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DIFFERENCES IN DEPRESSION AND SICK LEAVE DUE TO STRESS AT WORK AMONG UNEMPLOYED WORKERS, REEMPLOYED WORKERS, AND SURVIVORS AFTER COMPANY RESTRUCTURING

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Abstract:
This study examines the impact of corporate restructuring on workers' mental health, focusing on depression and sick leave due to severe stress among three groups affected by the 2009 restructuring of Slovenia's largest textile company. A telephone survey was conducted with 185 workers who retained their jobs (survivors), 416 who were reemployed elsewhere, and 381 who became unemployed. Statistical analysis, including chi-squared tests and logistic regression, revealed significant differences in depression and stress-related sick leave among the groups. The unemployed were found to

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be nearly 2.5 times more likely to experience depression than survivors and 1.6 times more likely than reemployed workers. Additionally, the workers that became and remained unemployed were 1.7 times more likely to take sick leave due to severe stress, while still working, compared to survivors and 1.6 times more likely than the reemployed. The findings highlight the severe negative effects of company restructuring on workers' mental health, particularly for those who lost their jobs. The study also shows that reemployed workers experience significantly poorer mental health compared to those who remain with the company, underscoring the long-lasting psychological impact of job loss during corporate restructuring.

Key-words: blue-collar workers, crisis-related restructuring, depression, occupational health, textile industry

1. Introduction

Company restructuring is an increasingly common phenomenon in the modern economic landscape, impacting millions of workers globally. The process of restructuring can take many forms, including downsizing, outsourcing, mergers, and acquisitions, all of which can have significant implications for the workforce. However, while restructuring may be necessary for a company's survival or growth, it often comes at a significant cost to employees, manifesting in the form of layoffs, job reassignments, and changes in working conditions. Workers affected by restructuring can generally be categorized into three groups: survivors (those who remain employed with the company), reemployed workers (those who lose their jobs but eventually find new employment), and the unemployed (those who lose their jobs and remain unemployed) (Kieselbach et al. 2010).

This article focuses on corporate restructuring during a crisis, which entails economizing, winding up, and laying off workers. In contrast, operational restructuring aims to constantly improve work performance and increase a company’s competitiveness, and it includes subcontracting, production relocation, and mergers. All forms of restructuring have an impact on people’s mental health (Kieselbach et al. 2010). Understanding the psychological and (mental) health impacts of restructuring on these different

groups is crucial, especially during times of economic crisis when such processes become more frequent and widespread.

2. Theoretical Background

The burden of mental disorders is on the rise worldwide, imposing a growing strain on both society and healthcare systems. The increasing prevalence of anxiety, depression, and other mental health issues is driven by a combination of multiple factors, including societal stressors such as unemployment and the rising cost of living. Mental health is projected to become a major public health issue in the coming years, with significant implications for individuals' wellbeing and societal functioning. The widespread occurrence of anxiety and depressive disorders highlights the urgency of addressing these challenges, as these conditions not only cause profound suffering for those affected and their families but also result in substantial economic costs due to treatment expenses and lost productivity (Prince et al. 2007). Depression, in particular, is a leading cause of disability worldwide, ranking at the top of the global burden of disease in terms of years lived with disability compared to other health issues. This underscores the necessity of integrating mental health considerations into all aspects of life, including the workplace, where restructuring can have profound effects on employees' mental wellbeing (Smith 2014).

The process of restructuring often leads to job insecurity, layoffs, and unemployment, all of which are associated with adverse mental health outcomes. An association between restructuring and the development of mental disorders (Claussen 1999; Lauenroth and Swart 2004; Prause and Dooley 2001; Yoo et al. 2016), primarily depression and anxiety, has often been observed. According to numerous studies in this area, dismissal and the resulting unemployment and job insecurity are associated with workers' poorer mental health (Brenner et al. 2014; Claussen 1999; Dew, Bromet, and Penkower 1992; Kieselbach et al. 2010; Lauenroth and Swart 2004; Nuttman-Shwartz, Gadot, and Kacen 2009; Prause and Dooley 2001; Yoo et al. 2016).

