Complicated grief following job loss: The protective role of resilience and

the risk role of work-centrality

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Abstract

It is known that job loss can be challenging for individuals as it has been proved to lead to decreased mental health. Specifically, job loss has been associated with complicated grief too. As these findings are new, little is known about the protective and the risk factors which are related to the development of complicated grief following job loss. This study aims to enrich the scientific field and contribute to the insight for covering the gap in the existing literature by exploring the relation between complicated grief following job loss (JLCG), resilience, and work-centrality. Resilience was predicted to have a negative relationship with JLCG, as it has mainly been described as a protective factor against adversity, whereas work-centrality was expected to have a positive relationship with JLCG as it refers to people with part of their identities connected to work. A third hypothesis tested the moderation role of resilience in the relation between the work-centrality and JLCG symptoms, expecting to show the effect of resilience as a protective factor to the relationship of the other two variables. The final sample consisted of 95 Greek participants. The first two hypotheses were tested with linear regression and found to be significant whereas the moderation analysis of the third hypothesis wasn't confirmed. Current findings contribute to the effective spotting of vulnerability after a job loss and to the implications of adequate interventions and effective treatments for JLCG symptoms.

Keywords: Complicated Grief, job loss, resilience, work-centrality

Introduction

Job loss and Mental Health

Job loss is unquestionably a serious problem in modern society. Millions of workers around the world continue to lose their jobs involuntary (Gowan, 2014). Research reveals that for individuals, losing their jobs can be detrimental to their mental health (McKee-Ryan et al., 2005; Paul, & Moser, 2009). People´s jobs are often an integral part of their identities and consequently, when individuals get fired, it is usual for a few people to feel confused, hurt, powerless, and overwhelmed by negative emotions (Norris, 2016). Several studies have investigated the consequences of job loss and have associated them with a decrease in psychological, physical, and social well-being (Murphy & Athanasou, 1999; Norström et al., 2014). Unemployment affects groups of individuals differently, based on how many available resources individuals obtains for helping them cope with the loss, how much an individual has invested in their lost job and the social support has someone received (Norström et al., 2014). Different levels of distress can occur concerning how threatening the individual appraises the event (Hobfoll et al., 2016).

Some distressing consequences for the people who have lost their jobs could be financial changes. Job loss might sometimes lead to a socioeconomic shock for the individuals who are trying to confront the new conditions and take decisions that may affect their families too (Brand,2015). Yet, the consequences of unemployment are not limited to an economic downturn. social changes may constitute a very distressing factor as well (Brand, 2015; Martela & Pessi, 2018). More specifically, individuals have to deal with the new roles as unemployed, the consequences on their status, and their self-esteem (Pohlan, 2018). According to prior research, people who lost their jobs report lower levels of some of their psychosocial assets including self-acceptance, self-

confidence, self-esteem, life satisfaction, meaningful engagement with the environment, social support, and sense of control (Aguiar & Bastos, 2018) Job loss leads to social exclusion and consequently alters one's self-concept, self-efficacy, and social status profoundly (Garrett-Peters, 2009; Pohlan, 2018).

Job loss and Complicated grief

Through scientific research, specialists spotted some similarities between the people experiencing difficulties in adjustment after losing their jobs, and the ones who grieve their loving ones (Papa, et al., 2014; Paul, & Moser, 2009; Climent-Rodríguez et al., 2019). More specifically, the term grieving can be applied to the psychological reactions that appear after any type of loss or change relevant to the person who suffers them (Shear et al., 2013; Climent-Rodríguez, et al., 2019). Indicatively, losses such as an involuntary job loss can lead to maladaptive reactions with manifestations such as sadness, crying, despair, anger, and guilt, as well as social and workplace dysfunction (Shear et al., 2013). In addition to it, Harvey and Miller (1998) suggested that an individual might experience grief after any loss that alters an important self-aspect. Loss of self-image, esteem, or efficacy (Creed et al., 2009), the reduction of one´s sense of stability (Hobdy et al., 2007), the attachment to the lost job, and the disruption of identity can lead to symptoms of grief (Papa & Lancaster, 2016). Several studies have shown that involuntary job loss can lead to symptoms of grief, depression, and anxiety (Brewington et al., 2004; Papa & Maitoza, 2013; Van Eersel et al., 2019).

