health issues in their workplaces? *Work*, 59(4), 545–555. doi.org/10.3233/WOR-182698
- Kolga, M. (2023). Engaging “care” behaviors in support of employee and organizational wellbeing through complexity leadership theory. *Merits* (3), 405–414. doi.org/10.3390/merits3020023

- Krueger, R. A. (2002). *Designing and Conducting Focus Group Interviews*. University of Minnesota.
- Kurtessis J.N., Eisenberger, R., Ford M.T., Buffardi, L.C., Stewart, K.A., & Adis, C.S. (2017). Perceived organizational support: A meta-analytic evaluation of organizational support theory. *Journal of Management*, *43*,1854–1884. doi.org/10.1177/0149206315575554
- Kwak, L., Toropova, A., Powell, B.J., Lengnick-Hall, R., Jensen, I., Bergstrom, G., Elinder, L.S., Stigmar, K., Wahlin, C. & Bjorklund, C. (2022). A randomized controlled trial in schools aimed at exploring mechanisms of change of a multifaceted implementation strategy for promoting mental health at the workplace. *Journal of Implementation Science*, *17*(59), 1–16. doi.org/10.1186/s13012-022-01230-7
- Lecours, A., St-Hilaire, F., & Daneau, P. (2022). *Fostering mental health at work: The butterfly effect of management behaviors*. *The International Journal of Human Resource Management*, *33*(13), 2744–2766. doi.org/10.1080/09585192.2021.1886151
- Lincoln, Y. S., & Guba, E. G. (1986). *Naturalistic Inquiry*. Newbury Park, CA: *Sage Publications*
- Lim, W. M. (2024). What Is Qualitative Research? An Overview and Guidelines. *Australasian Marketing Journal*. doi.org/10.1177/14413582241264619
- Lozumba,O., Koster, T.S., Syurina, E.V., & Ebuenyi. I. (2022). Ethnic minority experiences of mental health services in the Netherlands: an exploratory study. *BMC Res Notes*, *15*(1), 266. doi.org/10.1186/s13104-022-06159-0

- Luberenga, I., Kasujja, R., Vasanthan, L.T., Nyende, A., Tumwebaze, E. & Joseph, L.J.H. (2023). Mental health awareness programs to promote mental well-being at the workplace among workforce in the low-income and middle-income countries: A scoping review protocol. *BMJ Open*, *13*. doi.org/10.1136/bmjopen-2023-073012
- Manninen, S., Olafsen, A. H., & Niemiec, C. P. (2022). Managerial support for basic psychological needs, social wellness, and work-related functioning: A self-determination theory perspective. *Journal of Occupational Health Psychology*, *27*(3), 345–359. doi.org/10.1037/ocp0000302
- Masibo, R.M., Kibusi, S.M., & Masika, G.M. (2024). Nurses, non-nurse healthcare providers and clients' perspectives, encounters, and choices of nursing in Tanzania: A qualitative descriptive study. *BMC Nursing*, *23*, 353–380. doi.org/10.1186/s12912-024-02027-3
- McMahon, S.A. & Winch, P.J. (2018). Systematic debriefing after qualitative encounters: An essential analysis step in applied qualitative research. *British Medical Journal, Global Health*, *3*(5). doi.org/10.1136/bmjgh-2018-000837PMC6135453
- Mind Share Partners and Qualtrics (2025). Mental Health at Work: Key Trends and Barriers in the U.S. Workforce, *2025 Mental Health at Work Report*.
- Mohr, C. D., Hammer, L. B., Brady, J. M., Perry, M. L., & Bodner, T. (2021). Can supervisor support improve daily employee well-being? Evidence of supervisor training effectiveness in a study of veteran employee emotions. *Journal of Occupational and Organizational Psychology*, *94*(2), 400–426

- Murphy, J. K., Noble, J. M., Chakraborty, P. A., Michlig, G., Michalak, E. E., Greenshaw, A. J., & Lam, R. W. (2023). Values and preferences related to workplace mental health programs and interventions: An international survey. *PLOS ONE*, *18*(9), e0283057. doi.org/10.1371/journal.pone.0283057
- Neo, L.S., Tan, K., Tan, H.H., Teo, E., Ng, L.L., & Tan, W.L. (2024). Thematic analysis observed interviewer misbehaviors: An audit approach. *International Journal of Market Research*, *66*(1), 73–90. doi.org/10.1177/14707853231206
- Ng, I.K., Tan, B.C., Goo, S. & Al-Najjar, Z. (2024). Mental health stigma in the medical profession: Where do we go from here? *Clinical Medicine, (Lond)*. *24*(1). doi.org/10.1016/j.clinme.2024.10001
- Ojo, A. O., Fawehinmi, O., & Yusliza, M. Y. (2021). Examining the predictors of resilience and work engagement during the COVID-19 pandemic. *Sustainability*, *13*(5), 2902. doi.org/10.3390/su13052902
- Parfyonova, N.M., Meyer, J.P., Espinoza, J.A., Anderson, B.K., Cameron, K.A., Daljeet, K.N., & Vaters, C. (2019). *Canadian Journal of Behavioral Science*, *51*(2), 122–134. doi.org/10.1077/cbs0000126
- Paterson, C., Leduc, C., Maxwell, M., Aust, B., Amann, B. L., Cerga-Pashoja, A., Coppens, E., Couwenbergh, C., O'Connor, C., Arensman, E., & Greiner, B. A. (2021). Evidence for implementation of interventions to promote mental health in the workplace: A systematic scoping review protocol. *Systematic Reviews*, *10* (170). doi.org/10.1186/s13643-020-01570-9