Long-term unemployment is a great psychological burden and plays a critical role in determining its impact on mental health. The psychological impact of unemployment is often compounded by the social stigma associated

with job loss, financial strain, and the loss of identity and self-worth that comes from being employed (Burgard, Brand, and House 2009). A German study exploring the association between long-term unemployment and health showed that psychosocial complaints such as depression, sleep disorders, and anxiety started to appear after approximately 3 months of unemployment and worsened with prolonged joblessness. Future employment prospects proved to be an important determinant of health (Lauenroth and Swart 2004).

Studies examining workers' health report positive changes in mental health, including an improvement in mental health, after reemployment (Claussen 1999) and lower depression in the unemployed that have found a new job (Prause and Dooley 2001). A more recent Korean study examining the association between employment status change and depression determined that a change in status from regular employment to unemployment was clearly associated with the development of depression. Symptoms of depression were most strongly manifested in the unemployed group. The likelihood of developing depression increased with the change of employment status. The most significant was transition from regular employment to unemployment, but also from precarious employment to unemployment. The likelihood of developing depression was the highest among breadwinners, with a clear risk shown among men and women that were heads of household (Yoo et al. 2016).

On the other hand, researchers have also established that the positive effects of transitioning from unemployment to employment are not as great as the negative effects of job loss (Flint at al. 2013). While reemployment has been shown to mitigate some of the negative psychological effects of job loss, the quality of the new employment plays a crucial role in determining its impact on mental health. The quality of new employment is important because poor quality defined by a low level of control, demanding work requirements, and unfair pay can be more detrimental to a worker's mental health than remaining unemployed (Butterworth et al. 2011; McKee-Ryan, Song, Wanberg and Kinicki 2005).

Increased perceived job insecurity, or the fear of losing one's job, also has a negative impact on workers' mental health (Burgard, Brand, and House 2009; Burgard, Kalousova, and Seefeldt 2012; Kieselbach et al. 2010). The influence of job insecurity can even be greater than the influence of job loss and the resulting unemployment (Geishecker 2009). This is because job insecurity creates a sense of unpredictability and lack of control, which are

key factors in the development of stress-related disorders. Workers who perceive their jobs as insecure may also engage in maladaptive coping behaviors, such as increased alcohol consumption or smoking, further exacerbating their mental health issues. Job insecurity is not necessarily the objective job insecurity that appears as a contextual phenomenon; nevertheless, individuals may experience their jobs as insecure (Burgard et al. 2009; Sverke, Hellgren, and Näswall 2006). Furthermore, experiencing job loss as threatening is associated with the development of mental health disorders in women. Among women less exposed to the risk of developing mental health disorders are female workers that perceive job loss as a challenge and a new opportunity in life compared to those that perceive job loss as a threat (Nuttman-Shwartz et al. 2009).

The aim of this study is to investigate the mental health outcomes, particularly depression and stress-related sick leave, among three distinct groups of blue-collar workers—survivors, reemployed, and unemployed—who were affected by the 2009 restructuring of Slovenia's largest textile company. The study seeks to compare the prevalence of depression and stress-related sick leave across these groups, with a particular focus on understanding the differential impact of restructuring on the mental health of each group.

By examining these outcomes, the study aims to contribute to the broader literature on the psychological effects of corporate restructuring and provide insights into the factors that influence mental health during periods of economic upheaval. The findings of this study could have important implications for public health policy and workplace interventions, particularly in industries that are prone to restructuring and layoffs. Additionally, the study underscores the need for further research into the long-term mental health consequences of restructuring, with a focus on identifying protective factors and effective interventions that can support workers during and after such transitions.

