**A Cross-Sectional Study Regarding Work-Centrality, Social Support and Job-Loss Related Complicated Grief**

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**Abstract**

According to empirical evidence, complicated grief may arise following job-loss. Aiming to get a deeper understanding in the concept of Job-loss related complicated grief (JLCG), we investigated whether people who score higher in work centrality were more likely to experience JLCG (H1), and if these effects were moderated by perceived social support (H2). We utilized the JLCG, the work-centrality and the f-sozU k-6 scales for each variable respectively. We used an online questionnaire in the Greek language with an N = 81, with females = 62.9%, males = 30.6% and other = 6.1 %, and an age range of 19 - 65 years old (M = 35.6, SD = 12) . We conducted a linear regression analysis and a moderation analysis using PROCESS for H1 and H2 respectively. Based on our results, we have been able to accept H1, implying that JLCG is more likely to be experienced by people who score high on work centrality. While results were significant for H2, moderation was not, so we do not have enough evidence to accept H2. These results imply that while there are significant factors present, the moderating role of social support could not be supported. Lastly, we suggest further research with a more heterogeneous sample in order to further investigate these results, as well as a longitudinal research in lieu of a cross-sectional design.

Key words: Job Loss-related Complicated Grief, Work-centrality, Social Support

A Cross-Sectional Study Regarding Work-Centrality, Social Support and Job-Loss Related Complicated Grief

The term “Grief” may bring to mind the typical picture of a grieving individual: an elderly person suffering the loss of their spouse, a young man unable to overcome the loss of his best friend, a child who feels sad and empty after the loss of her beloved grandfather.

Looking more closely on such loss events, it is possible to identify a common factor across people experiencing grief, related to the way they feel regarding themselves. Specifically, an important component of grief is the experience of identity disruption stemming from the experience of a loss event (Bonanno et al, 2001). Identity disruption refers to the inability to integrate the juxtaposition between the person’s reality before the loss event and the reality after the loss event; essentially, the person’s sense of identity has now become inconsistent (Mitchell et al., 2020). Thus, a person who identified with their role before the loss event occurred, becomes unable to relate to their new identity. For example, an elderly man who becomes a widower is no longer a husband, losing one of his roles that made up part of the identity he held for fifty years; his new role as a non-husband is a challenging new adaptation. This disruption impacts the individual’s ability to engage in self-relevant activities and behaviors, and to receive affirmation from engaging in usual said activities which would solidify one’s sense of self. Individuals also find it difficult to pursue goals and obtain meaningful fulfillment, because their previous goals cannot be completed due to the loss event and have to be replaced by new goals (Mitchell at al., 2020). Papa & Lancaster (2015) obtained similar results: when new role attributes are balanced after the loss event, the severity of grief is decreased. Essentially, the less the grieving individual’s identity is disrupted, the milder the experience of grief is expected to be. In conclusion, does a loss event have to match our initial image of grief commonly caused by the loss of a person? Fundamentally, any loss that may threaten the identity of self can potentially lead to (complicated) grief. The loss event and its’ relation to complicated grief examined in this paper is Job-Loss.

**Grief and Complicated Grief**

Grief is defined as the intense sorrow experienced by a person following a significant loss - such as the death of a beloved one. Complicated grief is grief that is more prolonged and more intense than would be socially and culturally expected of an individual, stemming from the disrupted processing of grief (APA,2021). Feelings that characterize complicated grief include pain, numbness and loneliness among others with one of the most significant markers being the experience of identity disruption (APA. 2021).

**Job loss**

Research has shown that job loss can affect an individual in numerous ways. Specifically, social, psychological and physical well-being may be hindered (McKee-Ryan et al., 2005).Van Eersel et al. (2020) have identified maladaptive coping styles (e.g. denial, behavioral distraction) and negative cognitions as factors associated with job-loss related complicated grief (JLCG), such as beliefs in an unjust world. Importantly, one variable that has been identified to predict identity disruption after divorce, death and job loss is high identity centrality. Identity centrality relating to ones’ job is called work centrality.

**Work Centrality**

Work centrality describes the extent of importance that work has in one’s life (Bal & Kooij, 2011; Paullay et al., 1994). High work centrality defines the increased amount of importance an individual ascribes to their profession (DeGarmo & Kitson, 1996). Since identity disruption highly correlates with the experience of complicated grief (CG), it is conceivable that characteristics that predispose an individual to experience greater identity disruption can be associated with higher levels of complicated grief. A meta-analysis by McKee-Ryan et al. (2005) showed that for people who were unemployed, work centrality had significant negative relationships not only with their life satisfaction, but with their mental health as well. As Peter et al. (2009) found, work centrality accounted for a significant amount of variance related to core self - evaluation beliefs and thus rightfully has earned its place in the study of JLCG. They highlight that higher levels of work centrality were associated with lower levels of psychological well-being.