Furthermore, according to the latest studies, job loss can lead to symptoms of complicated grief (CG) (Van Eersel et al., 2020a). In a minority of bereaved people, grief does not diminish over time. CG is a type of grief that fails to diminish naturally within 6 months post-loss, but, instead, it turns into persistent distressing, and disabling grief reactions which are characterized by intensified grief symptoms, difficulty

accepting the loss, and preoccupation with thoughts and images of what was lost (Komischke-Konnerup et al., 2021). Individuals with CG may experience a sense of meaninglessness about life, and an inability to move forward in life (Crunk et al., 2017).

There are a few studies that have examined the association between CG and job loss (Klurfeld, et al., 2020; Papa et al., 2014; Van Eersel et al., 2020a). The recent findings have raised the interest in searching more about the factors that contribute to the development and the maintenance of complicated grief after job loss in the scientific field (Van Eersel et al., 2020b). The knowledge about the risk factors and the groups that have to deal with this should be enhanced for new interventions to be developed. By conducting this study, we expect to reveal a broader picture of the JLCG that will help us in the future in implicating the appropriate interventions. In this study, the risk factors that will be examined are resilience and work-centrality.

Resilience, Work- Centrality, Complicated grief

Coping mechanisms and psychological resilience are two factors that have been linked to various psychological and mental health disorders (Wu et al., 2020; Chen et al., 2019). Self-esteem consists of a crucial domain of the resilience framework (Veselska, et al., 2009) and an effective coping mechanism as well (van Eersel et al., 2020b). People with higher levels of self-esteem experienced greater levels of mental health (Wanberg, 2012). Research reveals that CG symptoms following job loss have been linked with, maladaptive coping strategies (Folkman & Lazarus, 1990; van Eersel et al., 2020b). Furthermore, low levels of resilience might consist a risk factor for bereaved individuals to experience complicated grief (Yu, et al., 2015).

More specifically, according to the American Psychological Association (APA, 2022), psychological resilience is defined as "a process of good adaptation in the face of adversity, trauma, tragedy, threats, or other significant sources of stressors such as

family and relationship problems, serious health problems, or workplace and financial problems". Resilience can be considered as a measure of stress coping ability in reaction to adversity and it has been used as an objective in the treatment of different mental health disorders such as depression, anxiety, stress disorders, and complicated grief (Wu et al., 2020). Indicatively, in grief treatments, a psychological intervention that includes elements of coping and resilience such as positive thinking, self-efficacy, and emotion regulation has been suggested to be a very promising and effective treatment (Lin et al., 2004). Studies on resilience focus on the fact that some individuals can have a positive reaction to adversity by transforming them into opportunities for growth and new adaptation (Fletcher & Sarkar, 2013) It fosters the development of positive outcomes and healthy personality characteristics. Of particular importance is that resilience can be effectively enhanced. According to the latest findings, resilience is a dynamic process and not a fixed trait (Flynn et al., 2021) Resilience fluctuates because it encompasses the way that an individual responds to a variety of circumstances over time (Rutter 2012; Flynn et al., 2021).