3. Research Design and Methodology

3.1. Participants

The study included 3,112 workers at what was once the largest Slovenian textile factory, which accounts for 88% of all workers that were

employed at the company on December 31st, 2008. The factory went bankrupt in the summer of 2009. At that point, 2,600 workers lost their jobs and the rest continued to work at the restructured company.

Due to personal data protection restrictions, we were unable to access the list of workers employed at the company before the bankruptcy. Because most workers were trade union members, all those included in the study were asked to provide written informed consent to participate in the study through the assistance of the Association of Free Trade Unions of the Mura Valley Region. A total of 2,036 workers gave their consent, but 104 failed to provide their telephone numbers and were therefore excluded from the study, which was to be conducted as a telephone survey. Among the 1,932 workers, 1,046 were randomly selected to participate in the survey. This meant that the sample of 1,000 workers agreed on in advance was exceeded by 46 respondents due to the survey being computer programmed.

The telephone survey was carried out from December 10th, 2012 to January 9th, 2013 by the Public Opinion and Mass Communications Research Center at the University of Ljubljana's Faculty of Social Sciences.

3.2. Instrument and procedure

The questionnaire contained 78 questions subdivided into nine thematic sets. One of them was health and wellbeing. The prevalence of reported diseases and their treatment has already been reported (Draksler et al. 2018). The health and wellbeing set contained four subfields; one of them was depression, which is the topic of interest in this paper. Respondents were asked whether they had ever been treated for depression, whether they were currently (at the time of the survey) being treated for depression, and when their diagnosis was established for the first time. The respondents provided the exact year but, if they could not remember the exact time, they could choose one of three answers provided: before the restructuring (i.e., before 2009), during the restructuring (i.e., in 2009), or after the restructuring (i.e., after 2009). If their diagnosis was established before 2009, they had to state whether their illness deteriorated during the summer of 2009 (i.e., during the bankruptcy proceedings) and how this deterioration was manifested.

In terms of severe stress, the respondents were first asked whether they had ever experienced severe stress at work. To objectivize their self-evaluation of experiencing severe stress at work, they were also asked whether they had ever been forced to take sick leave due to severe stress. If

they said yes, they also had to state when that happened. They either provided the exact year or chose one of the three options mentioned above (i.e., before, in, or after 2009). For the purposes of this article, only data on sick leave due to severe stress were used to compare the three groups of workers. These data were also analyzed based on the time component; specifically, they were only analyzed for the periods before and during the restructuring. It was impossible to also compare the three groups after restructuring for two reasons: the unemployed were no longer employed and therefore could not go on sick leave, and all the reemployed no longer worked at the company studied.

A chi-squared test was used to identify potential differences among groups of workers. The adjusted prevalence ratio estimates and respective 95% confidence intervals for the associations between each outcome and unemployment as the main exposure variable were obtained using logistic regression models and bootstrap confidence intervals (100 times) for conditional standardization as proposed by Wilcosky and Chambless (Wilcosky and Chambles 1985) while controlling for the effects of the potential confounders. The R package version 1.2. of prLogistic was used for calculating adjusted prevalence ratios.

Each outcome was associated with unemployment as the main exposure and three potential confounding factors: sex, age, and education level. All confounding variables were coded as binary variables with the following exposure values: male versus female, under versus over 45 years of age, and high versus low education level.

The results are presented as estimated aPR with corresponding 95% confidence intervals (aPR (95% CI)).

4. Research Results

Among the 1,046 workers, 185 were survivors, 381 unemployed, 417 reemployed, and 63 retired. The study did not include retired workers (Table 1)

Women (86%) predominated in all the groups of workers. In terms of age, 51% of respondents were 41 to 50 years old, 35% were 51 to 60 years old, and 13.5% were 31 to 40 years old. The share of those older than 60 and younger than 30 was negligible. The respondents were also homogenous in

terms of education: nearly 80% had completed primary school or secondary vocational school, which means they ranked among less-educated workers.

