KMAN PUBLISHING INSTITUTE
Journal Website

Article history:
Received 08 July 2026
Revised 17 October 2026
Accepted 26 October 2026
Initial Publication 02 November 2026
Final Publication 01 September 2027

International Journal of Innovation Management and Organizational Behavior

Volume 7, Issue 5, pp 1-20

E-ISSN: 3041-8992

Developing a Model of Organizational Trauma in Iran's Sports and Youth Departments

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A r t i c l e I n f o

Article type:
Original Research

How to cite this article:
Biabanipour, D., Aliabadi, S., & Veisi, K. (2027). Developing a Model of Organizational Trauma in Iran's Sports and Youth Departments. *International Journal of Innovation Management and Organizational Behavior*, *7*(5), 1-20.
https://doi.org/10.61838/kman.ijimob.6528

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A B S T R A C T

Objective: This study aimed to develop and validate a comprehensive model of organizational trauma in Iran's Sports and Youth Departments.

Methods and Materials: This applied study used a sequential exploratory mixed-methods design. In the qualitative phase, 14 experts in organizational behavior, human resource management, and sports organizations were selected through snowball sampling, and structured open-ended interviews were conducted until theoretical saturation was reached. Qualitative data were analyzed through open, axial, and theoretical coding using MAXQDA 20. The extracted components were used to develop a researcher-made questionnaire whose content validity was examined using CVR and CVI and whose qualitative coding reliability was confirmed through test–retest and inter-coder agreement. In the quantitative phase, 328 managers and deputy managers from Sports and Youth organizations and departments across Iran were selected through convenience sampling from a population of 2,215 individuals. Data were analyzed using SPSS 26 and SmartPLS 4 through reliability and validity assessment, the Friedman test, Pearson correlations, and structural equation modeling.

Findings: The qualitative model comprised causal conditions, enabling conditions, contextual factors, strategies, intervening factors, and consequences. Expert validation showed that all dimensions of the conceptual model were significant ($p < .001$). Friedman tests indicated significant differences in the rankings of all model components ($p < .001$). Pearson correlations showed strong positive relationships between organizational trauma and all structural dimensions ($r = .958–.980$, $p \leq .01$). Structural modeling demonstrated that socio-cultural, economic–financial, temporal–contextual, organizational–performance, political–legal, emotional–psychological, technological–informational, and physical dimensions all had positive and significant effects on organizational trauma ($B = .128–.130$, $p < .001$). Emotional–psychological and technological–informational dimensions showed the highest path coefficients ($B = .130$).

Conclusion: Organizational trauma in Iran's Sports and Youth Departments is a multidimensional and systemic phenomenon shaped by interacting managerial,

psychological, structural, contextual, technological, cultural, and environmental factors; therefore, its effective management requires integrated organizational interventions focused on leadership, fairness, communication, employee support, resilience, and adaptive organizational systems.

Keywords: *Organizational Trauma; Sports and Youth Departments; Mixed Methods; Organizational Resilience; Human Resource Management; Structural Equation Modeling*

1 Introduction

Organizations are increasingly exposed to conditions that can disrupt their psychological, relational, structural, and operational equilibrium. In addition to ordinary managerial problems such as role ambiguity, work pressure, conflict, and ineffective communication, some organizations experience deeper and more persistent forms of harm that collectively undermine employees' sense of security, organizational trust, motivation, and capacity for adaptive functioning. The concept of organizational trauma has emerged to describe these severe and often cumulative disturbances. Organizational trauma refers to a condition in which harmful events, chronic dysfunctions, destructive leadership patterns, organizational injustices, abrupt changes, or repeated stressful experiences generate enduring adverse effects at both individual and collective levels. Unlike temporary organizational strain, trauma can become embedded in organizational routines, relationships, memories, and cultural assumptions, thereby influencing how employees interpret managerial decisions, interact with colleagues, respond to change, and perceive the future of the organization (Williams & Williams, 2020). In this sense, organizational trauma is not merely an aggregation of employees' personal distress but a multidimensional organizational phenomenon that can alter the functioning of the system itself.

The conceptual importance of organizational trauma becomes clearer when it is distinguished from organizational ill-health or short-term disruption. Organizational health generally refers to the capacity of an organization to function effectively, adapt to environmental demands, maintain constructive relationships, and support the well-being and performance of its members. Organizational trauma, by contrast, reflects a deterioration of these capacities through accumulated psychological, behavioral, structural, and cultural injuries. Moradi emphasized that organizational trauma and organizational health represent opposing conceptual poles, with trauma being associated with dysfunction, weakened relationships, declining morale, and impaired adaptive capacity (Moradi, 2023). From this perspective, trauma can be understood as a systemic process through which organizational resources are gradually depleted while distrust, insecurity, emotional exhaustion, cynicism, and defensive behaviors become normalized. Such a process may remain largely invisible for extended periods because formal structures can continue to operate even while underlying relational and psychological systems are progressively weakened.

The organizational trauma literature indicates that trauma can originate from multiple interacting sources rather than a single event. Acute events such as organizational crises, sudden restructuring, major losses, or disruptive external shocks may generate traumatic responses, but chronic organizational conditions can be equally damaging. Toxic leadership, unfair managerial practices, persistent uncertainty, lack of organizational support, abusive supervision, dysfunctional communication, workplace conflict, and unstable policies can create cumulative injury over time. Studies examining antecedents of organizational trauma have highlighted a wide range of structural, managerial, interpersonal, and environmental determinants (Ghafouri et al., 2022; Hovida et al., 2021; Khoshhal, 2024; Khushhal, 2023). These findings suggest that organizational trauma should be conceptualized as a layered phenomenon in which individual, managerial, structural, political, economic, cultural, and environmental pressures interact to produce a broader state of organizational dysfunction.

Leadership represents one of the most important mechanisms through which such harmful conditions may emerge or intensify. Destructive, toxic, authoritarian, or ethically deficient leadership can undermine psychological safety, increase distrust, promote withdrawal behaviors, and intensify employees' perceptions of vulnerability. Rahmani and Ghanbari showed that toxic leadership can contribute to organizational trauma through dysfunctional behavioral mechanisms, including hypocritical behavior and organizational cynicism (Rahmani & Ghanbari, 2022; Rahmani & Ghanbari, 2024). These patterns are especially important because leadership shapes not only direct managerial treatment but also organizational norms concerning fairness, communication, recognition, participation, and accountability. In environments where employees repeatedly experience inconsistency between formal organizational values and actual managerial

IJIMOB
E-ISSN: 3041-8992

behavior, cynicism and emotional distancing may become entrenched, thereby amplifying trauma-related processes.

Ethical leadership may operate in the opposite direction by reducing conditions that reinforce trauma and inertia. In the context of the Ministry of Sports and Youth, Amirian et al. examined the role of ethical leadership in relation to organizational trauma and organizational inertia and highlighted the mediating role of social idleness (Amirian et al., 2023). This is particularly relevant for sports and youth organizations because such institutions depend heavily on coordinated administrative functioning, interdepartmental collaboration, responsive public service, and sustained employee engagement. Where leadership fails to create fairness, trust, participation, and clear standards of conduct, employees may become detached from organizational goals, increasingly passive, and less willing to invest discretionary effort. Over time, these reactions may contribute to a self-reinforcing cycle in which trauma increases inertia and inertia, in turn, reduces the organization's ability to correct the conditions that generated trauma.

The behavioral consequences of organizational trauma extend beyond reduced morale. Empirical evidence has linked trauma to organizational silence, cynicism, withdrawal, turnover intentions, social burnout, psychological strain, and reduced job performance. Moallemian et al. identified a causal relationship between organizational trauma and organizational silence and emphasized the mediating role of managers' emotional intelligence (Moallemian et al., 2021). Moezinejad et al. similarly reported a relationship between organizational trauma and organizational cynicism while drawing attention to the moderating role of managers' emotional intelligence (Moezinejad et al., 2023). These findings demonstrate that trauma influences both upward communication and employees' interpretations of organizational intent. When employees perceive that speaking up is unsafe, futile, or potentially harmful, they may withhold information, concerns, and suggestions. Such silence can prevent organizations from detecting problems early and may allow traumatic conditions to persist.

The emotional consequences are equally important. Shahbakhsh and Nasti Zai showed that organizational trauma can contribute to social burnout through emotional mechanisms such as grief and suppressed envy (Shahbakhsh & Nasti Zai, 2023). Mahdi et al. also demonstrated that organizational trauma can adversely affect employees' mental health, while psychological resilience can alter the strength of this relationship (Mahdi et al., 2021). At the individual level, repeated exposure to organizational insecurity, unfairness, conflict, isolation, or intense job demands may produce stress reactions that resemble broader trauma responses, including heightened vigilance, avoidance, emotional exhaustion, and diminished psychological resources. Although organizational trauma should not be equated mechanically with clinical trauma, insights from trauma-related psychological research are valuable because traumatic experiences often involve persistent fear, memory, threat perception, and difficulties in integrating stressful experiences (Elbert et al., 2022). These mechanisms help explain why employees may continue to react defensively even after the immediate organizational trigger has disappeared.

The impact of trauma on performance has also been documented. Ebrahimpour Ajirlou and Khaknezhad found that organizational trauma was associated with reduced job performance and that perceived stress played an important mediating role (Ebrahimpour Ajirlou & Khaknezhad, 2022). This relationship is theoretically plausible because traumatized organizational environments consume attentional, emotional, and cognitive resources that would otherwise be directed toward task performance, innovation, cooperation, and service delivery. Employees who are preoccupied with insecurity, interpersonal conflict, future uncertainty, or perceived injustice may reduce involvement, avoid responsibility, or become more rigid in their work behavior. As a result, organizational trauma can gradually move from an employee well-being issue to a broader performance and governance problem.