- Querstret, D., Morison, L., Dickinson, S., Cropley, M., & John, M. (2020). Mindfulness-based stress reduction and mindfulness-based cognitive therapy for psychological health and well-being in nonclinical samples: A systematic review and meta-analysis. *International Journal of Stress Management*, 27(4), 394–411. doi.org/10.1037/str0000165
- Ramirez-Velma, R., Vaccari, P., Cova, F., Saldivia, S., Vielma-Aguilera, A., & Grandon, P. (2023). Interventions to reduce stigma of mental health at work: A narrative review. *Psicol Reflex Crit.*36(1),14. doi.org/10.1186/s41155-023-00255-1
- Rhoades, L. & Eisenberger, R. 2002. Perceived organizational support: a review of the literature. *Journal of Applied Psychology*, 87(4), 698–714. doi.org//10.1037/0021-9010.87.4.698
- Robroek, S.J.W., Coenen, P. & Oude Hengel, K.M. (2021). Decades of workplace health promotion research: Marginal gains or a bright future ahead. *Scandinavian Journal of Work, Environment, & Health*, 47(8),561–564. doi.org/10.5271/sjweh.3995
- Rubbab, U. E., Khattak, S. A., Shahab, H., & Akhter, N. (2022). Impact of Organizational Dehumanization on Employee Knowledge Hiding. *Frontiers in Psychology*, 13, 803905. doi.org/10.3389/fpsyg.2022.803905
- Sam, T. H., Isa, K., Palpanadan, S. T., & Ping, W. X. (2024). Perspectives of perceived organizational support (POS) theory towards individual happiness. *Revista de Gestão Social e Ambiental*, 18(9), e05753. doi.org/10.24857/rgsa.v18n9-035
- Shanock, L.R., Eisenberger, R., Heggstad, E.D., Malone, G.E., Clark, L., Dunn, A.M., Kirkland, J., & Woznyj, H.M. (2019). Treating employees well: The value of organizational support theory in human resource management. *The Psychologist-Manager Journal*, 22(3-4), 168–191. doi.org//10.1037/mgr0000088

- Shenton, A. K. (2004). Strategies for ensuring trustworthiness in qualitative research projects. *Education for Information, 22*(2), 63–75. doi.org/10.3233/EFI-2004-22201
- Shumaker, S.A. & Brownell, A. (1984). Toward a theory of social support: Closing conceptual gaps. *The Journal of Social Issues, 40*(4), 11–36. doi.org/10.1111/j.1540-4560.1984.tb01105.x
- Silva-Costa, A., Ferreira, P.C.S., Griep, R.H., & Rotenberg, L. (2020). Association between presenteeism, psychosocial aspects of work and common mental disorders among nursing personnel. *International Journal of Environmental Research and Public Health, 17*(18), 1–12. doi.org/10.3390/ijerph17186758
- Sørensen, J. K., Framke, E., Clausen, T., Garde, A. H., Johnsen, N. F., Kristiansen, J., Madsen, I. E. H., Nordentoft, M., & Rugulies, R. (2020). Leadership quality and risk of long-term sickness absence among 53,157 employees of the Danish workforce. *Journal of Occupational and Environmental Medicine, 62*(8), 557–565. doi.org/10.1097/JOM.0000000000001879
- Sreekumar, D. (2023). What is Quantitative Research? Definition, Methods, Types, and Examples. *Researcher Life*. Accessed: https://researcher.life/blog/article/what-is-quantitative-research-types-and-examples/#What_is_quantitative_research12.
- Stahl, N. A., & King, J. R. (2020). Expanding approaches for research: Understanding and using trustworthiness in qualitative research. *Journal of Developmental Education, 44*, 26–28.
- Tan, L., Harvey, S.B., Deady, M., Dobson, M., Donohoe, A., Suk, C., Paterson, H & Bryant, R. (2021). Workplace mental health awareness training. *Journal of Occupational and Environmental Medicine, 63*(4), 311–316. doi.org/10.1097/JOM.0000000000002121.
- Tenny S., Brannan, J.M., & Brannan, G.D. (2022). Qualitative Study. *StatPearls*.