According to findings, identity resilience is defined as a relatively stable self-schema based on self-esteem (Breakwell, 2021). Many studies (Boelen et al., 2006; Currier et al., 2009; Ott et al., 2007; van Erseel et al., 2020b) found an association between self-esteem and the experienced level of CG. When it comes to those who had lost their job involuntarily, those who reported higher levels of self-esteem, perceived control optimism and the ability to derive comfort from positive memories (Bonanno et al 2004) had better mental health than those who utilized more maladaptive coping methods in such a stressful life event (McKee-Ryan et al., 2005; Wanberg, 2012). Resilience is a factor that seems important to influence the self-perception of quality of life (Popa-Velea et al., 2017). In the context of unemployment, numerous studies found

that a positive self-view is a protective factor when one is confronted with job loss (Creed, et al., 2009; McKee-Ryan et al., 2005; Taris, 2002). It has been suggested that resilience can protect the person from the adverse effects of unemployment and lessen the likelihood of depression when individuals lose their jobs (Moorhouse & Caltabiano, 2007). However, further investigation into resilience is needed as there is a gap in the literature concerning its role in CG symptoms following job loss.

Loss events potentially affect one's self-view, especially if the loss is linked to a central domain of the individual's sense of self (Papa & Lancaster, 2015). The loss of a job seems to affect one's self-perspective when work has a central role in someone's being (Gecas & Seff, 1990). Work-centrality is a term that refers to individuals who construct work as a dominant aspect of life and attach a higher value to work than to any other life domain (Bal and Kooij, 2011). More specifically, work-centrality refers to ''the beliefs that individuals have regarding the degree of importance that work plays in their lives'' (Walsh and Gordon, 2008, p. 46). It shows the extent to which work provides more or less meaning to one's life (Creed et al., 2009). A person with high levels of work-centrality is cognitively and attitudinally embedded in his work, and therefore part of his identity is strongly connected to work-related experiences.

Work-centrality is linked with high rates of positive outcomes such as job satisfaction, commitment, and a higher sense of achievement at work (Mannheim et al., 1997; Sharabi & Harpaz, 2010).). However, what happens when an individual lost his job involuntarily? In this context, work-centrality consists of a factor that has a significant negative relationship with an unemployed individual´s mental health. Indicatively, McKee-Ryan, et al, (2005) found in a meta-analysis of 104 studies that job loss was related to significant decreases in well-being, and these decreases were highly related to work-role centrality. More research about the consequences of work-

centrality in job loss is needed and there is a gap in the literature about the role of work-centrality and its association with the development and maintenance of JLCG symptoms.

Present Study

The above literature highlights the importance of acknowledging the fact that an individual may experience CG symptoms after the loss of a job (Eersel et al., 2020b). Thus, it would be crucial to investigate the risk and protective factors involved in this situation for drastic interventions to be developed. Considering the theoretical background in bereavement research and the work environment, resilience considers being a protective factor against adversity (Stroebe et al. 2006), whereas work-centrality seems to be a risk factor for individuals losing their jobs, especially for those, that part of their identities is connected to work (Gecas & Seff, 1990). The current study aims to examine the relationship of resilience and work-centrality in the development of JLCG and to check how the power of a protective factor could have an impact on the relation of JLCG with a risk factor.

Hypothesis 1: Firstly, a negative relationship between resilience and job-loss-related CG is expected to be found. In other words, JLCG is expected to be lower when resilience is high.
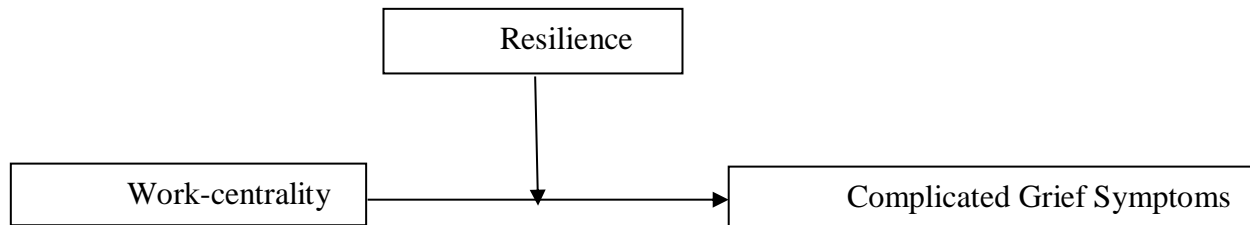
Hypothesis 2: Overall literature suggests that work-centrality may lead to decreased well-being after job loss and a decrease in their self-esteem. In this regard, work-centrality is hypothesized to be positively related to JLCG.