Table 1: Sex, age, and education level of survivors, unemployed, and reemployed workers from the textile manufacturing company, 2010

	Sex (%)		Age (%)					Education (%)		
Workers (n)	M	F	<30	31-40	41-50	51-60	>60	Primary	Secondary	Tertiary
Survivors (184)	9.8	90.2	0	23.4	59.3	16.8	0.5	76.1	18.5	5.4
Unemployed (381)	13.3	86.7	0	6.8	39.1	53.9	0.2	82.3	15.2	2.5
Reemployed (417)	15.3	84.7	0.2	16.6	61.3	21.4	0.5	79.0	17.6	3.4
All (1,046)	14.0	86.0	0.07	13.5	51	35	0.4	80.0	17.1	3.7

4.1. Self-reported depression

Nearly 28.1% of the workers in the survivor and unemployed groups had been treated for depression at some time in their lives. The probability of having had depression at any point in their lives is 2.5 times higher among the unemployed compared to the survivors (Table 2).

Table 2: Adjusted prevalence ratio with 95% confidence intervals (95% CI) for depression and sick leave in survivors and unemployed workers controlled for sex, age, and education

	Survivors % (n)	**Unemployed % (n)**	**χ^2**	**p**	**aPR**	**95% CI**
Depression at any point in life	**14.8 (27)**	**34.6 (131)**	**22.995**	**0.000**	**2.463**	**1.691; 4.633**
Currently treated for depression	44.4 (12)	61.8 (81)	2.123	0.145	1.432	0.725; 2.572
Sick leave due to severe stress	**29.6 (21)**	**48.7 (115)**	**7.355**	**0.007**	**1.682**	**1.165; 2.619**

aPR=adjusted prevalence ratio; all adjusted prevalence ratios were calculated by using logistic models and bootstrap confidence intervals (100 times) for conditional standardization as

proposed by Wilcosky and Chambless,[16] adjusted for age, sex, and education level. Values in tables that are statistically significant are in boldface.

A comparison between the reemployed and unemployed showed that the unemployed more often reported suffering from depression at any point in their lives. The probability of having had depression at any point in their lives in the unemployed group is nearly 1.6 times higher compared to the reemployed group (Table 3).

Table 3: Adjusted prevalence ratio with 95% confidence intervals (95% CI) for depression and sick leave in unemployed and reemployed workers controlled for sex, age, and education

	Unemployed % (n)	Reemployed % (n)	χ^2	p	aPR	95% CI
Depression at any point in life	**34.6 (131)**	**22.4 (93)**	**13.857**	**0.000**	**1.577**	**1.168; 2.068**
Currently treated for depression	61.8 (81)	50.0 (46)	2.622	0.105	1.255	1.024; 1.679
Sick leave due to severe stress	**48.7 (115)**	**29.1 (60)**	**16.862**	**0.000**	**1.606**	**1.290; 2.302**

aPR=adjusted prevalence ratio. Values in tables that are statistically significant are in boldface.

Regarding the survivors and reemployed groups, the reemployed more often reported having depression at any point in their lives than survivors, and the probability of having had depression in this group is 1.6 times higher compared to the survivor group (Table 4).

Table 4: Adjusted prevalence ratio with 95% confidence intervals (95% CI) for depression and sick leave in survivors and reemployed workers controlled for sex, age, and education

	Sutvivors % (n)	Reemployed % (n)	χ^2	p	aPR	95% CI
Depression at any point in life	**14.8 (27)**	**22.4 (93)**	**4.175**	**0.041**	**1.643**	**1.070; 2.687**
Currently treated for depression	44.4 (12)	50.0 (46)	0.083	0.773	1.090	0.491; 2.442

Sick leave due to severe stress	29.6 (21)	29.1 (60)	0.000	1.000	1.058	0.791; 1.580

aPR=adjusted prevalence ratio. Values in tables that are statistically significant are in boldface.