- Terry, G., & Hayfield, N. (2021). Essentials of Thematic Analysis. *American Psychological Association*, 1–108.
- Tomaszewski, L. E., Zarestky, J., & Gonzalez, E. (2020). Planning qualitative research: Design and decision making for new researchers. *International Journal of Qualitative Methods*, 19. doi.org/10.1177/1609406920967174
- Ugwu, C.N. & Eze, V.H.U. (2023). Qualitative Research. *IDOSR Journal of Computer and Applied Sciences* 8(1): 20-35. doi.org/10.4236/ijcm.2014.516130
- van Beukering, I.E., Smits, S.J.C., Janssens, K.M.E., Bogaers, R.I., Joosen, M.C.W., Bakker, M., van Weeghel, J. & Brouwer, E.P.M. (2022). In what ways does health-related stigma affect sustainable employment and well-being at work? A systematic review. *Journal of Occupational Rehabilitation* (32), 365–379. doi.org/10.1007/s10926-021-09998-z
- van Eerd, D., Cullen, K., Irvin, E., Le Pouésard, M. & Gignac, M. (2021). Support for depression in the workplace: Perspectives of employees, managers, and OHS personnel. *Occupational Health Science* 5, 307–343. doi.org/10.1007/s41542-021-00090-9
- van Hees, S.G., Carlier, B.E., Blonk, R.W., & Oomens, S. (2022). Strengthening supervisor support for employees with common mental health problems: Developing a workplace intervention using intervention mapping. *BMC Public Health* 22(1), 1146. doi.org/10.1186/s12889-022-13545-7
- van Hoffen, M. F. A., Roelen, C. A. M., van Rhenen, W., Schaufeli, W. B., Heymans, M. W., & Twisk, J. W. R. (2020). Psychosocial work characteristics and long-term sickness absence due to mental disorders. *Journal of Mental Health*, 29(6), 649–656. doi.org/10.1080/09638237.2018.1437603

- Vasilevski, V., Angel, G., Mathison, A., Teale, G., & Sweet, L. (2023). Experiences and information needs of women who become pregnant after bariatric surgery: An interpretive descriptive qualitative study. *Elsevier*, *121*,1–8.
doi.org10.1016/j.midw.2023.103652
- Villarreal-Zegarra, D., Reategui-Rivera, C.M., Sabastizagal-Vela, I., Burgos-Flores, M.A., Cama-Ttito, N.A., & Rosale-Rimache, J. (2022). Policies on mental health in the workplace during the COVID-19 pandemic: A scoping review. *PLoS ONE* *17*(7). doi: e0272296.
- Williams, G.C., Halvari, H., Niemiec, C.P., Sorebo, O., Olafsen, A.H., & Westbye, C. (2014). Managerial support for basic psychological needs, somatic symptom burden and work-related correlates: A self-determination theory perspective. *Work and Stress* (*28*), 4, 404–419. doi.org10.1080/02678373.2014.971920
- Wu, A., Roemer, E. C., Kent, K. B., Ballard, D. W., & Goetzel, R. Z. (2021). Organizational Best Practices Supporting Mental Health in the Workplace. *Journal of Occupational and Environmental Medicine*, *63*(12), 925–931. doi.org10.1097/JOM.0000000000002407
- Yan, X., Zhang, Y., Liu, H., & Chen, L. (2024). The impact of perceived organizational support and human resources practices on innovative work behavior: Does gender matter? *Frontiers in Psychology*, *15*, doi: 10.3389/fpsyg.2024.1401916
- Yarker, J., Lewis, R., Alice, S., Georgia, M., & Fehmidah, M. (2022). Meta-synthesis of qualitative research on the barriers and facilitators to implementing workplace mental health interventions. *SSM - Mental Health*,(*2*), 1–14. doi: 10.1016/j.ssmmh.2022.100148
- Zou, P. & Xu, X. (2024). *Research Methodology and Strategy*. John Wiley & Sons.

Appendix A

Invitation to Participate/Recruiting Information

My name is Carissa E. Pangelinan, and I am a doctoral student at National University. I am conducting a research study to reduce the incidences of lost productivity and foster a healthy workforce by exploring perceptions of leaders on implementing mental health support in their agencies.

I am recruiting individuals who meet all of these criteria:

1. Currently serve as the director of a government agency within the Executive Branch on Guam. Titles may vary and include director, executive manager, president, CEO, etc.
2. Must have at least three years of experience as a director. The three years need not be at the same agency but must be in the Executive Branch.

If you decide to participate in this study, you will be asked to do **one** of the following activities:

1. Participate in a semistructured interview onsite with me for approximately 45 minutes.
- OR**
2. Participate in a focus group onsite with five to seven other directors for approximately 60 minutes.

During these activities, you will be asked questions about:

- Policies and procedures in your agency
- Mental health awareness and Stigma
- Mental health support
- Disclosure
- Low productivity
- Positive work environment

If you are interested in participating in this study, please contact me at 671-487-4468 or via email at carissa.pangelinan@gmail.com.