Hypothesis 3: Based on the literature, self-esteem is an important factor in the development of resilience and could be a consequence for people with high levels of work-centrality. Thus, the relationship between work-centrality and JLCG will be

moderated by resilience. Alternatively stated, how and to what extent resilience will affect the association between work-centrality and JLCG.

Figure 1

Conceptual Model of Moderation

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                    │    Resilience    │
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┌──────────────────┐                    ┌────────────────────────────┐
│  Work-centrality  │───────────────────▶│  Complicated Grief Symptoms │
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METHODS

Procedure

Approval from Utrecht University Social Sciences Faculty Ethical Board was obtained (FETC 21-1166). Participants were recruited through social media platforms such as Instagram, Facebook, and WhatsApp. An online and safe platform was used for collecting data. Participants were provided with a link to the online survey. Individuals who were interested in participating had to click the link in the invitation message. Before starting the online survey, participants were given an information letter that provided all the necessary information. They were informed about the aim and the procedure of the study and also about the possible advantages and disadvantages of the survey; Participants were informed that their data would be processed confidentially, and that the requested demographic information could not be matched with the participants' identities. To proceed with the questionnaire, participants had to give informed consent and be aware that they could withdraw from the study at any time, without penalty. Individuals who did not agree were directed to the end of the survey and did not further proceed. Individuals who proceeded, it took

approximately 18 minutes to finish the survey. In the end, participants were offered a

psychoeducation video about JLCG to thank them for their time and participation.

Participants

For the study, 172 participants were recruited, consisting of Greek citizens.

Out of them, 38 participants did not fully complete the questionnaires and were

excluded from the data. The power analysis indicated that the remained sample was

more than the minimum sample size. Of the 134 (77.2%) participants remained, 95

(55,23) met the criteria. Respondents had to meet the following inclusion criteria:

First, the participants had to be from eighteen years old to sixty-seven years old and

five participants were older than 67 years old. Secondly, all the participants had to

have lost involuntarily their job at any period of their lives and 34 participants had

voluntarily left their jobs. The overall age of the 95 participants ranged from 21 to 64

years with a mean of 35.83 years (SD=12.55). 61.1% of the sample were females,

31.6% were males and 7.4% answer other. The educational level ranged from first to

third level, starting to elementary to college (3.2% First level, 21.1% Second level,

75.8% Third level). The average duration of employment was 5.55 years (SD=7.88),

and the average time since job loss was 23.22 months (SD=29.52). Finally,

participants reported that the major reason for losing their jobs was the labor conflict.

Table 1 illustrates further information about sociodemographic and work-related

characteristics.

Table 1

Sociodemographic Characteristics of Participants

Sample Characteristics	*n*	*%*	*M*	*SD*
Gender				

Men	30	31.6		
Woman	58	61.1		
Other	7	7.4		
Education				
Primary	3	3.2		
Secondary	20	21.1		
Higher	72	75.8		
Age			35.83	12.55
Cause of the Job Loss				
Reorganization	10	10.5		
Bankruptcy	4	4.2		
Health Problems	6	6.3		
Labor Conflict	31	32.6		
Temporary contract	22	23.2		
Company economics	7	7.4		
Corona	11	11.6		
Other	4	4.2		
Weekly work hours			34.75	15.73

Employment	5.55	7.88
duration (years)		
Passed time since	23.22	29.52
job loss (months)		

Note. N=95

Instruments

Demographic Questions

The first section of the questionnaire started with general socio-demographic questions about variables such as gender, age, nationality, education level, and relationship status. Next, it requested information about job characteristics, the cause behind the loss of the job, the work hours, years of employment, and the months passed since job loss.