Turnover and loss of organizational attachment constitute another major consequence. Bayati et al. developed a model linking organizational trauma with employee turnover in the Tehran Municipality Sports Organization and highlighted the mediating role of organizational mindfulness (Bayati et al., 2022). Their findings are especially relevant to the present research because they demonstrate that organizational trauma has already been observed within Iranian sports-related organizations. In such contexts, employees who experience chronic stress, weak organizational support, lack of trust, or perceived instability may progressively disengage and develop stronger intentions to leave. High turnover can subsequently generate additional workload, loss of institutional knowledge, reduced continuity, and greater uncertainty for remaining employees, thereby creating another cycle through which organizational trauma may be sustained.

Organizational trauma is also closely related to inertia and entropy. Rostamzadeh et al. examined relationships among organizational inertia, organizational trauma, social undermining, and organizational entropy and demonstrated that trauma can coexist with broader patterns of organizational deterioration (Rostamzadeh et al., 2025). Organizational inertia refers to the inability or unwillingness to adapt established routines and structures despite changing environmental demands. Trauma may strengthen such inertia because employees and managers in distressed systems often become risk-averse, defensive, and resistant to additional change. Conversely, rigid structures and prolonged inertia can intensify trauma when organizations repeatedly fail to address known problems. This reciprocal relationship is particularly significant in public organizations, where administrative procedures, formal hierarchies, political influences, resource limitations, and institutional constraints may reduce flexibility.

Recent research has therefore shifted from merely identifying trauma toward understanding how it can be assessed, managed, and transformed. Brown et al. developed the Organizational Trauma Resilience Assessment and demonstrated the importance of measuring the capacity of organizations to withstand and recover from traumatic conditions (Brown et al., 2023). The concept of resilience is central because the presence of trauma does not necessarily imply irreversible organizational decline. Organizations may develop structures and processes that support adaptation, learning, psychological recovery, trust rebuilding, and renewed collective functioning. Rhone emphasized the role of organizational resilience during periods of trauma and highlighted leadership, healing, and renewal as important aspects of recovery (Rhone, 2021). Resilience therefore represents not simply resistance to disruption but the ability to reconstruct organizational functioning after damaging experiences.

Organizational trauma management has similarly emerged as an important field of inquiry. Ebrahimi et al., using a grounded theory approach, explained organizational trauma management among novice teachers and illustrated how trauma can be approached through systematic managerial and organizational responses rather than treated solely as an individual problem (Ebrahimi et al., 2023). More recently, Kohpar et al. qualitatively explored organizational trauma management in Iranian public organizations and emphasized cognitive-behavioral interventions as part of the management process (Kohpar et al., 2025). These studies suggest that effective responses to organizational trauma require a combination of preventive and corrective strategies, including improved leadership, communication, employee participation, psychological support, fair evaluation systems, organizational learning, and mechanisms for recognizing and addressing harmful conditions before they become entrenched.

External crises may also expose or amplify latent trauma. The COVID-19 pandemic illustrated how rapidly organizations can encounter collective uncertainty, fear, loss, disruption, and major changes in work arrangements. De Oliveira Camilo examined organizational trauma during the COVID-19 period and emphasized its implications for people management (De Oliveira Camilo, 2021). Such crises demonstrate that organizational trauma can originate from the interaction between external shocks and existing internal vulnerabilities. Organizations characterized by strong communication, supportive leadership, trust, and adaptive capacity may absorb disruption more successfully, whereas institutions with weak structures, unclear decision-making, or pre-existing conflict may experience more severe and prolonged traumatic consequences.

A broader structural perspective also requires attention to power, inequality, and systemic conditions. Lindsay argued that organizational trauma may be intertwined with systemic oppression and invisible institutional constraints that reproduce harmful experiences over time (Lindsay, 2023). This perspective expands the concept beyond isolated managerial failures by showing that trauma can become embedded in organizational systems, policies, cultural expectations, and unequal distributions of voice and authority. Thus, understanding organizational trauma requires analysis not only of employees' emotional responses but also of the structural conditions that create insecurity, marginalization, unfairness, exclusion, or chronic stress.

The need for such a multidimensional perspective is especially pronounced in public organizations. Public institutions operate within complex networks of administrative regulation, political oversight, social expectations, formal hierarchies, and resource constraints. They may be affected simultaneously by policy changes, leadership transitions, bureaucratic rigidity, technological pressures, financial limitations, public accountability, and shifting societal demands. Consequently, trauma in these settings may involve emotional–psychological, socio-cultural, organizational–performance, economic–financial, technological–informational, political–legal, temporal–contextual, and physical dimensions. Research on

organizational trauma in Iran has increasingly identified this complexity, with studies documenting managerial, behavioral, structural, psychological, and environmental contributors (Ghafouri et al., 2022; Khoshhal, 2024; Moradi, 2023).

The Iranian Sports and Youth administrative system provides a particularly important context for examining these relationships. Sports and Youth Departments are expected to perform diverse administrative, developmental, social, cultural, and service-related functions while operating within a nationwide public-sector structure. Their employees and managers may encounter policy instability, resource constraints, organizational restructuring, interdepartmental demands, public expectations, career insecurity, communication challenges, and pressures associated with performance and accountability. Existing Iranian research has already shown meaningful connections between organizational trauma and ethical leadership, organizational inertia, turnover, stress, silence, cynicism, and other dysfunctional outcomes in sports-related or public-sector settings (Amirian et al., 2023; Bayati et al., 2022). However, these studies have generally examined selected antecedents, consequences, mediators, or moderators rather than developing an integrated model capable of explaining the broad configuration of organizational trauma within the national Sports and Youth administrative context.

The fragmented nature of previous findings creates an important research gap. Some studies emphasize leadership and managerial behavior (Rahmani & Ghanbari, 2022; Rahmani & Ghanbari, 2024), others focus on psychological outcomes and employee health (Mahdi et al., 2021), while still others investigate organizational silence, cynicism, turnover, inertia, and performance (Ebrahimpour Ajirlou & Khaknezhad, 2022; Moallemian et al., 2021; Moezinejad et al., 2023; Rostamzadeh et al., 2025). Meanwhile, research on resilience, trauma assessment, and trauma management demonstrates the need to move toward more integrated organizational frameworks (Brown et al., 2023; Ebrahimi et al., 2023; Kohpar et al., 2025; Rhone, 2021). Taken together, these findings indicate that organizational trauma cannot be adequately explained by a single variable or linear relationship. Rather, it should be modeled as a multidimensional system involving causal conditions, contextual influences, intervening mechanisms, manifestations, organizational responses, and consequences.

Developing such a model is important for both theory and practice. Theoretically, it can help clarify the boundaries and internal structure of organizational trauma as a distinct organizational phenomenon. Practically, it can assist managers in identifying early warning signs, distinguishing underlying causes from observable symptoms, prioritizing intervention areas, and designing strategies appropriate to public sports organizations. A validated model can also provide a basis for future organizational diagnosis, policy development, employee-support programs, leadership training, change-management initiatives, and institutional resilience planning. Given the growing recognition that organizational trauma can affect not only employee well-being but also organizational functioning, adaptation, service quality, and institutional sustainability, developing a context-sensitive model for the Iranian Sports and Youth Departments is both timely and necessary.

Therefore, the aim of this study was to develop and validate a comprehensive model of organizational trauma in Iran's Sports and Youth Departments.

2 Methods and Materials

This study employed an applied mixed-methods research design using a sequential exploratory strategy in which the qualitative phase preceded and informed the quantitative phase. The mixed-methods approach was selected because the development of a comprehensive model of organizational trauma required, first, an in-depth exploration of the experiences, interpretations, and perceptions of individuals familiar with organizational behavior and human resource management in sports organizations and, subsequently, a quantitative examination of the dimensions and components identified during the qualitative phase. Accordingly, the study was implemented in two distinct but interconnected stages. In the first stage, qualitative data were collected through an examination of relevant documentary sources and structured open-ended interviews and were analyzed to identify the principal concepts, categories, and patterns associated with organizational trauma. The findings generated in this phase constituted the conceptual basis for constructing the quantitative instrument. In the second stage, a researcher-developed questionnaire derived directly from the qualitative findings was administered to a larger group of managers and deputy managers in sports and youth organizations and departments throughout Iran. The quantitative phase was intended to assess, prioritize, and empirically evaluate the dimensions and components identified qualitatively and thereby provide a broader empirical foundation for the proposed organizational trauma model. Integration of the two phases occurred primarily

through instrument development and interpretation, such that the qualitative findings determined the content and structure of the questionnaire and the quantitative findings were subsequently used to evaluate and extend the qualitative model.

The participants in the qualitative phase consisted of experts in organizational behavior and human resource management within the field of sports organizations. For the purposes of the present study, an expert was defined as an academic specializing in sports management or an experienced manager working within Sports and Youth Departments who possessed sufficient professional or scientific knowledge of organizational behavior, human resource management, organizational problems, or the administration of sports organizations. Snowball sampling was used to identify and recruit eligible participants. Sampling continued until theoretical saturation was achieved, defined as the point at which further interviews no longer generated substantively new concepts, categories, relationships, or explanations relevant to the phenomenon and no major aspect of the emerging conceptual framework remained unexplained. Saturation was reached after the fourteenth interview, at which point qualitative recruitment was terminated. The final qualitative sample therefore consisted of 14 participants, including five women and nine men. Their disciplinary backgrounds included sports management, sports pathology, exercise physiology, sports sociology, and sports psychology, and their educational qualifications ranged from master's degrees to doctoral degrees. The participants also represented a highly experienced professional group, with between 16 and 27 years of service, thereby providing access to perspectives developed through prolonged involvement in sports-related organizational environments.