Thank you for considering participating in this voluntary research!

Carissa E. Pangelinan

Appendix B

Informed Consent Form

My name is Carissa E. Pangelinan, and I am a doctoral student at National University (NU). I'm asking you to take part in a research study about providing support for employee mental health and well-being in your organizations. The name of this research is "Governmental Leaders' Perceptions on Mental Health Supports in the Workplace: A Qualitative Descriptive Study."

You may participate in this research if you meet all of the following criteria:

3. Currently serve as the Director of a government agency within the Executive Branch of Guam. Titles may vary, including Director, Executive Manager, President, CEO, etc.
4. Must have at least three years of experience as a director. The three years need not be at the same agency but must be in the Executive Branch.

I hope to include 12-16 people in this research.

Please read this form carefully and ask any questions you may have before agreeing to take part in the study.

What you will be asked to do: If you agree to be in this study, you will be asked to do the following activities:

1. Participate in a semistructured interview onsite with me for approximately 45 minutes
OR
2. Participate in a focus group onsite with five to seven other directors for approximately 60 minutes.
3. Review your interview or focus group transcript via email for 10-15 minutes.

During these activities, you will be asked questions about:

- Policies and procedures in your agency
- Mental health awareness and stigma
- Mental health support
- Disclosure
- Low productivity
- Positive work environment

Risks: There are minimal foreseeable risks or discomforts associated with this research. You can skip any question you do not wish to answer, skip any activity, or stop participation anytime.

Benefits: If you participate, there are no direct benefits to you. However, this research may increase the body of knowledge in the subject area, including a greater awareness of the leadership practices in the Executive Branch of the government of Guam regarding mental health support in the workplace.

Recording: I would like to audio record your responses with a voice recorder during the interview or focus group.

Mandated Reporting: My professional role outside of NU requires me to report suspicion of child or elderly abuse, suspicion of possible harm to self or others, and committed crimes to the appropriate authorities.

Confidentiality: I will keep the records of this study private and take reasonable measures to protect the security of all your personal information. In any report I make public, I will not include any information that will make it possible to identify you. Pseudonyms will be used instead of your name and the name of the agency you represent. In addition, electronic files will be stored in encrypted servers, and hard copies of any notes or transcripts will be kept in a locked file cabinet in my home office. Three years after the conclusion of this study, the files will also be disposed of.

Taking part is voluntary: Participation in this study is completely voluntary. You may quit at any time.

If you have questions: Please ask any questions you have now. If you have questions later, you may contact me at carissa.pangelinan@gmail.com or at 671-487-4468.

If you have any questions or concerns regarding your rights as a subject in this study, you may contact the Institutional Review Board (IRB) via email at irb@nu.edu

Statement of Consent: I have read the above information and have received answers to any questions I asked. I consent to take part in the study.

Your Signature _____ Date _____

Your Name (printed) _____

Appendix C

Interview Protocol

Hafa Adai! I would like to thank you for your willingness to participate in the interview aspect of my study. This study will explore how organizational leaders provide mental health support in the workplace. Our discussion will take about 45 minutes, and I will be recording it so I can go back and make a transcript of our talk.

Before we begin, I wanted to remind you about the informed consent form you signed online. Your responses are confidential. You will be given a code so your answers will not be connected to your name, and all the information I collect will be kept on a password-protected computer and backup drive. The only people who will access your information and identity are my dissertation committee members and myself. I have prepared questions to guide our talk, but please feel free to share more, as I want to know about your experiences with supporting your employees. You don't have to answer any questions you don't want to, and you are free to conclude the interview anytime. Do you have any questions before we begin?

{Start Recording}

Interview Questions

1. Can you share what your responsibilities are as a director? (RQ1)
2. What policies or initiatives does your organization have that show you are mindful of your employees' mental health? (RQ1)
3. In your day-to-day interactions, how do you assure employees that they are safe to disclose their mental health concerns? (RQ1)
4. What would you say are the biggest challenges in the workplace? (follow up: Why do you think that is?) (RQ1)

5. What steps can you take to raise awareness about mental health issues and reduce the stigma surrounding them? (RQ2)
6. Based on your experience, what are signs of an employee digressing? Or signs of low productivity? (RQ2)
7. (revise this question) What are some steps you take when an employee discloses that they have a mental health concern? [*What do you say right away? What questions do you ask? How do you decide what accommodation, if any, to make? And how quickly?*] (RQ2)

*The following are five attributes that foster a positive and supportive work environment: open communication, recognizing achievements, work-life balance, flexible work hours, and a quiet space for relaxation. (RQ3)

8. *Describe how you promote open communication.*
9. *Describe how you promote recognizing achievements.*
10. *Describe how you encourage work-life balance.*
11. *Describe how you implement flexible work hours.*
12. *Does your agency provide a quiet space(s) for relaxation? (Why or why not? Do you see any value in providing one?)*
13. What other attributes or practices in your organization foster a positive and supportive work environment? (RQ3)
14. Since you said earlier that you do not have any existing policies, what are the first steps you might take to develop them? [*If they answered “none” in question 1.*] If they answered yes to question 1: Based on what you said earlier, how would you expand the support you offer your employees? (RQ3)
15. How would you describe an organization that supports the mental well-being of its employees? (RQ3)

16. What do you think employees misunderstand about your leadership style? (Follow up: If you could get them to understand something about your style, what would it be?)