Job Loss Grief Scale

The Job Loss Grief Scale (JLGS) was used for assessing JLCG symptoms (van Eersel et al., 2019). The English original scale was translated into Greek through forward and backward translation (Lee et al., 2018). The scale consists of 33 items that measure participants' reaction during the past four weeks. The reactions were rated on a 5-point Likert scale ranging from 1 *(never)* to 5 *(always)*. An example item was "I think about my job all the time". JLGS is a unidimensional scale that showed excellent psychometric properties and good temporal stability. In the current study, the Greek version of the scale was found to have reliability as the Cronbach's Alpha was 0.97.

Brief Resilience Scale

The Brief Resilience Scale (BRS) is a 6-item measure of resilience, focusing on the ability to recover from stress and adversity (Smith et al. 2008). The Greek

version of BRS was used (Kyriazos et al., 2018). Responses are rated on a 5-point Likert scale from 1 (*Strongly Disagree)* to 5 (*Strongly Agree)*. The higher the mean BRS score the more resilient the respondent is. In the current study, the (scale was found to have reliability as the Cronbach's Alpha was 0.82.

Work-centrality Scale

Work-centrality was measured by a 3-item scale (Hirschfeld and Field, 2000). This measurement was a shortened scale based on the measure of Lodahl and Kejner (1965) and Paullay et al., (1994). The English version of the scale was translated into Greek with the translation/back-translation method (Brislin, 1970) and it measures the degree of importance that work, in general, plays in one's life. Responses are rated on a 5-point Likert scale from 1 *(Strongly Disagree)* to 5 (Strongly *Agree).* The three items are: "The major satisfaction in my life comes from my job", "The most important things that happen to me involve my work", and "I have other activities more important than my work" (reverse coded). The scale was found to have reliability as the Cronbach's Alpha was 0.70.

Statistical analysis

Before data collection, a power analysis was conducted to determine the required sample size. A power value of 0.92 was considered adequate (Serdar et al., 2021). The data were analyzed with the SPSS (IBM 27) software. Before the main analysis, preliminary analyses were conducted to check the data and related assumptions (linearity of data was checked through the conduction of a scatter plot, homoscedasticity through a histogram, normality of distributions was tested through the "Kolmogorov-Smirnov Test" and the "Shapiro-Wilk Test", multicollinearity was tested through VIF values and outliers were checked through Cook's distance). The first hypothesis (H1) was tested with simple linear regression in order to examine the

relation between the resilience (IV) and symptom levels of JLCG (DV). The second

hypothesis (H2) was tested with simple linear regression as well, in order to examine

the relation between the variable of work-centrality (IV) and symptom levels of JLCG

(DV). Lastly, a moderation analysis with the PROCESS tool based on Hayes' (2013)

Model 1 was conducted to check the third hypothesis (H3), how and to what extent

the relation between Work-centrality (IV) and JLCG (DV) symptoms will be the same

across different levels of resilience (MOD).

Results

Preliminary Results

The preliminary result indicated that the assumption of linearity,

homoscedasticity, outliers, autocorrelation, and multicollinearity were not violated.

The residuals were also, normally distributed. In addition, Table 2 shows two

preliminary analyses indicated a weak but statistically significant negative association

between resilience and JLCG symptoms ($r = -.39$, $n = 95$, $p < .01$) as well as a

positive relationship between Work-centrality and JLCG symptoms ($r = .44$, $n = 95$,

$p < .01$).

Table 2.

Correlation between the variables of Resilience and Work-centrality with JLCG

Variables	JLCG	Resilience	Work-centrality
JLCG	.	.	.
Resilience	-.39**	.	.
Work-centrality	.44**	.	.

Note. ** Correlation is significant at the 0.01 level (2-tailed).

Hypothesis 1

Results showed that resilience explains a significant amount of variance in levels of CG symptoms, $F_{(1,93)} = 16.92$, $p < .01$, $R^2 = .154$. Thus, 15,4 % of the variance in CG symptoms was interpreted from the level of resilience. The effect of resilience on JLCG was negative and significant ($b = -2.59$, $t_{(94)} = -4.11$, $p < .01$). This means that for every one unit increase in resilience, CG symptoms will decrease by 2.6 points. Thus, the first hypothesis was confirmed.