**Social Support**

Aristotle, in 350 B.C.E. stated that human is by nature a social animal. In this statement, Aristotle supported the notion that humans flourish in the company of others. Almost two and a half thousand years later, there is research evidence favoring this statement. According to the Mayo clinic (2020) lack of social support increases feelings of loneliness and isolation, while a strong social support system can help individuals whether they’re faced with a mundane everyday problem, or faced with loss. Social support defines the extent one experiences his or her social network as adequately supportive, based on both the quantity of people in the individual social’s circle as well as the quality of support the aforementioned social network offers (Sorias, 1998). Indeed, for people who are experiencing grief, social support can influence their level of well-being (Burke & Neimeyer 2013). Furthermore, social support can act as a mediator for proactive coping (Rogalla, 2020), - which describes the ability to forecast possible future stressors and prepare to minimize their impact or altogether avoid them - as well as the duration and intensity of distress. Lastly, Juth et al., (2015) have found that physiological consequences can be mitigated by social support. These findings suggest that in general, the more social support an individual receives, the better equipped they are to deal with current and future stressors and the better their mental health states are expected to be.

The findings of Lazarus & Folkman (1988) signify that the role of social support is dual: social support does not only help an individual feel better and maintain a positive outlook towards re-employment, it also acts as a buffer towards stress and its catastrophic somatic consequences. These findings are supported by McKee-Ryan et al. (2005); social support is positively correlated with better mental health states. Unemployed individuals who received higher social support, felt better as compared to unemployed people who did not receive high social support. By contrast, people experiencing insufficient social support had a significantly worse mental health state that those who did not (Kroll & Lampert, 2011).

Wanberg’s (2012) findings concur with the aforementioned positive role of social support for those experiencing unemployment, mentioning social support among the variables that assist a person in continuing with job seeking. Thus, it becomes apparent that the role of social support is an important factor that can buffer the negative effects caused by job loss, not only by helping an individual feel better, but by assisting them maintain a more positive outlook when experiencing job loss.

**Present study**

Congruent with findings regarding the importance of work-centrality (McKee-Ryan et al.2005; Peter et al., 2009), we expect to find a positive relation between work centrality and JLCG symptoms. In particular, for H1, we expect that a higher level of work-centrality may be associated with more JLCG symptoms.

In line with findings regarding the positive role of perceived social support on people who are experiencing grief (Lazarus & Folkman, 1988; McKee-Ryan et al., 2005; Rogalla, 2020), we intent to study the role of perceived social support, specifically for people scoring high in work centrality. As the moderating role of social support has become clear with regard to grief in general, we have yet to see findings regarding how that holds when investigated specifically in individuals with high work centrality in what regards the experience of JLCG. In particular, for H2, we hypothesize that for people with high work centrality, higher perceived social support moderates the relationship between work centrality and JLCG.

**Method**

**Participants**

**Sociodemographics**

Out of 81 Greek participants, 51 (62.96%) were female, 25 (30.6%) were male and 5 (6.17) did not identify with the gender binary or preferred not to state their gender. Ages ranged from 19 years old to 65 years old (M=35.6, SD=12). Duration of employment ranged from one month to 480 months (M=5.31, SD=7.52). Months since job loss were also reported (M=22.47 and SD=29.18). The largest majority of our participants had received higher education, specifically 61 participants (75.21%); 17 (20.99%) had received secondary education and 3 (3.70%) of our participants had received primary education. The most significant cause of job loss was labor conflict (24%), followed by temporary contract (17%), COVID related reasons / re-organization (8,4%) and company economics (6%). The less common causes were health problems (4.8%), company bankruptcy (3.6%), and other (2.4%).

Exclusion criteria were: participants over the age of 67, participants who had lost their job over 10 years ago, participants who chose to resign and participants with incomplete answers to the questionnaire.

**Procedure**

This study was approved by the Ethical Review Board of the faculty of Social Sciences of Utrecht University (FETC 21-1166). The recruitment of Greek-speaking individuals was conducted via social media platforms and the social network platforms of the researchers. Individuals interested in participating in the study received an information letter, an informed consent form, and the survey. Data from Karantana (2021) was used in this present study. Regarding our recruitment of participants, people who consented to participate in the research where taken to the online environment of Qualtrics that hosted the questionnaire, which was offered for a period of 44 days. Participants were allowed to drop out at any moment without negative consequences. Since 90 participants were excluded, we conducted a drop-out analysis comparing excluded and included participants, on the variables of the exclusion criteria, which did not yield significant results.