The following probes will be used if needed for all the semistructured interview questions above to obtain detailed responses.

Probe 1: Can you tell me more about that?

Probe 2: Please give me another example of...

Probe 3: What did you mean when you said...?

Conclusion Script

Now that we are finished with the interview, I would like to take this opportunity to address any questions or concerns. I will email you a transcript within the next week. Please review it and email back any corrections within five business days. Thank you for participating and have a great rest of your day!

Appendix D

Focus Group Protocol

Hafa Adai everyone! I would like to thank you for your willingness to participate in the focus group discussion of my study. My study explores how organizational leaders provide mental health supports in the workplace. Our discussion will take about 60 minutes. I will be recording so I can go back and make a transcript of our talk. Before we begin, here are some ground rules for group interaction:

- a) Respect everyone's ideas by not criticizing them.
- b) Participate actively while keeping focused on the questions I will be asking you.
- c) Minimize any side conversations by actively listening and allowing one voice at a time.
- d) For your identity to remain confidential, everyone will be addressed by their pseudonym.
- e) Please do not share any of the discussion outside of this group.

Before we begin, I wanted to remind you about the informed consent form you signed online. Your responses are confidential. You will be given a code so your answers will not be connected to your name, and all the information I collect will be kept on a password-protected computer and back-up drive. The only people who will access your information and your identity are my dissertation committee members and myself. I have prepared some questions to guide our talk, but please feel free to share more, as I want to know about your experiences with providing support in your agencies. You don't have to answer any questions you don't want to, and you are free to leave at any time. Does anyone have any questions before we begin? Would everyone please introduce themselves? Reminder: your responses will not be connected to you in any personally identifiable way.

{Start Recording}

Focus Group Questions

1. Can someone share some of the existing policies or practices in your agency that demonstrate mindfulness towards employees' mental health? (RQ1)
2. Does anyone have examples of how you ensure your employees they can feel safe to disclose their mental health concerns to you or their direct supervisor? (RQ1)
3. Can anyone share, what are some steps you can take within your organization to raise awareness about mental health issues and reduce their stigma? (RQ1)
4. What are some examples of signs or behaviors your employee might display to make you think something might be going on with their mental health? (RQ2)
5. Can anyone share an example(s) of what you have done when an employee disclosed (revealed) that he or she has a mental health concern? (RQ2)
6. Who can describe how you promote a positive and supportive work environment? (Some examples: open communication, recognizing achievements, encouraging work-life balance, flexible work hours, and quiet space for relaxation). *Probes:* Give an example of the support you have offered your employees? What is your timeline to restructure practices or how quickly? What are barriers to implementing any of these examples now? (RQ3)

For all focus group questions, the following prompts will be used to get more information if needed.

Probe1: can you tell me more about that?

Probe 2: can you give me an example of that?

Probe 3: what did you mean when you said...?

Probe 4: can anyone else respond to that?

Probe 5: Is there anyone who feels differently about that?

Conclusion Script

Now that we are finished with our discussion, I would like to take this opportunity to address questions or concerns anyone has. I will provide a transcript of today's focus group in one week. Please review it and email back any corrections within five business days. Thank you for participating and have a great rest of your day!