The population of the quantitative phase consisted of 2,215 managers and deputy managers employed in sports and youth organizations and departments throughout Iran during 2023–2024. The required quantitative sample size was estimated using the Krejcie and Morgan sample-size determination approach, resulting in a target sample of 328 participants. Because a complete and practically accessible sampling frame of all potentially eligible managers and deputy managers was not available to the researchers, probability sampling could not be implemented; consequently, participants in the quantitative phase were recruited through convenience sampling from accessible members of the target population. The final quantitative phase was designed to provide empirical evidence regarding the structure and relative importance of the dimensions and components emerging from the qualitative investigation and to assess the measurement properties of the researcher-developed organizational trauma instrument.

Data collection in the qualitative phase was conducted using both documentary and field methods. The documentary component was used to establish the conceptual and theoretical background of organizational trauma and to identify relevant organizational, behavioral, managerial, psychological, cultural, and environmental concepts that could inform the interview process. Books, scholarly articles, previous research projects, organizational documents, statistical reports, relevant institutional sources, and other scientific materials related to organizational trauma, organizational behavior, human resource management, and sports organizations were reviewed. The field component consisted of structured interviews with open-ended responses. The interview protocol was developed by the researcher in consultation with academic supervisors and advisors. Questions were specified in advance to increase consistency across interviews, reduce interviewer-induced variation, and minimize potential bias; however, the response format remained sufficiently open to allow participants to describe their experiences, observations, and interpretations in depth. The interview protocol comprised an introductory section explaining the purpose of the study, clarifying the principal concepts, and collecting basic demographic and professional information, followed by the substantive section addressing organizational trauma. The substantive questions explored participants' conceptualization of organizational trauma, experiences or observations of organizational trauma in their organizations, perceived causes of trauma, the roles of natural, environmental, human, organizational, political, cultural, and social factors in creating conditions conducive to organizational trauma, the potential moderating effects of personality, psychological characteristics, organizational position, and length of service, the processes and manifestations through which organizations become traumatized, and the consequences of organizational trauma for employees, managers, organizations, and society. The seven broad questions were intentionally formulated to cover the antecedents, contextual conditions, intervening factors, manifestations, coping mechanisms, and consequences required for development of a comprehensive organizational trauma model.

The qualitative findings were subjected to content validation before being transferred to the quantitative phase.

Content validity was examined using the Content Validity Ratio (CVR) and Content Validity Index (CVI). A panel of 15 management experts evaluated the components extracted from the qualitative analysis. For CVR assessment, the experts classified each component according to Lawshe's three-category format as "essential," "useful but not essential," or "not essential." With 15 experts, the minimum acceptable CVR criterion was .49. For CVI assessment, the experts evaluated item relevance using the four-category Waltz and Bausell procedure ranging from not relevant to completely relevant, and a CVI of .79 or higher was considered acceptable. The validation procedure was conducted for the major dimensions identified in the emerging organizational trauma model, including causal conditions, the central or enabling conditions of organizational trauma, contextual factors, coping strategies, intervening factors, and the consequences associated with implementation of organizational trauma management strategies. All retained components met the predefined content-validity criteria. Across the extracted components, CVR values ranged from .60 to 1.00 and CVI values ranged from .80 to 1.00, indicating that the qualitative categories possessed adequate relevance and content representativeness for subsequent quantitative assessment.

The dependability of qualitative coding was additionally assessed through test–retest coding reliability and inter-coder reliability. For the test–retest procedure, four interviews were selected and independently coded by the researcher on two occasions separated by 15 days. Agreement between the two coding occasions was examined by comparing the number of agreements and disagreements across the coding decisions. The overall test–retest reliability coefficient was 86.07%, indicating a high degree of stability in the coding process. Inter-coder reliability was assessed using a research colleague who independently coded four randomly selected interviews. The coding performed by the researcher and the second coder was then compared in terms of agreements and disagreements, producing an overall inter-coder agreement of 84.96%. Both reliability coefficients exceeded the minimum criteria adopted for acceptable qualitative coding consistency and therefore supported the dependability of the extracted concepts and categories.

The principal data-collection instrument in the quantitative phase was a researcher-developed organizational trauma questionnaire. Construction of the instrument began only after completion of the qualitative analysis so that its content would remain directly grounded in the experiences and expert judgments obtained during the exploratory phase. Items were formulated to represent the dimensions and components emerging from the qualitative analysis and the subsequent expert content-validation process. The resulting instrument encompassed six overarching dimensions: causal conditions, contextual factors, intervening factors, strategies, enabling or central conditions associated with organizational trauma, and consequences. The causal-condition dimension included such components as weak organizational culture, inappropriate organizational structure, authoritarian management, inadequate employee support, occupational anxiety and stress, poor communication between management and employees, and the absence of fair reward and motivational systems. Contextual factors included stressful organizational changes, intense competition, job insecurity, excessive work pressures, unrealistic expectations, lack of transparency in managerial decision-making, and continuous changes in organizational objectives and policies. Intervening factors addressed supportive organizational culture, change-management capabilities, employee development, fair evaluation and reward systems, reporting mechanisms, manager–employee interaction, and access to psychological support. The strategy dimension addressed organizational transparency and fairness, structural and policy reform, participative management, employee-support programs, improved communication, training and skill development, and equitable motivational and reward systems. The model also captured manifestations of organizational trauma, including organizational insecurity and reduced belonging, declining motivation and commitment, occupational stress and burnout, weakened trust and communication, impaired productivity and performance, dissatisfaction and turnover intentions, and organizational complaints and conflict, as well as potential outcomes of effective organizational trauma management, such as healthier organizational culture, greater motivation and commitment, lower burnout, stronger trust and collaboration, improved productivity, reduced turnover and complaints, and enhanced organizational reputation.

The psychometric properties of the quantitative instrument were assessed using internal consistency reliability, composite reliability, convergent validity, and discriminant validity. Cronbach's alpha coefficients for the six main dimensions ranged from .739 to .823, with coefficients of .823 for causal conditions, .791 for contextual factors, .746 for intervening factors, .815 for strategies, .772 for enabling or central conditions, and .739 for

consequences. All values exceeded the conventional .70 criterion. Composite reliability coefficients similarly exceeded .70 for all constructs and ranged from .748 to .826, indicating adequate internal consistency of the latent variables. Convergent validity was assessed using the Average Variance Extracted (AVE). AVE values were .618 for causal conditions, .602 for contextual factors, .562 for intervening factors, .551 for strategies, .620 for enabling or central conditions, and .613 for consequences. Because all AVE values exceeded .50, convergent validity was considered satisfactory. Discriminant validity was also examined within the measurement-model assessment to determine whether the latent dimensions represented empirically distinguishable aspects of organizational trauma.

Qualitative data were analyzed through a systematic coding and thematic content-analysis process designed to transform the interview material into an integrated conceptual model of organizational trauma. The interview data were reviewed iteratively, meaningful units were identified, and conceptually similar statements were compared and grouped. Open coding was initially applied to extract concepts directly from the participants' accounts. These primary concepts were subsequently organized through axial coding by examining conceptual similarities, differences, conditions, interactions, and relationships among the codes. At the higher level of analysis, theoretical integration was used to connect the main categories into a coherent paradigmatic structure capable of explaining organizational trauma in the context of Iran's Sports and Youth Departments. Particular attention was devoted to distinguishing causal conditions, contextual factors, intervening conditions, the central manifestations of organizational trauma, organizational coping or management strategies, and resulting consequences. The analysis proceeded iteratively alongside data collection, enabling emerging concepts to inform subsequent interviews and allowing the researcher to determine when theoretical saturation had been reached. MAXQDA version 20 was used to organize the interview transcripts, manage the coding structure, retrieve coded segments, compare categories, and support development of the final conceptual framework.

Quantitative data analysis incorporated both descriptive and inferential statistical procedures. Descriptive statistics were used to summarize the participants' characteristics and questionnaire responses through appropriate indicators of central tendency, dispersion, and distributional shape. The measurement properties of the researcher-developed questionnaire were evaluated by examining Cronbach's alpha, composite reliability, convergent validity through AVE, and discriminant validity. Partial least squares structural equation modeling was used to evaluate the relationships among the constructs and to assess the empirical adequacy of the proposed organizational trauma model. In addition, the Friedman ranking test was employed to compare and prioritize the dimensions and components of organizational trauma based on participants' assessments. This procedure provided information regarding the relative importance assigned to the identified organizational trauma factors and complemented the model-based analyses. Statistical analyses were conducted using IBM SPSS Statistics version 26 and SmartPLS version 4. Through this sequential analytical process, qualitative findings generated the conceptual architecture and measurement content of the organizational trauma model, while quantitative analyses were used to examine the measurement quality, prioritize the extracted dimensions and components, and provide empirical support for the proposed model in the population of managers and deputy managers working within Iran's sports and youth administrative system.

3 Findings and Results

The findings were obtained through the sequential qualitative and quantitative phases of the study. In the qualitative phase, the interview data were coded and organized into conceptually related categories, and the resulting categories were integrated into the paradigmatic model of organizational trauma. In the quantitative phase, the extracted model was first evaluated by experts and subsequently examined using descriptive statistics, Friedman ranking tests, correlation analysis, structural modeling, and importance–performance analysis. The qualitative analysis ultimately identified six major dimensions encompassing causal conditions, enabling conditions or the central phenomenon, contextual factors, strategies, intervening factors, and consequences. The formation of these dimensions and their associated components is presented in Table 1.