The question about when individual groups of workers were first diagnosed with depression—that is, before, during, or after restructuring—could not be analysed in greater detail because the sample was too small and hence the results were not valid. The same applied to the questions referring to worsened depression in 2009 among those that had been first diagnosed with depression before 2009 and to how this worsening of the condition was manifested, for which the results were again not valid because the sample was too small.

4.2. Sick leave due to severe stress

The unemployed group had a nearly 1.7-times greater probability of being on sick leave due to severe stress compared to the survivors (Table 2) and a 1.6-times greater probability of being on sick leave due to severe stress compared to the reemployed (Table 3).

A comparison of sick leave due to severe stress at work among individual groups of workers, taking into account the time component (i.e., before and during the 2009 restructuring) showed that the likelihood of going on sick leave was higher among the workers that became and remained unemployed than among the survivors or the reemployed in both periods observed—that is, before the restructuring (χ^2=31.230, p=0.000; aPR=1.932, CI=1.455, 2.886) and during the restructuring (χ^2=12.535, p=0.002; aPR=3.661, CI=1.477, 10.476).

5. Discussion

The results of this study show differences in depression and sick leave due to severe stress, among workers who experienced different outcomes following the restructuring of Slovenia's largest textile company: the survivors, unemployed, and reemployed after company restructuring. Comparing the survivors and unemployed, the unemployed are more affected than the survivors in terms of the prevalence of both depression and sick leave due to severe stress.

The differences in depression and sick leave due to severe stress among the reemployed and unemployed are similar to those between the survivors and unemployed. The unemployed more often reported depression and sick leave due to severe stress. A comparison between the reemployed and the survivors shows that the reemployed had poorer mental health than the survivors in terms of depression. To some extent this can be explained by the negative effect that the experience of being laid off and becoming unemployed might have also had on this group of workers, especially in light of the cumulative and long-term effects of restructuring (Böckerman 2004; Burgard, Brand, and House 2005; Draksler et al. 2018).

This research showed that among the three groups examined the mental health of the unemployed was the most affected and that the experience of being laid off and becoming unemployed increased the risk of depression. The very transition from employment to unemployment is key to workers' mental health and psychological well-being and a critical moment that can trigger or exacerbate mental health issues, as the loss of a job not only affects financial stability but also disrupts social networks and daily routines (Flint et al. 2013).

The unemployed group's higher rates of depression and stress-related sick leave may also be influenced by the stigma associated with unemployment. Social perceptions of joblessness can contribute to feelings of shame and inadequacy, further deteriorating mental health (Burgard et al., 2009). Moreover, prolonged unemployment can lead to chronic stress, which has been linked to a range of mental health disorders, including depression and anxiety (Butterworth et al., 2011). The cumulative effect of these factors likely explains why the unemployed workers in this study experienced the poorest mental health outcomes.

On the other hand, it seems that the survivors, those who retained their jobs through the restructuring, were the least vulnerable to poor mental health in terms of depression. Based on the findings of other studies, it can be assumed that the better mental health of this group can be ascribed to several factors: they did not have to deal with the trauma of job loss, which spared them from the associated financial and emotional distress, or the resulting stigma of unemployment, associated feelings of anxiety and insecurity (Burgard et al. 2009; Burgard et al. 2012), social isolation, and loss of social support as the result of job loss to such a great extent (Kieselbach and Jeske 2008). Survivors may also have benefited from a sense of stability and

continuity in their work environment, which is crucial for maintaining mental well-being (Burgard et al. 2012). It would make sense to examine these assumptions in further research.

However, it is important to note that while survivors fared better in terms of mental health compared to the unemployed and reemployed, they were not entirely unaffected. The process of restructuring, even for those who remain employed, can be stressful. Survivors often experience what is known as "survivor syndrome," where they feel guilt, anxiety, and increased pressure to perform in the aftermath of layoffs (Kieselbach and Jeske 2008). While these effects were not as pronounced as the depression and stress observed in the other groups, they suggest that even those who retain their jobs are not immune to the negative consequences of restructuring.