**Instruments**

**Socio-demographics and work characteristics.**

Participants were asked to give information regarding background variables, such as gender, educational level and age, as well as work characteristics, such as reason for dismissal, length of employment and time passed since job loss. All scales used were previously translated into the Greek language to achieve a higher accuracy of responses by Greek participants by Karantana (2021) through forward and backward translation (Brislin, 1970)

**Job loss grief scale (JLGS)**

The JLGS was used to measure JLCG symptoms (Van Eersel et al., 2019). Participants were asked to rate the extent to which they had experienced the 33 items on a 5-point scale, with 1 scoring *never* and 5 scoring *always*, while keeping in mind the loss of their job. For example, “Memories about the loss of my job upset me” and “I barely believe I lost my job”. The psychometric properties of the JLGS scale were found to be sound in a prior study (Van Eersel et al., 2019). In this present study, the JLCG scale was found to have excellent internal consistency with a Cronbach’s α = .97.

**Social support**

The F-soz-U K-6 scale was used to measure Social Support (Kliem et al., 2015). Participants were asked to rate to what extent they identified with six experiences on a 5-item scale, ranging from *not true* (1) *at all* to *very true* (5)*,* such as “I experience a lot of understanding and security from others”. The F-soz-U K-6 scale has been found to be a valid, reliable and economical instrument that can assess the perception of social support (Kliem et al., 2014), and we have found good internal consistency value of α = .84.

**Work centrality.**

In order to investigate Work Centrality, we used the Work Centrality scale (Bal & Kooij, 2011; Hirschfeld and Field, 2000). Participants were asked to rate three sentences on a four-item scale ranging between *strongly disagree* (1) and *strongly agree* (4), for a exmaple: *the most important things that happen to me involve my job*. In their research, Hirschfeld and Feild (2000) showed the distinct psychometric properties of the work centrality scale; namely, they demonstrated that levels of work-centrality are surely associated with a person’s self-identity and value system, a good internal consistency and overall psychometric values Bal & Kooi, 2011). In this present study, we have found an acceptable α = .71

**Statistical analysis**

Assumption checks will ensure the variables being at interval levels. Linearity will be checked by plotting predicted values versus standardized residuals; we expect the cloud data points to be best described using a horizontal line, as will homoscedasticity, with the cloud data points being expected to have the approximately same width everywhere. Normality will be checked using a P-P plot, in which we expect the points to follow a diagonal line. Multicollinearity will be checked by tolerance of predictor j, which should be well above .10, as well as VIF, which should be below 10.

**Statistical analysis**

For H1, we used a Linear Regression Analysis using SPSS IBM 25, in order to model the relationship between work-centrality (X) and JLCG (Y). Power analysis was conducted F(9,1) = 3.46, p = 0.01, observed power = 0.97. This excellent power value signifies a low chance of type 2 error, so a higher chance that the analysis will detect a significant result when it should.

For H2, we used the PROCESS Macro for SPSS IBM 25 package (Hayes, 2012) in order to conduct moderation analysis, in order to determine whether the relationship between work-centrality (X) and JLCG (Y) is moderated by Social Support (M). Power analysis was conducted using G\*Power 3.1, providing with excellent observed power = 0.97.

**Results**

**Preliminary results**

**Outliers**: This was checked in standardized residuals, with the minimum being bigger than -3 (-1.86) and the maximum smaller than 3 (2.46). Influential outliers were not detected, which was checked with Cook’s distance. Cook’s Distance was indeed smaller than 1 (D = 0.14). Centered Leverage values solidify our findings, being smaller than 3(k+1) distance (0.97). In short, outliers were within the normal range.

**Assumption checks**: Linearity appeared good on the scatter plot, as did homoscedasticity. Since our N<100, it is not robust against normality violations, nonetheless scores in the P-P plot follow straight line. No multicollinearity was accessed by tolerance value being >0.10 (1.0), and VIF was being <10 (1.0). In short, our assumptions were not violated.

**Analyses**

For H1, we expected that individuals scoring high on the Work Centrality scale (X variable) would be more likely to experience higher levels of JLCG (Y variable). Results of R2 = .18 signified that 18% of the total variation of JLCG can be explained by work-centrality. Furthermore, results indicated that F(1,79) = 17, p = .000, meaning that people with higher work-centrality are more likely to experience job-loss related complicated grief. Lastly, it was found that work-centrality significantly contributed to the model, B = 0.2, p = .000.