Table 1

Formation of the Components and Dimensions of Organizational Trauma Based on Conceptual Codes

Main Dimension	Identified Components	Interviewees	Frequency
Causal conditions	Weak organizational culture; inappropriate organizational structure; authoritarian management style; inadequate employee support; occupational anxiety and stress; poor communication between employees and management; absence of a fair reward and motivation system	P1–P14	14
Enabling conditions (central phenomenon)	Feelings of insecurity and lack of organizational belonging; reduced motivation and organizational commitment; increased occupational stress and burnout; weakened trust and communication among employees; reduced organizational productivity and performance; increased dissatisfaction and turnover; increased complaints and organizational conflicts	P1–P14	14
Contextual factors	Sudden and stressful organizational changes; intense and stressful competition among employees; job insecurity and concern about the future; intensified work pressure and difficult working conditions; unrealistic expectations of employees; lack of transparency in managerial decision-making; continuous changes in organizational objectives and policies	P1–P14	14
Strategies	Creating a transparent and fair organizational culture; reforming organizational structures and policies; developing participative management styles; establishing employee-support programs; improving communication and interaction systems; implementing training and skill-development programs; designing fair motivational and reward systems	P1–P7, P9–P14	13
Intervening factors	Cooperative and supportive organizational culture; development of change-management skills; implementation of employee training and development programs; fair reward and evaluation systems; appropriate mechanisms for reporting problems; strengthening communication and interaction between managers and employees; availability of psychological counseling for employees	P1–P14	14
Consequences	Improvement of organizational culture and creation of a healthier work environment; increased motivation, commitment, and organizational belonging; reduction of occupational stress and burnout; improvement of communication, cooperation, and organizational trust; increased organizational productivity and performance; reduction in turnover and complaints; improvement of organizational reputation and standing in society	P1–P14	14

As shown in Table 1, five of the six major dimensions were identified by all 14 interview participants. The strategy dimension was identified by 13 participants, with all participants except P8 contributing relevant conceptual codes to this category. The causal conditions reflected structural, managerial, cultural, psychological, communication, and motivational sources of organizational trauma. The central phenomenon was manifested in deteriorating attachment, motivation, trust, well-being, productivity, and organizational relationships. Contextual factors described the broader organizational circumstances within which trauma could emerge or intensify, whereas the strategies reflected organizational measures that could be used to control or reduce these conditions. The intervening factors represented organizational resources and mechanisms capable of influencing the strength or consequences of organizational trauma, and the consequence dimension represented the anticipated organizational benefits associated with effective implementation of the proposed strategies.

Following development of the qualitative model, its conceptual adequacy was assessed by a panel of 15 experts. Six model-validation criteria were considered: comprehensiveness, uniqueness, coherence and uniformity, parsimony, organizational appropriateness, and appropriateness to current needs. The results of the one-sample t-test are presented in Table 2.

Table 2

Validation of the Conceptual Model Based on the One-Sample t-Test

Model Validation Dimension	t	df	p	Mean	Reported Mean Difference	95% CI Lower	95% CI Upper
Comprehensiveness	16.733	14	<.001	4.000	.239	3.49	4.51
Uniqueness	17.238	14	<.001	3.933	.228	3.44	4.42
Coherence and uniformity	20.149	14	<.001	3.867	.192	3.46	4.28
Parsimony	17.193	14	<.001	4.267	.248	3.73	4.80
Appropriateness to organizations	23.482	14	<.001	4.267	.182	3.88	4.66
Appropriateness to current needs	23.129	14	<.001	4.400	.190	3.99	4.81

The findings indicated statistically significant evaluations for all six validation dimensions, with all p-values below .001. The highest expert evaluation was obtained for appropriateness to current needs, with a mean of 4.400, followed by parsimony and appropriateness to organizations, both with means of 4.267. Comprehensiveness had a mean of 4.000, uniqueness had a mean of 3.933, and coherence and uniformity had a mean of

3.867. The consistently high means and statistically significant t-values indicated that the experts regarded the proposed conceptual model as comprehensive, coherent, sufficiently distinctive, parsimonious, applicable to organizational settings, and compatible with existing organizational needs.

The quantitative assessment subsequently examined the descriptive characteristics of the individual components constituting the paradigmatic model. The means and standard deviations of all components are reported in Table 3.

Table 3

Means and Standard Deviations of the Components of the Paradigmatic Organizational Trauma Model

Component	Mean	SD
Weak organizational culture	3.39	0.997
Inappropriate organizational structure	3.48	0.973
Authoritarian management style	3.54	1.023
Inadequate employee support	3.40	1.030
Occupational anxiety and stress	3.38	1.058
Poor communication between employees and management	3.62	0.933
Absence of a fair reward and motivation system	3.60	0.946
Feelings of insecurity and lack of organizational belonging	3.57	1.014
Reduced motivation and organizational commitment	3.69	0.942
Increased occupational stress and burnout	3.67	0.899
Weakened trust and communication among employees	3.54	1.018
Reduced organizational productivity and performance	3.84	0.970
Increased dissatisfaction and turnover	3.68	1.034
Increased complaints and organizational conflicts	3.65	1.094
Sudden and stressful organizational changes	3.73	1.035
Intense and stressful competition among employees	3.67	1.036
Job insecurity and concern about the future	3.75	0.994
Intensified work pressures and difficult working conditions	3.71	1.034
Unrealistic expectations of employees	3.63	1.051
Lack of transparency in managerial decision-making	3.73	0.938
Continuous changes in organizational objectives and policies	3.58	1.021
Creating a transparent and fair organizational culture	3.66	0.990
Reforming organizational structures and policies	3.58	1.031
Developing participative management styles	3.64	0.950
Establishing employee-support programs	3.68	0.958
Improving communication and interaction systems	3.47	1.047
Implementing training and skill-development programs	3.51	1.037
Designing fair motivational and reward systems	3.56	1.035
Cooperative and supportive organizational culture	3.49	1.075
Development of change-management skills	3.14	1.179
Implementation of employee training and development programs	2.92	1.179
Fair reward and evaluation systems	3.36	1.025
Appropriate mechanisms for reporting problems	3.35	1.047
Strengthening communication and interaction between managers and employees	3.41	1.054
Availability of psychological counseling for employees	3.46	1.039
Improvement of organizational culture and a healthier work environment	3.52	1.039
Increased motivation, commitment, and organizational belonging	3.59	0.986
Reduction of occupational stress and burnout	3.62	0.980
Improvement of communication, cooperation, and organizational trust	3.69	0.991
Increased organizational productivity and performance	3.51	0.998
Reduction in turnover and complaints	3.62	0.993
Improvement of organizational reputation and standing in society	3.53	1.067

The descriptive findings showed that the component means were generally concentrated in the moderate-to-high range. Reduced organizational productivity and performance had the highest mean among all examined components (M = 3.84, SD = 0.970), whereas implementation of employee training and development

programs had the lowest mean (M = 2.92, SD = 1.179). Other relatively high means were observed for job insecurity and concern about the future (M = 3.75), sudden and stressful organizational changes (M = 3.73), lack of transparency in managerial decision-making (M = 3.73), intensified work pressures and difficult working conditions (M = 3.71), reduced motivation and organizational commitment (M = 3.69), and improvement of communication, cooperation, and organizational trust (M = 3.69). At the opposite end, development of change-management skills yielded a mean of 3.14, while appropriate problem-reporting mechanisms and fair reward and evaluation systems yielded means of 3.35 and 3.36, respectively.

The relative priorities of the components were examined using the Friedman ranking test. Because the original analysis evaluated the six dimensions separately, the findings from these analyses are consolidated in Table 4 while retaining every component-level mean rank and the reported test statistics.

Table 4

Friedman Ranking of the Components of the Paradigmatic Organizational Trauma Model

Model Dimension	Component	Mean Rank
Causal conditions	Weak organizational culture	29.62
Causal conditions	Inappropriate organizational structure	28.14
Causal conditions	Authoritarian management style	27.77
Causal conditions	Inadequate employee support	28.95
Causal conditions	Occupational anxiety and stress	29.79
Causal conditions	Poor communication between employees and management	29.12
Causal conditions	Absence of a fair reward and motivation system	28.65
Enabling conditions (central phenomenon)	Feelings of insecurity and lack of organizational belonging	32.17
Enabling conditions (central phenomenon)	Reduced motivation and organizational commitment	31.33
Enabling conditions (central phenomenon)	Increased occupational stress and burnout	30.89
Enabling conditions (central phenomenon)	Weakened trust and communication among employees	28.40
Enabling conditions (central phenomenon)	Reduced organizational productivity and performance	27.33
Enabling conditions (central phenomenon)	Increased dissatisfaction and turnover	31.17
Enabling conditions (central phenomenon)	Increased complaints and organizational conflicts	30.11
Contextual factors	Sudden and stressful organizational changes	28.88
Contextual factors	Intense and stressful competition among employees	29.10
Contextual factors	Job insecurity and concern about the future	31.88
Contextual factors	Intensified work pressures and difficult working conditions	28.93
Contextual factors	Unrealistic expectations of employees	28.02
Contextual factors	Lack of transparency in managerial decision-making	28.07
Contextual factors	Continuous changes in organizational objectives and policies	27.93
Strategies	Creating a transparent and fair organizational culture	27.41
Strategies	Reforming organizational structures and policies	31.29
Strategies	Developing participative management styles	31.44
Strategies	Establishing employee-support programs	30.98
Strategies	Improving communication and interaction systems	30.17
Strategies	Implementing training and skill-development programs	29.15
Strategies	Designing fair motivational and reward systems	31.76
Intervening factors	Cooperative and supportive organizational culture	27.75
Intervening factors	Development of change-management skills	28.09
Intervening factors	Implementation of employee training and development programs	28.44
Intervening factors	Fair reward and evaluation systems	30.88
Intervening factors	Appropriate mechanisms for reporting problems	27.47
Intervening factors	Strengthening communication and interaction between managers and employees	29.66
Intervening factors	Availability of psychological counseling for employees	27.22
Consequences	Improvement of organizational culture and a healthier work environment	31.25
Consequences	Increased motivation, commitment, and organizational belonging	31.79
Consequences	Reduction of occupational stress and burnout	32.14
Consequences	Improvement of communication, cooperation, and organizational trust	30.17
Consequences	Increased organizational productivity and performance	32.37
Consequences	Reduction in turnover and complaints	32.65