Hypothesis 2

The second hypothesis was confirmed. Results revealed that work-centrality explains a significant amount of variance in levels of CG symptoms, $F_{(1,93)} = 22.76$, $p < .01$, $R^2 = .197$. Thus, 19,7 % of the variance in CG symptoms was interpreted from the level of work-centrality. The effect of work-centrality on JLCG was positive and significant ($b = 5.41$, $t_{(94)} = 4.77$, $p < .01$). This means that for every one unit increase in work-centrality, CG symptoms will increase by 5.41 points

Hypothesis 3

Moderation analysis revealed that the overall model was significant $F_{(3, 91)} = 17.12$, $p < .01$, $R^2 = .361$) The results showed that the total variance explained by the model was 36,1% and statistically significant $p = .000$. However, neither resilience $t_{(94)} = -1.18$, $p = .242$ nor Work-centrality $t_{(94)} = 1.05$, $p = .294$ made a unique contribution to the model. Further, as Table 3 reveals, the interaction between work-centrality and resilience was not significant ($b = -.024$, $t_{(94)} = -.08$, $p > .01$), suggesting that resilience was not a significant moderator of the effect of work-centrality on JLCG following job loss.

Table 3

Moderation Model

	b	SE B	t	p
Constant	87.10	41.89	2.08	.040
Work-centrality	6.02	5.71	1.05	.294
Resilience	-2.51	2.13	-1.18	.242
Work-centrality x Resilience	-0.24	.290	-.08	.934

Note. $R^2 = .361$

Discussion

The current student aimed to gain a better understanding of JLCG. More specifically, the association between resilience and JLCG, as well as between work-centrality and JLCG were examined. In addition, the moderation role of resilience on the relationship between work-centrality and JLCG were tested to achieve a better understanding of the protentional protective and risk factors of the subject. The main findings based on the three hypotheses will be discussed in the following section.

The first hypothesis of the study was stating that higher levels of resilience predict lower levels of JLCG. Indeed, this hypothesis was confirmed, and resilience appears to have a significant and negative relationship with CG symptoms following job loss. These results are in line with previous findings that stated the risk role of low levels of resilience in the development and maintenance of complicated grief (Yu, et al., 2015). The negative relationship between resilience and JLCG seems reasonable to be indicated in the current study since resilience has been suggested to be used as an objective in grief treatments (Lin et al., 2004). Indicatively, as suggested

by Stroebe et al. (2006), resilience constitutes one of the most notable protective factors for dysfunctional grieving processes. Moreover, resilience has been described as a process of good adaptation to adversity in different contexts. Losing individuals their jobs has been defined to be a very adverse and stressful event (Brand, 2015; McKee-Ryan et al., 2005). Resilience has been suggested to protect the person from the adverse effects of unemployment (Moorhouse & Caltabiano, 2007).

Furthermore, the second hypothesis indicates that work-centrality and JLCG symptoms would have a positive relation. Indeed, the results of the present study indicated a significant and positive relationship between work-centrality and JLCG symptom levels, hereby confirming our second hypothesis. According to the existing literature, decreased well-being after job loss has been highly related to work-role centrality (McKee-Ryan, et al, 2005). In addition to it, the factor of work-centrality has been associated with the grief that is experienced by the individuals who had lost their jobs (Climent-Rodríguez, 2019). However, even if the concept of work-centrality has been linked with grief after a job loss there was a gap in the literature concerning Complicated Grief following job loss. Therefore, the current study aimed to enrich scientific literature by establishing a significant link between work-centrality and JLCG, as the higher the work-centrality is the higher the JLCG symptoms are.