For H2, we hypothesized that individuals’ experience with JLCG (Y) scoring high on the Work Centrality scale (X) will be moderated by high Perceived Social Support (M = 22, SD = 4) (M). Results yielded a significant F test F(3,77) = 7.9, p = .000. Furthermore, R2 = .23 signifies that 23% of total variation of JLCG can be explained by our model. Perceived social support does not a significantly contribute to the model. B = -4.5, p = .176. Lastly, the interaction effect was not significant, (p = .319), meaning there is no significant moderation effect. Hence, we do not have sufficient evidence to support H2.

**Discussion**

Our research intended to shed a light on the field of JLCG; while we knew that job-loss may lead to complicated grief (e.g., Papa & Maitoza, 2013), there was a gap in knowledge regarding how that stands concerning people who score high in work-centrality. We also knew that social support generally mitigates the effects of grief (Burke & Neimeyer 2013). Thus, we investigated whether higher work-centrality is associated with higher levels of JLCG.

Indeed, our results showed a significant relationship between work-centrality and JLCG, confirming H1. On the basis of the fact that identity disruption can lead to CG (Zucker, 2021), we examined job-loss in the context of identity. As such, we chose the identity-related characteristic of work-centrality to investigate whether its presence is more highly associated with JLCG. Results signify that this identity related assumption is factual. Thus, our results agree with previous findings and expand the research in the field of JLCG by stressing the importance of high identity-centrality towards work, as a possibly related to JLCG.

Secondly, we expected that for people scoring high on the work-centrality scale, the relationship between the aforementioned characteristic and JLCG would be moderated by the presence of high perceived social support. Indeed, results indicated significance. Nonetheless, moderation results were not significant and we have thus rejected our H2. These results do not nullify the notion that social support is, in general, a protective factor for mental health and well-being, as shown for example in the meta-analysis by Harandi et al. (2017), as well as the notion that social support can act as a buffer for symptoms following job-loss (Canavan et al., 2020); they simply showed the failure to link high perceived social support to JLCG in this specific study. Possibly, these findings are due to the low M = 22 of social support. Since perceived social support was not high, its moderating effect could not be properly assessed, yet there is an interaction, as indicated by the significant test statistic and non-significant moderation results.

**Limitations**

The results of this cross-sectional study can provide some good preliminary evidence for future studies. Nonetheless, due to the nature of our study, we were not able to investigate a temporal relation between risk factor (work-centrality) and outcome (the experience of JLCG) (Wang & Cheng, 2020).

Secondly, having utilized a one-nationality sample, we believe that results could limited by culture specific markers.

Lastly, we have been unable to establish a moderation between high perceived social support and the experience of JLCG in work-centered individuals, although this seems to differ with academic consensus. We believe that the low social support perceived by participants can be partly due to their experience with job-loss taking place during the COVID-19 pandemic, which has been shown to decrease the perception of social support (Longest & Kang, 2022).

**Suggestions for future research**

Consequently, we suggest the future investigation of findings using longitudinal research, which can address limitations regarding causality (Sankoff, 2013) resulting in the ability to assess risk and protective factors. Specifically, future longitudinal research may look into other risk factors involved in the experience of JLCG, such as personality characteristics as well as more protective factors

Since our sample involved one nationality group, further research could include a plethora of nationalities, in order to get more generalizable results, since there is support for the influence of culture in the experience of JLCG, such as in individualistic cultures in which the subjective experience of social support is limited (Siqi, 2021), and the grieving process is private and less expressed (CancerNet, 2019).

Lastly, future research with more a heterogeneous sample will be able to give a more accurate image in the study of social support and its relation to JLCG - with the possible higher presence of social support - . Combined with a longitudinal design such research could also account for the fact that perception of social support can be altered during the pandemic, in order to assess social supports’ moderating role to JLCG more accurately.

**Implications**

Based on our results, we are able to suggest to future studies to establish a potential risk factor regarding JLCG. By tying the notion that identity disruption can lead to CG (Mitchell et al., 2020), to the assumption that people who more highly identify with their work role are more prone to experience JLCG, we hope that both clinically and scientifically, a discussion will arise that will promote further investigation regarding other factors that affect JLCG. As such, more risk factors could be identified as well as more protective factors, the knowledge of whom is crucial in the understanding and treating mental-health disorders ( Mrazek & Haggerty 1994). If this is so, we may attain a deeper understanding of a promising field of research such as JLCG, which in turn will enable the application of the research results on clinical practice. This is, after all, on of the goals of the Social and Behavioral sciences (APA, 2014).

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