Consequences	Improvement of organizational reputation and standing in society	30.32

For the causal conditions, the Friedman test indicated a significant difference in the importance assigned to the components, as reported for the sample of 328 respondents, $\chi^2 = 89.121$, df = 45, $p < .001$. Occupational anxiety and stress had the highest reported mean rank (29.79), whereas authoritarian management style had the lowest mean rank (27.77). Thus, respondents did not attribute equal importance to all causal conditions.

A statistically significant difference was likewise reported among the enabling conditions representing the central phenomenon, $\chi^2 = 132.410$, df = 45, $p < .001$. Feelings of insecurity and lack of organizational belonging received the highest mean rank (32.17), whereas reduced organizational productivity and performance received the lowest mean rank (27.33). The remaining components occupied intermediate positions, indicating that the manifestations of organizational trauma differed in their perceived importance.

The contextual factors also differed significantly in their rankings, $\chi^2 = 298.325$, df = 45, $p < .001$. Job insecurity and concern about the future had the highest mean rank (31.88), while continuous changes in organizational objectives and policies had the lowest mean rank (27.93). Intense and stressful competition among employees, intensified work pressure, sudden organizational changes, unrealistic expectations, and lack of managerial transparency were positioned between these two extremes.

Significant differences were also reported among the trauma-reduction strategies, $\chi^2 = 298.325$, df = 45, $p < .001$. Designing fair motivational and reward systems received the highest mean rank (31.76), followed by participative management styles (31.44) and reform of organizational structures and policies (31.29). Creating a transparent and fair organizational culture received the lowest mean rank (27.41). These results indicate that respondents differentiated among proposed organizational interventions in terms of their perceived priority.

For the intervening factors, the Friedman test again showed significant differences, $\chi^2 = 189.123$, df = 45, $p < .001$. Fair reward and evaluation systems had the highest mean rank (30.88), followed by strengthened communication and interaction between managers and employees (29.66). Availability of psychological counseling for employees had the lowest mean rank (27.22). These findings demonstrate that the mechanisms capable of modifying the formation or intensity of organizational trauma were not regarded as equally important.

The consequences associated with implementation of trauma-reduction strategies were also ranked significantly differently, $\chi^2 = 284.211$, df = 45, $p < .001$. Reduction in turnover and complaints received the highest mean rank (32.65), followed by increased organizational productivity and performance (32.37) and reduction of occupational stress and burnout (32.14). Improvement of communication, cooperation, and organizational trust had the lowest mean rank among this group (30.17). Taken together, the Friedman analyses showed meaningful differentiation among the constituent components of every major dimension of the paradigmatic model.

The next stage of the analysis examined relationships among the principal variables associated with the conceptual model. Pearson correlation coefficients were calculated prior to assessment and refinement of the structural model. The descriptive statistics and intercorrelations are presented in Table 5.

Table 5

Descriptive Statistics and Pearson Correlations Among the Study Variables

Variable	Mean	SD	1	2	3	4	5	6	7	8	9
1. Organizational trauma	120.52	29.592	1								
2. Temporal–contextual	14.27	3.532	.964**	1							
3. Technological–informational	14.20	3.509	.968**	.922**	1						
4. Political–legal	10.63	2.807	.958**	.917**	.918**	1					
5. Economic–financial	14.22	3.587	.963**	.917**	.925**	.916**	1				
6. Organizational–performance	14.08	3.580	.966**	.922**	.926**	.913**	.912**	1			
7. Socio-cultural	14.10	3.622	.968**	.926**	.936**	.915**	.922**	.933**	1		
8. Emotional–psychological	21.25	5.439	.980**	.939**	.934**	.930**	.939**	.947**	.939**	1	
9. Physical	17.78	4.482	.970**	.921**	.937**	.928**	.927**	.925**	.927**	.938**	1

All study variables were strongly and positively correlated at the .01 significance level. Organizational trauma had the highest raw mean because it represented the overall composite measure (M = 120.52, SD = 29.592), whereas the political–legal dimension had the lowest mean (M = 10.63, SD = 2.807). The strongest correlation with organizational trauma was observed for the emotional–psychological dimension (r = .980, p ≤ .01), followed by the physical dimension (r = .970), the technological–informational and socio-cultural dimensions (both r = .968), the organizational–performance dimension (r = .966), the temporal–contextual dimension (r = .964), the economic–financial dimension (r = .963), and the political–legal dimension (r = .958). Among the intercorrelations between the specific dimensions, the lowest coefficient was observed between the political–legal and organizational–performance dimensions (r = .913, p ≤ .01). Overall, the results demonstrate substantial interdependence among the emotional, social, technological, contextual, financial, political, physical, and organizational aspects of organizational trauma and indicate that an integrated approach is required when addressing the phenomenon.

Structural modeling was subsequently used to evaluate the conceptual organizational trauma model. The model was examined using the Average Variance Extracted values and the significance of its structural paths.

Figure 1

Conceptual Model of Organizational Trauma with Average Variance Extracted (AVE) Values