Appendix E

Initial Codes - Interviews

Counseling available for employees	We have core time	Encourage them to seek help when needed
Openly shared seeing a therapist	Numerous different reasons for absence	Employees might need to seek services
See someone for your mental health	Tardiness	Ask what kind of help is needed
Invited a marriage and family therapist	Actions out of the ordinary for them	Just let employees know what's available
Provided sessions on stress management	Problems with the home front	Encourage mental health support
Actively publicize employee benefits	Down lately when usually smiley	Help staff through the process
Stress the importance of physical and mental health	Jittery and talking too fast	Need a more comprehensive EAP
They have a miserable home life	They're not able to cope	An hour a month for mental health
Personal issues	Conflict resolution	I don't like employees being here late
Open Door Policy	Perceiving when somebody's not themselves	I need to leave on time
Healthy mindset	A little more subdued	Abnormal communication patterns
Your health is important	Not completing assignments on time	Absenteeism
Make office available for relaxation	They don't seem to care what's happening	Gym membership
Sleeping on the job	Their work performance deteriorates	Messages
Disengaged	Passed info on 988	Presentation on how to access the services
Not as perky	Establish rapport	Camaraderie
They're withdrawn	Acknowledge people daily	Having social events
Unhappy	Is anything bothering you	Sign of digression
Disruptive behavior	Talk about challenges in the workplace	Low morale
Manifesting anger	Make people feel comfortable	High absenteeism due to marital problems
Manifesting resentment	Employee group chats	Depressed
Appearance	Notice who is not engaged	Ask what's going on before disciplinary action
Look at attire	Create opportunities to talk	Apathy toward consequences
Looking dramatically different	Disseminate all pertinent health information	Sympathize
Out of character behavior	Ensure they know their options	People aren't participating in activities
Dramatic weight loss	Openly talking to staff about available services	Staff are pulling away
Dramatic weight gain	Discuss coping mechanisms	Suddenly withdrawn
A person's affect	Implement a mental health day	Disheveled
Agitated	Refer them to professional services	Attitude is different
Elevating their voice	Self-care is encouraged	Negativity
In obvious need of a break	Share information about available mental health services	Recognize the signs
It's okay if you need time off	Insurance covered massages	Encourage managers to open door
Do what you need	Medical insurance perks	Be accessible
Just be warm	Take your mind off work	Welcome in staff
Please take as much time as you need		
Your family is important		
We've allowed people to have different working hours		

Assure staff to keep you informed
 Uncomfortable MH conversations
 They're reluctant to talk
 Can be seen as unapproachable
 Stigma of Director position
 Care for their mental health
 Find out why
 Employees need to feel valued
 Staff need to feel respected
 Respect and value their thoughts
 Openness reduces stigma
 Encouragement reduces stigma
 Prevent crises
 Have hard discussions
 Communication is a challenge
 Open communication
 Intergenerational communication
 Inability to communicate effectively
 Communication is important
 "Just talk"
 Come talk to me
 I'm a good listener
 Be sincere
 Make the time for them
 Ask is everything okay?
 Listen and communicate
 Talk to employees
 Help me understand
 Be their sounding board
 What's going on
 Pay attention
 Hear their concerns
 Visit with staff
 Check in on staff
 Ensure safe return to work
 Keep things confidential
 Courage to disclose
 Don't judge them for disclosing
 Want employees to feel safe
 Recognize where people feel comfortable
 A safe workplace
 Safe physically and emotionally
 Employees are protected

Joining intramural sports
 Playing basketball
 Team sports or activities
 Mindful minute
 Yoga
 Be cognizant of staff needs and concerns
 Discuss possible accommodations
 Need for training
 Development and training
 Continuous education
 Funding and staff
 Recruitment and retention
 Training prior to assignment
 Challenges in staffing
 Global staffing shortage
 People don't want to work in government
 Dealing with external perceptions
 Pressures on employees
 Dealing with people
 Full crew on site between certain hours
 Public facing
 Public opinion
 Never deny participation in child's school
 Work-life balance rests on supporting time off
 Need a day to recalibrate
 Their life is work
 May be happier at work
 Life after five
 Like family we share our struggles
 Staff are married
 Staff are also mothers and fathers
 Work-life balance is important
 Changing their tasks
 Make sure it's fair
 Family is very important
 Can bring their kids to work
 Attempt to make special accommodations
 Make accommodations through life seasons
 Employees might need assistance elsewhere
 Heavy on work-life balance
 Employees surveyed value work-life balance
 Don't bring work home

Boundaries between work and home
 Managers can approve the schedule
 We have to be flexible
 Offset their time
 Encouraged to use paid leave
 Take leave and be with family
 Take leave to avoid mistakes
 Cross-training to help
 Team concept
 Workload is a challenge
 Staffing shortages impact mental health
 Covering the workload is for us to figure out
 Very open when staff need time off
 Workaround schedules
 As long as work gets done
 Encourage managers to offer time off
 Regardless how you arrive at 40 hours
 Make up time off
 Flexible scheduling
 Open to flexible work hours
 Have incentives in the workplace
 Break time from work
 Encouraging use of earned sick leave
 Certain tasks can be teleworked
 I am taking my mental health day
 Flexible Friday
 Well-attended (office) parties
 Recognizing people's birthdays, anniversaries
 Gatherings after hours
 Team building activities
 Quarterly recognition
 Staff luncheons
 Celebrate really big wins
 Non-monetary recognition
 Pats on the back
 Outside activities as a group
 Certificates for acknowledgment
 Need time off from the office

Positive feedback
 Congratulate someone
 Say good things
 Give a lot of praises
 Give certificates of appreciation
 Employee recognition program
 Develop an employee incentive program
 Employees feel valued when you say thank you
 Annual years of service (achievement)
 Make them feel appreciated
 Go take care of that!
 Work will always be here
 I try to leave at a reasonable hour
 *We're not machines
 Allow them to address life crises
 Life balance is vital
 Acknowledgement of difficult tasks
 Rarely recognized by community
 Challenged by antiquated facilities
 Step in to cover the work of others
 Lack of staff causes employees to feel overwhelmed
 Staff lunch break together
 Fresh air breaks
 Lunchroom talk