Contrary to the initial expectations, our last hypothesis cannot be confirmed from the results since analyses suggested a not significant moderation effect of resilience in the relation between work-centrality and JLCG symptoms. In other words, the effect of work-centrality on JLCG does not depend on resilience. Previous literature has shown that low levels of self-esteem are associated with higher levels of CG symptoms following job loss (Van Eersel et al., 2020b). As we have already mentioned a very crucial domain of the resilience framework is self-esteem (Veselska,

et al., 2009). Moreover, resilience considers being a significant predictor of self-concept (Haktanir et al,2018). On the other hand, people with high levels of work-centrality would experience a stronger effect on their self-esteem after losing involuntarily their jobs, as work is central to their self-evaluation (Gecas & Seff, 1990). Thus, a possible explanation about why the moderation model of this study is not significant could be the fact that resilience and work-centrality could be considered as contradictory variables, concerning the self-esteem domain in examining. Resilience might act as a protective factor for JLCG symptoms due to the high levels of self-esteem whereas work-centrality might be a risk factor for JLCG due to decreasing self-esteem. Nevertheless, this unexpected finding opens room for further research with different variables, as self-esteem is expected to be a factor involved in the relationship between resilience, work-centrality and JLCG symptoms.

Limitations and Future research

Although this study enriches the scientific literature of JLCG, several limitations of the study should be considered. First, a limitation worth considering is homogeneity of the sample. The sample of this study is mainly consists of Greek women with higher educational level undermining the generalization of the results (Flick, 2018). Another limitation is that with the cross-sectional design of this study, there is no possibility to evaluate and prove the causality (Maxwell, 2012). Investigating the causality would be beneficial for the scientific field of CG, since learning how one situation affects another can help you determine the best strategies for addressing the best objectives in treatment. A third limitation of this study concerns the method used for gathering the data. In this study, the method used was self-reported questionnaires. Even if the method of self-reports has several advantages, such as the evaluation of a large number of people in a short period, the

main disadvantage of self-report questionnaires might be the possibility of providing

invalid answers. The emotional state of the participants during the completion of the

questionnaires and their desire to give socially acceptable answers, rather than being

truthful are factors that affect the data and the results of the research (Mayer et al.,

2008, as cited in Platsidou, 2010).

Further comprehensive research is needed to uncover the relationship between

resilience, work-centrality, and JLCG. A recommendation might be the examination

of another variable such as self-esteem and the mediation role it plays between

resilience and JLCG as well as between work-centrality and JLCG.

Implications

The results of the current study have significant scientific and practical

implications. The current study is the first that investigates the role of resilience and

work-centrality in the development of CG symptoms following job loss, enriching the

scientific literature. Given the positive association of JLCG with work-centrality and

the negative relation with resilience, it is crucial to highlight the role of these two

variables, as people with low levels of resilience and high levels of work-centrality

seems to be at risk. More specifically, because JLCG sometimes remains

unrecognized (van Eersel et al., 2020b), this study enriches the insight into the

identification of vulnerable groups in the early stages following the event of a loss.

Consequently, mental health services and counseling programs should use this insight

for psychoeducation and interventions adhered to people who seem to be at risk.

Mental health practitioners who work with individuals suffering from JLCG

symptoms should expand the scope of their clinical practice and try to learn how they

could include in the treatment they provide, objectives such as developing the

resilience of the individual or restructuring their cognitions about the centrality of work in their lives by strengthening their self-identity.

Conclusion

In sum, this study was the first that examined the role of resilience and work-centrality on JLCG. Specifically, the results revealed that higher levels of resilience are associated with lower levels of JLCG, and higher levels of work-centrality are associated with higher JLCG. However, contrary to expectations, it failed to support the moderating role of resilience in the relationship between work-centrality and JLCG. Overall, it has been explored that resilience and work-centrality are important aspects of JLCG. These insights are significant as they can enhance the comprehension of JLCG, giving a better understanding of the risk and protective factors that contribute to the development and maintenance of JLCG. Hence, it stimulates future research on implicating the appropriate therapeutic interventions.

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