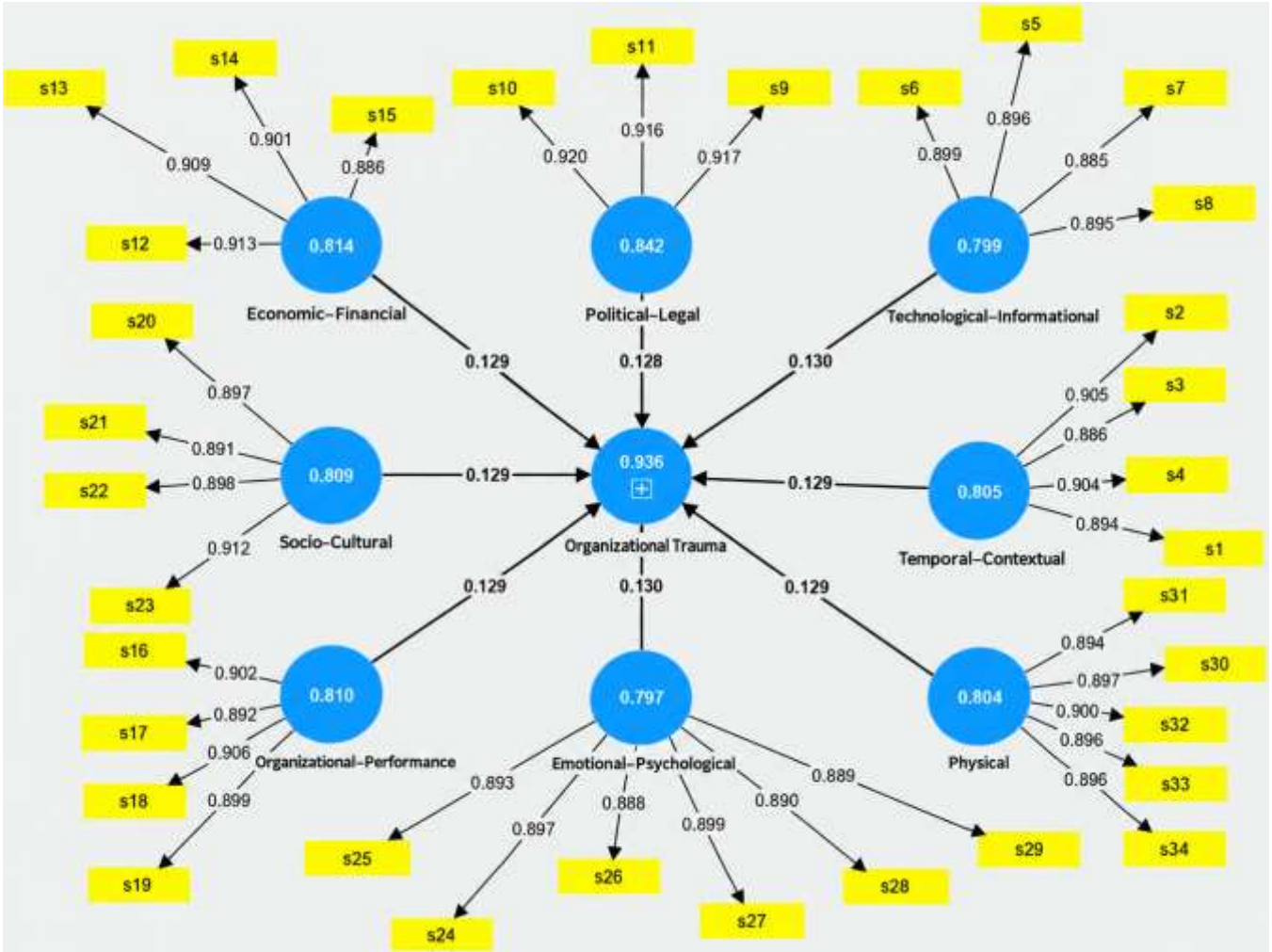
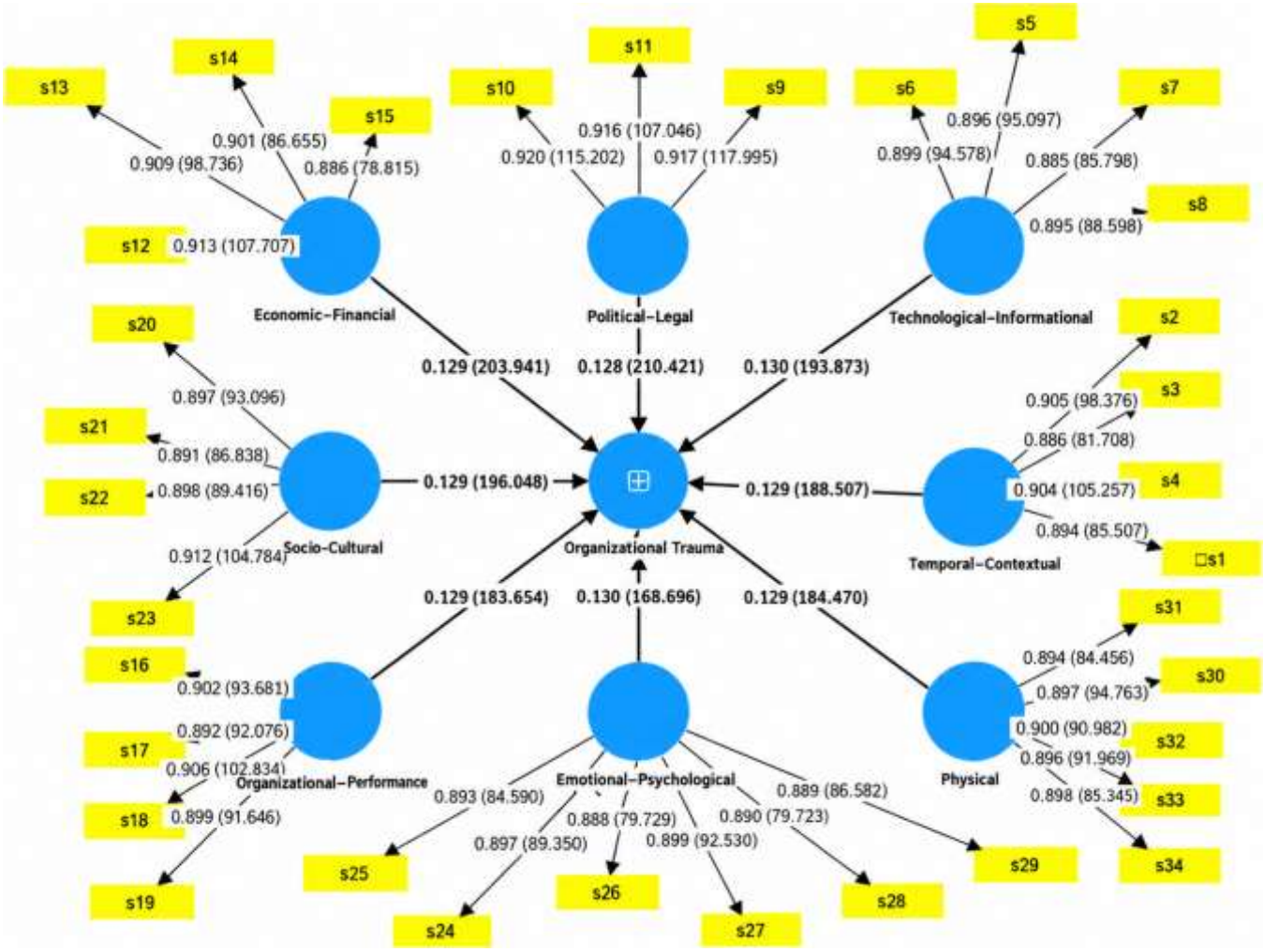


Figure 2

Conceptual Model of Organizational Trauma with t-Values and Path Coefficients



As represented in Figures 1 and 2, the conceptual model demonstrated satisfactory measurement and structural properties. The t-values associated with all modeled relationships exceeded the critical value of 1.96, indicating statistically significant structural relationships. In addition, the AVE values for all latent variables exceeded the criterion of .50, supporting adequate convergent validity. These results provided empirical support for the adequacy of the conceptual organizational trauma model.

The direct structural effects of the eight modeled dimensions on organizational trauma were subsequently examined. The results are presented in Table 6.

Table 6

Path Coefficients, t-Values, Significance Levels, and Confidence Intervals for the Structural Model

Structural Path	B	t	p	2.5% CI	97.5% CI
Socio-cultural → Organizational trauma	.129	196.048	<.001	.128	.130
Economic–financial → Organizational trauma	.129	203.941	<.001	.128	.130
Temporal–contextual → Organizational trauma	.129	188.507	<.001	.128	.130
Organizational–performance → Organizational trauma	.129	183.654	<.001	.128	.131
Political–legal → Organizational trauma	.128	210.421	<.001	.127	.129
Emotional–psychological → Organizational trauma	.130	168.696	<.001	.129	.132
Technological–informational → Organizational trauma	.130	193.873	<.001	.128	.131
Physical → Organizational trauma	.129	184.470	<.001	.128	.131

All eight dimensions exerted positive and statistically significant direct effects on organizational trauma. The standardized path coefficients were highly similar in magnitude, ranging from B = .128 to B = .130. The emotional–psychological and technological–informational dimensions had the largest reported coefficients (B = .130),

while the political–legal dimension had the smallest coefficient (B = .128). The socio-cultural, economic–financial, temporal–contextual, organizational–performance, and physical dimensions each had coefficients of B = .129. All corresponding t-values were far above the critical threshold and all relationships were significant at $p < .001$. Moreover, the 95% confidence intervals were narrow, ranging overall from .127 to .132, and none included zero. These findings demonstrate that each of the eight dimensions contributed independently and significantly to organizational trauma within the specified model.

Finally, an importance–performance analysis was conducted to compare the total importance and observed performance of the eight dimensions. The importance scores were highly homogeneous. The socio-cultural, economic–financial, temporal–contextual, organizational–performance, and physical dimensions each had a total-effect importance value of .129; the political–legal dimension had an importance value of .128; and the emotional–psychological and technological–informational dimensions had the highest importance values, at .130 each. Performance scores showed somewhat greater differentiation. The temporal–contextual dimension had the highest performance score at 64.174, followed by the economic–financial dimension at 63.866, the physical dimension at 63.916, the technological–informational dimension at 63.745, the political–legal dimension at 63.592, the emotional–psychological dimension at 63.526, and the socio-cultural dimension at 63.109. The organizational–performance dimension had the lowest performance score at 62.996.

The importance–performance findings therefore suggest that the eight dimensions contributed with almost equal structural importance to organizational trauma, although their performance levels differed to some extent. The temporal–contextual dimension demonstrated the strongest performance, whereas the organizational–performance dimension showed the weakest performance and consequently represented an area in which greater organizational challenges may be present. The technological–informational dimension also demonstrated relatively strong performance, which is notable given the increasing role of information and technology in organizational processes. From the importance perspective, the emotional–psychological and technological–informational dimensions were marginally higher than the other dimensions, indicating that these areas warrant particular attention. Overall, the observed gap between importance and performance across several dimensions indicates that improvements in organizational practices may be necessary to manage organizational trauma more effectively and reduce its adverse effects within Iran's Sports and Youth Departments.

4 Discussion

The present study developed and validated a multidimensional model of organizational trauma in Iran's Sports and Youth Departments through a sequential mixed-methods design. The qualitative findings organized organizational trauma into six major dimensions comprising causal conditions, the central or enabling conditions of trauma, contextual factors, coping and reduction strategies, intervening factors, and consequences. The quantitative phase subsequently supported the conceptual adequacy of the model and demonstrated significant differences in the perceived importance of its components. In addition, the structural model showed that socio-cultural, economic-financial, temporal-contextual, organizational-performance, political-legal, emotional-psychological, technological-informational, and physical dimensions were all positively and significantly related to organizational trauma. Taken together, the findings reinforce the view that organizational trauma is not a single psychological reaction or isolated managerial problem, but rather a systemic organizational condition produced by the interaction of managerial, structural, relational, contextual, and psychosocial processes.

One of the central findings of the qualitative phase was that organizational trauma emerged from a cluster of causal conditions including weak organizational culture, inappropriate organizational structure, authoritarian management, inadequate employee support, occupational anxiety and stress, poor communication between employees and management, and the absence of fair reward and motivation systems. This finding is consistent with previous research that has identified organizational trauma as a consequence of destructive leadership, weak support systems, dysfunctional structures, and persistent organizational stressors (Ghafouri et al., 2022; Hovida et al., 2021; Khoshhal, 2024; Khushhal, 2023). The present findings particularly emphasize that trauma in sports and youth organizations may be rooted in daily organizational processes rather than only in major crises. Repeated experiences of unfairness, authoritarian decision-making, inadequate communication, and insufficient support can

gradually erode employees' psychological safety and attachment to the organization. This interpretation is compatible with the argument that organizational trauma develops through accumulated harmful experiences that become embedded in organizational relationships and routines (Williams & Williams, 2020).