Let go of stressful work during breaks
 How can management help
 Provide support without compromising productivity
 Directors should be part of operations
 Happy to be at work
 Employees see leadership as accommodating
 Employees see leadership as understanding
 Space for open conversation
 Space without judgement
 No discrimination
 Safe harbor for drug use
 Ensure employees are safe in and out of office
 Foster an environment that is safe
 Do not criticize when staff come with an issue
 They need to know you have their back
 They should not feel ashamed
 Mental health challenge or drug problem
 Treat mental health issues seriously
 Worksite wellness program
 Be familiar with mental health
 Tend to staff's wellbeing
 Need for on-site debriefing support

Call 988 for psychological emergencies
 Pass any info regarding well-being of employees
 Three paid wellness hours a week
 Critical incident debriefing
 EAP support for staff misusing substances
 EAP should pay for family therapy
 Worksite wellness should include MH
 Reminder of employee benefits
 Have daily interactions with the staff
 Know who your employees are
 Direct contact with employees
 Walk around and greet staff
 Go home and relax
 EAP should work for employees
 Make MH services available to all
 Daily affirmations to staff
 Empathy can exist while requiring results
 Encourage employees to avail of BH services
 No reason not to seek the assistance
 Emphasize everyone is human
 We are not perfect
 Office coffee breaks

Appendix F

Initial Codes – Focus Group

Overall change in behavior		Open-door policy
Usually dependable,	Provide support when staff	Life outside of work
suddenly absent and	marriages are rocky	Have lunch together
unreliable	Staff experiencing death in	Share personal stories
Tardiness	the family	during breaks
Unreachable	Staff dealing with domestic	Annual employee awards
Coworkers also recognize	issues	Governor and Lt. Governor
signs	Share information on	hand the awards
I need you rested	available services with all	Needing flexibility to help
My expectation is not to	staff	with their children
stay late and be burnt out	Old school mentality of	Look into mandatory leave
My expectation is for you to	management	Take time off to re-energize
have a balanced life at	Leaders should be in the	Time off helps to be a better
home	trenches with staff	employee
Encourage a balanced life	Director has interpersonal	Vacation should be no less
Support reasonable	skills	than a week
accommodations	The “norm” has changed	Employees need to unplug
“Do what you need to do”	Mental health issues were	Assure employees they’ll be
Exposure again to the	taboo back then	home for family
traumatic events	Be the example and share	Have good time with your
Alcohol abuse	the information	family
Tardiness	Create the new norm	Put a lot of kudos on work
Recognizing that something	Make them feel confident	chats
is off	about their abilities	Coworkers boost each other
We found employees using	Team concept of workload	Give prizes in the form of
illicit drugs	sharing	time off
Service members	Help each other reduce	Ask if they need time off
experience suicide ideations	stress through burden	Written praises in
Stressors of life are	sharing	lunchroom
overwhelming service	Make mental health a	Personal acknowledgements
members	normal conversation	Recognize staff in chats
Nurses not wanting to work	Public servants	Birthday leave
during pandemic	Need for grief programs	A day off for rest
doctors feeling fatigued	Received counseling for a	Vicarious trauma training
not showing up to work	traumatic event	Some agencies have zero
Relationship building	Here to help	supports in place
training	Comfortable with difficult	Regularly drug test
Suicide prevention and	conversations	employees
awareness training	Ability to keep composure	Marriages are being
Changing the stigma	Evolution of stigma	strained
“That’s part of your job”	Attitude change	All types of personal
There was no support back	How can management	relationships are affected
then	support you	Work impacts the dynamics
Staff are exposed to	Encourage expressing needs	of families
traumatic events	Know your employees	Understanding demands of
Employees respond to	Build rapport	the job
critical incidents	Willingly listen	Absenteeism
Some officers involved	Give your personal number	Prevalence of MH concerns
need higher level of care	Conduct check-ins	in law enforcement
	Share vulnerable stories	

Anxiety in the community
affects workplace
High demand agencies have
mental health concerns
Sit and decompress
Trauma response for staff
Military mental health
programs
Sexual assault and response
program
Chaplain services
Peer support group
Transition period coming
back from war

Suicide intervention
services
Prayer is the most power
resource
Leaders be the example
They can seek my support
Support physical health too
Every precinct has a gym
Part of the onboarding of
new employees
Share your person mental
health experiences
Spirituality is a form of
coping

Invest in space for
relaxation
Public demand is stressful
Workplace deaths
Anger issues
Trust issues