This study drew attention to the important, yet often completely overlooked, reemployed group. Their mental health is poorer than that of the survivors. What they share with the unemployed is a period of being unemployed and the search for work. Just like the unemployed, they are also defined by the experience of being laid off, which in the textile company studied included numerous factors or characteristics that the literature associates with the poorer mental health of those laid off as well as of survivors that only observed their co-workers being laid off.

Reemployment definitely reduces the negative effects of job loss and unemployment on individuals' mental and physical health (Butterworth et al. 2011; McKee-Ryan et al. 2005; Schuring at al. 2011), but nonetheless the reemployed have poorer health than workers that did not have to deal with job loss (McKee-Ryan et al. 2005; Schuring et al. 2011). Also, our study found that reemployed workers still suffered from poorer mental health compared to those who never lost their jobs. This finding is consistent with research suggesting that the quality of the new job plays a critical role in determining mental health outcomes after reemployment. If the new job is perceived as insecure, low-paying, or less fulfilling than the previous one, the mental health benefits of reemployment may be limited (McKee-Ryan et al. 2005; Schuring et al. 2011). It seems that the positive effects of transitioning from unemployment to employment are not as great as the negative effects of transitioning from employment to unemployment (Flint et al. 2013). The experience of being laid off, even if followed by reemployment, can have lasting psychological effects. The process of losing a job can be traumatic, involving feelings of rejection, fear, and uncertainty about the future

(Böckerman 2004). For the reemployed workers in this study, these negative experiences may have continued to affect their mental health, despite their return to the workforce. The transition back to employment, while generally positive, may not completely offset the psychological damage caused by the initial job loss. The satisfaction of the reemployed with their new job is also important because research shows that if workers find a new poor-quality job (characterized by a low level of control, demanding work requirements, complexity, insecurity, and unfair pay) it can be more detrimental to their mental health than remaining unemployed (Butterworth et al. 2011; McKee-Ryan et al. 2005). If the reemployed workers in this study were placed in such positions, it could explain why their mental health did not fully recover, despite having secured new employment.

There are no differences in sick leave due to severe stress at work between the reemployed and survivors. Considering that sick leave has an important impact on an employer's decisions about dismissing excess workers during restructuring (Margan and Dodič-Fikfak 2015), it is presumed that the reemployed remain at work despite their poor mental health (sickness presence) because they cannot afford to take sick leave. Research shows that mental and behavioural disorders are presented as the main causes of sickness presence (Škerjanc and Fikfak 2014; Wang at al. 2010).

Sick leave due to severe stress predominated with statistical significance among the unemployed, including when the time component was considered (i.e., before or during the restructuring). Sick leave due to severe stress is irrelevant for the unemployed after the restructuring because they no longer worked at the company at that point. Based on the findings that the workers' health status, especially their disability and long-term sick leave, may also affect the employer's decision on who to lay off and who to assign to a different position (Margan and Dodič-Fikfak 2015), the legitimate question that arises in this regard is what the key criterion was for assigning workers to (more poorly performing) subsidiaries that later went bankrupt, and what influenced the decision on which workers would keep their job. An important question that arises here is whether employees/people who generally experience more stress (not only in connection with restructuring) and therefore also have a higher sickness rate actually lose their jobs during restructuring processes. Employees who are generally more vulnerable and less resilient, may be more affected. Another question is whether the

procedures of assigning workers to the newly established subsidiaries were transparent. In addition, it remains unclear whether jobs are actually being lost by workers whose personality traits make them more vulnerable to stress (Draksler 2012) (not only in connection to restructuring) and that therefore also take sick leave more frequently.

The outcome that the mental health in terms of depression of the reemployed is significantly poorer than that of the survivors is important for policymakers and decisionmakers because it shows what a far-reaching impact job loss can have. This impact goes beyond new employment because individuals feel the consequences of being laid off and becoming unemployed long after they have already found a new job.