The role of leadership was especially important within the identified causal conditions. Authoritarian management, weak communication, and the absence of fair reward systems all point to the influence of leadership quality on the formation of trauma. Previous research has similarly shown that toxic leadership can contribute directly and indirectly to organizational trauma through mechanisms such as hypocrisy and organizational cynicism (Rahmani & Ghanbari, 2022; Rahmani & Ghanbari, 2024). In contrast, ethical leadership can reduce harmful organizational dynamics and may prevent trauma from developing into inertia or social disengagement (Amirian et al., 2023). Therefore, the current results suggest that leadership in Sports and Youth Departments functions not merely as an administrative mechanism but as a major psychological and relational determinant of organizational well-being. Where leaders create predictability, fairness, participation, and respect, traumatic responses may be contained; where leadership is coercive, inconsistent, or opaque, trauma may be intensified.

The central phenomenon identified in this study was characterized by feelings of insecurity and lack of belonging, declining motivation and commitment, increased stress and burnout, weakened trust and communication, reduced productivity and performance, increased dissatisfaction and turnover, and higher levels of complaints and organizational conflict. These findings align closely with previous studies showing that organizational trauma is associated with deteriorating psychological and behavioral outcomes. Shahbakhsh and Nasti Zai found that organizational trauma contributes to social burnout through emotional mechanisms including grief and suppressed envy (Shahbakhsh & Nasti Zai, 2023), while Mahdi et al. demonstrated a negative effect of organizational trauma on employees' mental health, moderated by psychological resilience (Mahdi et al., 2021). The present findings extend these observations by suggesting that psychological distress and organizational dysfunction are interconnected manifestations of the same broader process. In other words, trauma is reflected not only in employees' emotional states but also in reduced performance, weaker trust, increased conflict, and stronger withdrawal tendencies.

The descriptive results also supported this pattern. Reduced organizational productivity and performance had the highest mean among the examined components, indicating that respondents perceived performance deterioration as one of the most salient expressions of organizational trauma. This finding is consistent with Ebrahimpour Ajirlou and Khaknezhad, who reported that organizational trauma adversely affects job performance and that perceived stress plays a mediating role in this relationship (Ebrahimpour Ajirlou & Khaknezhad, 2022). The association is theoretically understandable because employees who experience insecurity, exhaustion, distrust, or unresolved conflict may have fewer cognitive and emotional resources available for effective task performance. Prolonged exposure to traumatic organizational conditions may therefore create a cycle in which psychological strain reduces performance and poor performance generates additional pressure, criticism, and uncertainty.

The contextual factors identified in this study included sudden and stressful organizational changes, intense competition, job insecurity, increased work pressure, unrealistic expectations, lack of transparency in managerial decisions, and continuous changes in organizational goals and policies. Among these factors, job insecurity and concern about the future received the highest Friedman rank. This result suggests that uncertainty about continuity, position, and organizational direction is particularly influential in shaping employees' experience of trauma. Such a pattern is consistent with broader understandings of trauma, in which unpredictability and loss of control are central psychological mechanisms. Although clinical trauma and organizational trauma are not identical, trauma-related research emphasizes the role of persistent threat, fear, and disrupted meaning structures in maintaining stress responses (Elbert et al., 2022). In organizational settings, job insecurity and unstable policies may function as chronic threat signals that prevent employees from developing a stable sense of control.

The importance of change-related stress also supports the findings of studies examining organizational trauma during periods of crisis. De Oliveira Camilo highlighted the role of organizational trauma during the COVID-19 pandemic and showed how abrupt disruptions can intensify psychological and managerial challenges (De Oliveira Camilo, 2021). Similarly, Rhone emphasized resilience, healing, and renewal in organizations experiencing traumatic change (Rhone, 2021). The current findings suggest that abrupt or

poorly managed change can create trauma even outside extraordinary crises. In Sports and Youth Departments, frequent policy shifts, unstable objectives, resource constraints, and rapid administrative changes may generate cumulative uncertainty, particularly when employees are not adequately informed or involved in decision-making.

Another important result concerned the strategies identified for reducing organizational trauma. These included creating transparent and fair organizational cultures, reforming organizational structures and policies, developing participative management styles, establishing employee-support programs, improving communication systems, providing training and skill development, and designing fair motivational and reward systems. Among these, fair motivational and reward systems received the highest Friedman rank. This finding suggests that employees interpret fairness in reward allocation as a central mechanism for restoring trust and reducing trauma. Perceived inequity can communicate disrespect, favoritism, or disregard, whereas fair systems may strengthen predictability, recognition, and organizational justice. This result is consistent with research emphasizing the role of ethical leadership and fair organizational practices in limiting trauma-related consequences (Amirian et al., 2023).

The importance of participative management and communication is also consistent with earlier studies. Moallemian et al. showed that organizational trauma is associated with organizational silence, while managers' emotional intelligence plays an important mediating role (Moallemian et al., 2021). Moezinejad et al. similarly demonstrated a relationship between organizational trauma and organizational cynicism and highlighted the role of managerial emotional intelligence (Moezinejad et al., 2023). These findings support the present conclusion that organizations should not respond to trauma only through structural reforms. Employees also require credible communication, opportunities for expression, and a sense that their concerns are heard and addressed. Without these mechanisms, formal organizational changes may fail to reduce the underlying distrust associated with trauma.

The intervening factors identified in the model further supported this interpretation. A cooperative and supportive organizational culture, change-management skills, employee training, fair reward and evaluation systems, appropriate reporting mechanisms, stronger manager–employee communication, and psychological counseling were all identified as factors capable of modifying organizational trauma. Among these, fair reward and evaluation systems received the highest rank. This finding reinforces the broader pattern that perceived fairness is central both to the development and mitigation of trauma. Brown et al.'s work on organizational trauma resilience similarly suggests that organizational capacity to respond to trauma involves multiple domains rather than a single intervention (Brown et al., 2023). Resilient organizations are more likely to possess systems that enable communication, adaptive leadership, support, and recovery.

The finding that employee training and development programs had the lowest descriptive mean among the examined components may indicate a gap between the perceived importance of development-oriented interventions and their actual implementation. This is especially relevant because Ebrahimi et al. emphasized systematic organizational trauma management and showed that organizational responses require deliberate managerial and developmental practices (Ebrahimi et al., 2023). Kohpar et al. likewise highlighted the value of cognitive-behavioral interventions in the management of organizational trauma in Iranian public organizations (Kohpar et al., 2025). The present findings imply that training, change-management development, and psychological support remain comparatively underdeveloped areas that could be strengthened within Sports and Youth Departments.

The consequences associated with implementing trauma-reduction strategies included healthier organizational culture, stronger motivation and commitment, reduced stress and burnout, improved communication and trust, higher productivity, lower turnover and complaints, and enhanced organizational reputation. Reduction in turnover and complaints received the highest rank among the consequences. This result is consistent with Bayati et al., who linked organizational trauma to employee turnover in a sports organization and emphasized the mediating role of organizational mindfulness (Bayati et al., 2022). If trauma increases dissatisfaction and withdrawal intentions, then effective management of trauma should logically reduce turnover and related complaints. This is particularly important in public sports organizations, where turnover may lead to loss of institutional knowledge, continuity problems, and additional workload for remaining employees.

The structural model provided additional evidence for the multidimensional nature of organizational trauma. All eight dimensions—socio-cultural, economic-financial, temporal-contextual, organizational-performance, political-legal, emotional-psychological, technological-informational, and

physical—showed positive and statistically significant paths to organizational trauma. The similarity of path coefficients suggests that organizational trauma is broadly distributed across multiple domains and cannot be attributed to one dominant source. This result is compatible with Moradi's conceptual distinction between organizational health and trauma, which emphasizes the systemic nature of trauma across different aspects of organizational functioning (Moradi, 2023). It also aligns with Lindsay's argument that organizational trauma may be embedded in broader systems of power, inequality, and institutional conditions rather than being reducible to individual psychological experiences (Lindsay, 2023).

Among the structural paths, emotional-psychological and technological-informational factors had marginally higher coefficients than the other dimensions. The emotional-psychological finding is particularly consistent with previous research emphasizing burnout, mental health, stress, and emotional responses as central outcomes and mechanisms of organizational trauma (Mahdi et al., 2021; Shahbakhsh & Nasti Zai, 2023). The relatively strong technological-informational contribution may reflect the growing dependence of public organizations on information systems, communication technologies, data processes, and digital workflows. Technological instability, poor information access, or inadequate digital communication may increase uncertainty, reduce coordination, and intensify existing organizational stressors.

The correlation analysis likewise demonstrated very strong positive relationships among the dimensions, with the highest correlation observed between the emotional-psychological dimension and overall organizational trauma. Such a pattern suggests that employees may experience organizational trauma as an integrated system in which psychological distress, cultural conditions, technological pressures, structural problems, and managerial issues reinforce one another. Rostamzadeh et al.'s findings linking organizational trauma with inertia, social undermining, and organizational entropy support this interpretation because they indicate that trauma tends to coexist with broader organizational dysfunction rather than operating in isolation (Rostamzadeh et al., 2025). The current model therefore contributes to the literature by integrating multiple domains into one conceptual framework.

The importance–performance analysis also showed that the eight structural dimensions were nearly equal in importance, while their performance differed. The temporal-contextual dimension had the highest performance score, whereas the organizational-performance dimension had the lowest. This gap suggests that the organizational system may be particularly vulnerable at the level of internal functioning, productivity, coordination, and performance management. The result is compatible with previous evidence showing that trauma can produce inertia and reduced adaptive capacity (Rostamzadeh et al., 2025). At the same time, the near-equal importance scores imply that intervention should not focus exclusively on one dimension. A comprehensive response should address emotional, structural, managerial, technological, contextual, and cultural conditions simultaneously.