Appendix G

Secondary Codes - Interviews

Door is always open	How to access services	Perpetual tardiness
Uncomfortable performance conversations	Camaraderie	Unusual behavior
Uncomfortable mental health conversations	Social events	Signs of digression
Reluctance to talk	Intramural sports	Low morale
Stigma of the position	Signs and symptoms	Marital problems
Find out why	Inability to cope	Depressed
Employees need to feel valued	Conflict resolution	Disciplinary action
Openness reduces stigma	subdued	Apathy toward consequences
Have hard discussions	Late assignments	Sympathize
Communication is a challenge	Public facing	Suddenly withdrawn
Listen nonjudgmentally	Monthly wellness activities	Disheveled
Listen and communicate	Mindful minute	Attitude is different
Talk to the employees	Coping mechanisms	Unusually down
Pay attention to hear their concerns	Mental health day	Jittery
Rapport with Staff	Self-care	Agitated
Notice disengagement	Insurance massages	Need a break
Lunchroom talk	Healthy mindset	Offer time off
Support w/o compromising productivity	Daily affirmations	Time for health
Create nonjudgmental space	Empathy while still requiring results	Family is important
No discrimination	Human aspect	Flexible working hours
Confidentiality	Coffee breaks	Offset time
Encourage disclosure	Seek help	Use paid leave
Employee comfort level	Help staff through the process	Recalibrate
A safe workplace	Leave work on time	Workaround schedules
Employee protection	Be the example	Incentives in the workplace
Don't criticize staff's disclosure	Birthday leave	Earned sick leave
Anti-stigma and shame	Abnormal communication patterns	Telework
Prioritize mental health	Absenteeism	Flexible Friday
Worksite wellness program	Sleeping on the job	Office parties
Know mental health	Disengaged	Milestones
On-site debriefing support	Disruptive behavior	Gatherings after hours
Counseling for employees	Resentment	Team building activities
Lived experience	Appearance	Employee recognition programs
Share critical resource information	Looking unkempt	Praises
3 wellness hours a week	Out of character	Positive feedback
Critical incident debriefing	Dramatic weight loss or gain	Human machines
EAP support substance use	Employee's affect	Address life crises
EAP for family therapy	Personal issues	Life balance is vital
Employee benefits	Deteriorating performance	Employee surveys
	Negativity	Leave work at work
	Apathy	Never deny participation in child's school
	Years of service (recognition)	Happier at work
	Leave on time	Life after five
	Absent for different reasons	

Share struggles
Switching job tasks
Fair assignments
Kids in the workplace
Special accommodations
Need for training
Professional development
Funding for staff
Recruitment and retention
Adequate onboarding

Staffing shortages
External perceptions
Pressures on employees
Dealing with people
Stigma from community
Challenge of antiquated
facilities
Cross-training
Antiquated facilities

Coverage for absent
coworkers
People don't want to work in
government

Appendix I

Secondary Codes - Focus Group

Share information on available services	Overall change in behavior	Life outside of work
Old school mentality of management	Suddenly unreliable	Have lunch together
Leaders in the trenches with staff	Coworkers recognizing signs	Annual employee awards
Director has interpersonal skills	Need employees rested	Flexibility to help with their children
The “norm” has changed	Prevent burnout	Mandatory leave
Mental health issues were taboo	Push staff to leave office	Time off to re-energize
Team concept of workload sharing	Encourage a balanced life	Vacation time
Help each other reduce stress	Support reasonable accommodations	Employees need to unplug
Need for grief programs	Workplace deaths	Encourage time with your family
Relationship building training	Anger issues	Put kudos on work chats
Suicide prevention & awareness training	Staff exposed to traumatic events	Prizes in the form of time off
Changing the stigma “That’s part of your job”	Employees respond to critical incidents	Personal acknowledgements
No support in the past	Some need higher level of care	Birthday leave
Vicarious trauma training	Alcohol abuse	A day off for rest
Some agencies have zero supports	Tardiness	Spirituality is a form of coping
Regularly drug test employees	Staff experiencing death in the family	Space for relaxation
Strain on Marriages	Staff and domestic issues	Sit and decompress
All types of relationships are affected	Leaders be the example	Trauma response for staff
Impact on the dynamics of families	Doctors feeling fatigued	Military mental health programs
Understanding demands of the job	Not showing up to work	Sexual assault and response program
Absenteeism	Public servants	Chaplain services
Prevalence of MH concerns in law enforcement	Share your MH experience	Peer support group
Anxiety in the community affects workplace	Here to help	Suicide intervention services
High demand agencies	Comfort with difficult conversations	Support physical health too
Public demand is stressful	Ability to keep composure	Every precinct has a gym
	Evolution of stigma	Onboarding of new employees
	Attitude change	Counseling for a traumatic event
	Encourage expressing needs	Prayer is the most power resource
	Know your employees	Recognizing something is off
	Build rapport	Employees using illicit drugs
	Willingly listen	
	Give your personal number	
	Conduct check-ins	
	Share vulnerable stories	
	Open-door policy	

Suicide ideations
Nurses not wanting to
work
Make mental health a
normal conversation