In order to avoid study limitations due to subjective responses, we asked the participants about therapy for depression and not its symptoms. Nonetheless, we were probably unable to avoid subjectivity in the responses, especially in questions concerning severe stress. In this case, it is of course likely that the respondents may have overestimated their own situation.

Additionally, the study's focus on a single company and a specific economic context may limit the generalizability of the findings to other settings or industries. Further research should explore similar issues across different industries and cultural settings to determine the broader applicability of these results. Future research should explore the long-term mental health outcomes of workers affected by restructuring, including the potential cumulative effects of multiple job losses or prolonged periods of job insecurity. In addition, future research could benefit from using more objective measures of mental health, such as clinical diagnoses or biomarkers of stress. Again, more research is needed to understand the role of job quality in moderating the mental health effects of reemployment and to identify strategies for supporting the mental health of workers in the context of economic and organizational change. Another area for future research is the long-term impact of multiple job losses. As economic volatility increases, many workers may experience repeated cycles of employment and unemployment, which could have cumulative effects on their mental health. Finally, more research is needed to understand the role of job quality in moderating the mental health effects of reemployment. Identifying the specific job characteristics that contribute to better or worse mental health outcomes could inform the design of policies and interventions aimed at supporting workers during periods of economic and organizational change.

As restructuring processes become more prevalent, especially during economic crises, the mental health impacts on affected workers cannot be ignored. Addressing these issues is not only a matter of public health but also a critical component of ensuring a stable and productive workforce. Employers, policymakers, and healthcare providers must collaborate to develop strategies that mitigate the psychological toll of restructuring and support the mental health of all workers, particularly those most vulnerable to the stresses of job loss and employment transitions.

The study's findings have important implications for policymakers and employers. The significant mental health disparities observed among different groups underscore the need for targeted interventions to support workers affected by restructuring. For the unemployed, access to mental health services and support networks is crucial. Providing financial assistance, job search support, and counselling can help mitigate the psychological impact of unemployment and facilitate a smoother transition back to the workforce.

For reemployed workers, ensuring the quality of the new job is essential. Employers should focus on creating supportive work environments that offer job security, fair compensation, and opportunities for growth. Policymakers could incentivize employers to provide such conditions, particularly in industries prone to restructuring. Additionally, mental health services should be made readily available to reemployed workers, as the transition back to work can be a period of heightened vulnerability. Continuous monitoring of mental health outcomes in these populations can help in adjusting policies and interventions to better address emerging challenges, ensuring long-term well-being for all workers affected by restructuring.

For survivors, employers should be aware of the potential for survivor syndrome and take proactive steps to address it. This could include offering stress management programs, fostering a supportive work culture, and ensuring that workloads are manageable. Recognizing the emotional toll that restructuring can take on all employees, not just those who lose their jobs, is key to maintaining a healthy and productive workforce.

6. Conclusion

Corporate restructuring, particularly during times of economic crisis, has profound and far-reaching effects on the mental health of workers. The psychological impact is not limited to those who lose their jobs but also extends to those who remain employed and those who find new employment.

The study results show poor mental health of workers exposed to restructuring. Among the workers examined, the mental health of unemployed workers was most affected. The mental health of the reemployed is also significantly poorer than that of the survivors, and this shows what a far-reaching impact as well as challenge for public health job loss can have.

The results underscore the need for targeted interventions to support the mental health and well-being of workers during and after restructuring processes. These interventions should include mental health services, financial support, and efforts to ensure that reemployment opportunities are of sufficient quality to support long-term mental health recovery. Given the far-reaching impacts of job loss and restructuring on mental health, addressing these issues is critical for public health and for the long-term well-being of affected workers.

This study highlights the importance of considering mental health outcomes in the context of corporate restructuring and suggests that targeted interventions are needed to support workers through these challenging transitions. As the global economy continues to evolve, understanding the mental health implications of restructuring will be critical for ensuring the well-being of workers and the sustainability of industries.

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The raw data supporting the conclusions of this article are made available by authors, upon request.

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