5 Conclusion

Overall, the findings support the conceptualization of organizational trauma as a systemic and multidimensional phenomenon. Previous studies have separately linked trauma to toxic leadership, cynicism, silence, burnout, reduced performance, turnover, inertia, and psychological distress (Bayati et al., 2022; Ebrahimpour Ajirlou & Khaknezhad, 2022; Moallemian et al., 2021; Moezinejad et al., 2023; Rahmani & Ghanbari, 2024; Rostamzadeh et al., 2025; Shahbakhsh & Nasti Zai, 2023). The present study integrates these strands by showing that organizational trauma in Iran's Sports and Youth Departments develops through interrelated causal, contextual, intervening, and strategic processes and manifests across several organizational domains. The model therefore provides a more comprehensive basis for understanding, diagnosing, and managing trauma in public sports organizations.

A limitation of the present study is that the qualitative sample was relatively small and was limited to 14 experts, although theoretical saturation was achieved. In addition, the quantitative phase relied on convenience sampling, which may limit the generalizability of the findings to all managers and employees in Sports and Youth Departments throughout Iran. The cross-sectional nature of the quantitative data also restricts causal interpretation because the relationships among the dimensions were assessed at a single point in time. The use of self-report questionnaire data may additionally have introduced common-method bias and socially desirable responding. Finally, although the proposed model was supported statistically, organizational trauma is a context-sensitive phenomenon, and the relative importance of its dimensions may differ across provinces, organizational levels, employment groups, and administrative environments.

Future studies could test the model using probability sampling and larger samples across different provinces, organizational levels, and occupational groups. Longitudinal designs would be particularly valuable for examining how organizational trauma develops, persists, and changes over time and for determining whether identified strategies actually reduce trauma. Comparative studies could also assess whether the proposed model applies similarly to other public organizations, private sports organizations, universities, municipalities, or health institutions. Future research should additionally investigate potential mediators and moderators such as psychological resilience, organizational justice, organizational mindfulness, emotional intelligence, leadership style, and perceived organizational support. Multilevel research examining both employee-level and organizational-level effects would further clarify whether trauma emerges primarily through individual perceptions or through shared organizational climates.

For practice, managers in Sports and Youth Departments should establish formal organizational trauma assessment and prevention systems rather than responding only after serious dysfunction becomes visible. Particular attention should be paid to job insecurity, unfair rewards, weak communication, authoritarian leadership, excessive workload, abrupt organizational changes, and low employee participation. Transparent decision-making, participative leadership, fair evaluation and reward systems, accessible reporting channels, psychological counseling, structured employee-support programs, and systematic training in change management should be institutionalized. Managers should also routinely monitor indicators such as burnout, turnover intentions, complaints, declining productivity, mistrust, and organizational silence because these may function as early warning signs of trauma. Integrating these practices into human resource management and organizational development programs can help Sports and Youth Departments improve resilience, protect employee well-being, strengthen trust, and sustain organizational performance.

Authors' Contributions

All authors have contributed significantly to the research process and the development of the manuscript.

Declaration

In order to correct and improve the academic writing of our paper, we have used the language model ChatGPT.

Transparency Statement

Data are available for research purposes upon reasonable request to the corresponding author.

Acknowledgments

We would like to express our gratitude to all individuals helped us to do the project.

Declaration of Interest

The authors report no conflict of interest.

Funding

According to the authors, this article has no financial support.

Ethical Considerations

In this research, ethical standards including obtaining informed consent, ensuring privacy and confidentiality were observed.

References

Amirian, H., Fahimi Nejad, A., Morsal, B., & Siyavashi, M. (2023). Designing the role of ethical leadership on organizational trauma and organizational inertia with the mediating role of social idleness among employees of the Ministry of Sports and Youth. *Strategic Studies in Sports and Youth*, *22*(59), 431-449. https://faslname.msy.gov.ir/article_575.html

Bayati, A., Khodayari, A., & Khalifeh, S. N. (2022). Designing a model of organizational trauma and turnover with the mediating role of organizational mindfulness in employees of the Tehran Municipality Sports Organization. *Organizational Behavior Management Studies in Sport*, *9*(3), 89-98.

Brown, L. L., Pennings, J., Steckel, S., & Van Zyl, M. (2023). The organizational trauma resilience assessment: Methods and psychometric properties. *Psychological Trauma: Theory, Research, Practice, and Policy*, *15*(S2), S446. https://doi.org/10.1037/tra0001184

De Oliveira Camilo, J. A. (2021). Trauma organizacional em tempos de Covid-19: Contribuições para a gestão de pessoas. *Revista Administração em Diálogo-RAD*, *23*(2), 97-107. https://doi.org/10.23925/2178-0080.2021v23i2.49998

Ebrahimi, S., Zahedbabolan, A., Moeinikia, M., & Taghavi, H. (2023). A grounded theory approach to explaining organizational trauma management (OTM) in novice teachers. *Journal of Management on Educational Organizations*, *12*(2), 91-106.

Ebrahimpour Ajirlou, B., & Khaknezhad, A. (2022). Investigating the effect of organizational trauma on job performance mediated by perceived stress of employees in Ardabil

province education. *New Research Approaches in Management Sciences*(35), 17-36.

Elbert, T., Schauer, M., & Neuner, F. (2022). Narrative Exposure Therapy (NET): Reorganizing Memories of Traumatic Stress, Fear, and Violence. In *Evidence Based Treatments for Trauma-Related Psychological Disorders: A Practical Guide for Clinicians* (pp. 255-280). Springer International Publishing.

Ghafouri, K., Hoveida, R., Rajaeipour, S., & Siadat, S. A. (2022). Identifying the causes of organizational trauma in elementary school teachers. *Educational Innovations*, *21*(3), 69-100.

Hovida, R., Ghafoori, K., Sayadat, S. A., & Ranjai Pour, S. (2021). Identifying the factors causing trauma in organizations based on a synthesis of domestic studies on organizational trauma. *Organizational Development of Police*, *18*(79), 113-138.

Khoshhal, F. (2024). Identifying factors affecting organizational trauma. Proceedings of the Seventh National Conference on Management, Economics, and Islamic Sciences,

Khushhal, F. (2023). Identifying factors affecting organizational trauma. In Proceedings of the 7th National Conference on Management, Economics, and Islamic Sciences,

Kohpar, S. K., Kojouri, D. K., Aghajani, A. H., & Bayekolaei, M. M. (2025). Organizational trauma management in Iranian public organizations: A qualitative exploration with emphasis on cognitive-behavioral interventions. *Future of Work and Digital Management Journal*, *3*(1), 1-18.

Lindsay, P. V. L. (2023). Unmasking the invisible chains: Exploring the interplay of organizational trauma and systemic oppression for sustainable transformation. *Organization Development Review*, *55*(4).

Mahdi, M., Ghafari, H., Mahdinejad, A., & Pour Anjanar, G. (2021). The effect of organizational trauma on the mental health of employees considering the moderating role of psychological resilience. *Studies in Industrial and Organizational Psychology*, *8*(2), 503-521. https://jiops.scu.ac.ir/article_17526.html

Moallemian, L., Haghighi, M., & Razaqi Rostami, A. (2021). Investigating the Causal Relationship Between Organizational Trauma and Organizational Silence with the Mediating Role of Managers' Emotional Intelligence (Case Study: Bank Mellat Companies). *Quarterly Journal of Ethical Research*, *11*(4). https://en.civilica.com/doc/1880928/

Moezinejad, R., Tavousi, S. S., Darbandi, A., & Shahifar, E. (2023). Investigating the relationship between organizational trauma and organizational cynicism considering the moderating role of managers' emotional intelligence. Proceedings of the Fifth National Conference on Organizational Research and Management,

Moradi, A. (2023). Organizational health versus organizational trauma: A confrontation of concepts. *Management Sciences Research*, *16*, 55-66.

Rahmani, E., & Ghanbari, S. (2022). The Role of Toxic Leadership in Creating Organizational Trauma with the Mediation of Hypocritical Behavior. *Research in Educational Systems*, *16*(58), 20-34. https://www.jiera.ir/article_167788.html

Rahmani, I., & Ghanbari, S. (2024). The effect of toxic leadership on the creation of organizational trauma with the mediating role of organizational cynicism among middle and high school teachers. *Psychological Achievements*, *31*(1), 231-252.

Rhone, C. C. (2021). Organizational resilience during times of trauma. In *Role of leadership in facilitating healing and renewal in times of organizational trauma and change* (pp. 170-185). IGI Global. https://doi.org/10.4018/978-1-7998-7016-6.ch009

Rostamzadeh, F., Moslemzadeh, R., & Farrokhi, S. (2025). Examining the Relationship of Organizational Inertia and Organizational Trauma with Social Undermining and Organizational Entropy among Elementary School Principals in District 1 of Urmia. *Journal of New Achievements in Humanities Studies*, *8*(83), 25-39.

Shahbakhsh, Z., & Nasti Zai, N. (2023). The effect of organizational trauma on social burnout with the mediating roles of grief and suppressed envy. *Religion, Spirituality, and Management*, *10*(19), 233-260. https://rsm.rihu.ac.ir/article_2185.html

Williams, S. D., & Williams, J. (2020). Posttraumatic Stress in Organizations: Types, Antecedents, and Consequences. *Business and Society Review*, *125*(1), 23-40. https://doi.org/10.1111/basr.12192