



PTSD AND THE LABOUR MARKET - SPECIFICS OF THE IMPACT OF THE WAR SYNDROME AND THE DIFFICULTIES FACED BY REPRESENTATIVES OF THE WORKING POPULATION AFFECTED BY IT

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Abstract

The aim of the study is to analyze the impact of the increased risk of developing PTSD on the professional lives of affected individuals and the specifics of their position in the labor market. The basis for this research is the Russian-Ukrainian war, which in 2022 grew from a local conflict to a level far surpassing the Yugoslav conflict. Such crisis events place a huge burden on the human psyche, can cause numerous mental problems, and, due to the vast number of refugees, will undoubtedly trigger migration crises. Considering the historical experience of wars and the current prospects for long-term development, the number of people with chronic disorders will only grow, which is why it is important to learn how to reintegrate people with PTSD into society in general, and into the labor market in particular. A secondary, but no less important aspect is the adaptation of the results to times and societies not affected by global traumatic crises, since PTSD, contrary to its reputation, does not only concern victims and participants of conflicts. The study analyzes and proposes recommendations both for employees identified as being in a risk group and for the direct management of such employees. The research employs literature analysis and a qualitative anonymous survey of respondents. This study focuses on the increased risk of PTSD or the diagnosis itself on the careers of individuals in the labor market, with particular emphasis on the impact of the Russian-Ukrainian war. A survey conducted among diverse respondents aged 18-44 reveals trends in education and challenges in work that intensify with the level of risk. Limited use of the support program suggests the need for increased participation measures. Recommendations for individuals emphasize self-assessment, open communication, continuous education, and seeking help. Employers are advised to support open communication, consider indirect identification, raise mental health awareness, redistribute duties, and avoid direct pressure on individuals with PTSD. These recommendations aim to create a supportive environment, highlighting the necessity for further interdisciplinary research.

Keywords: Post-traumatic stress disorder (PTSD), war syndrome, labor market

JEL Classification: J40, J2, D2

Introduction

The 2022 Russian-Ukrainian war has prompted urgent research into the psychological aftermath of conflict-induced displacement, notably in Eastern Europe, especially Poland. The crisis is underscored by a staggering influx of Ukrainian refugees, around 2.4 million seeking refuge in Poland, as reported by "Evropeyska Pravda." This migration has generated socio-psychological challenges, akin to historical phenomena like the enduring "Vietnam syndrome," indicating lasting cultural imprints from such crises.

Adding urgency, the Operational Data Portal, as of October 18, 2023, reports 1,639,725 refugees in Poland alone, emphasizing the magnitude of the issue. The term "refugee" implies compelling reasons for leaving one's native home, suggesting a high likelihood of significant traumatic experiences and subsequent PTSD development among this population.

Delving into the clinical dimensions of post-traumatic stress disorder (PTSD) per ICD-10 reveals a spectrum of symptoms impacting individuals personally and resonating within the broader social fabric. This list of symptoms is likely to exert an extremely negative impact on the social and career life of the affected person, influencing diverse aspects of life and world perception. Observed symptoms such as trauma reliving, emotional numbness, and heightened autonomic arousal raise critical questions about the long-term psychological impact on the displaced population.

Beyond immediate humanitarian concerns, our study aims to unravel the intricate dynamics of collaboration with individuals suffering from PTSD. The goal is not only to mitigate further trauma but also to foster a comprehensive understanding that goes beyond immediate crises. It addresses the enduring challenges posed by PTSD even after the cessation of historical events. By synthesizing diverse perspectives, this research aims to provide a robust foundation for future studies and policy formulations, facilitating informed strategies for the resilient re-adaptation and integration of displaced populations into post-crisis societies.

Exploring PTSD through various research angles, each shedding light on different facets of its implications, this study follows the ICD-10 framework. PTSD manifests a range of symptoms intricately affecting an individual's personal / social life. The study assesses the degree of damage by pinpointing specific symptoms / symptom groups associated with the syndrome within the working population susceptible to PTSD. It examines demographic factors like age, gender, education level, and social status.

Simultaneously, the research agenda extends to understanding the impact of PTSD on the professional qualities of employees. This involves a nuanced examination of the challenges faced by individuals post-syndrome onset. The study aims to provide tailored recommendations for those at risk or currently experiencing PTSD, utilizing anonymous questionnaires to gauge the extent of damage and its correlation with various professional challenges.

The research initiative investigates the difficulties faced not only by employees dealing with PTSD but also by their employers. The objective is to identify challenges and develop practical recommendations for employers to reduce conflict situations, alleviate overtime pressures, and ensure stable cooperation. This study is conducted in the cultural, social, and situational context of the Russo-Ukrainian war after the lull period and the subsequent full-scale invasion of 2022. The research design uses a survey method, utilizing anonymous questionnaires among able-bodied individuals affected in one way or another by military operations.

Synthesizing diverse research perspectives, this study aims to contribute to the immediate understanding of PTSD's impact and inform strategies and policies for the resilient re-adaptation and integration of the affected population into post-crisis or unaffected societies. The perspective is labor-market and non-governmental oriented. It's crucial to note that this study is not medical and cannot be used as such.

Main Hypothesis: The relationship between post-traumatic stress disorder (PTSD) and work performance manifests in significant effects on various aspects of work, including job performance, career choices, and workplace relationships.

1. Definition of PTSD and, formed in the shadows of stereotypes, perception of the syndrome

This section is necessary because the specificity of the study and the number of formed stereotypes require a detailed description of the basic information. The purpose of the section is to prevent biased judgment due to a distorted rejection of the problem.

PTSD, according to the ICD 10th edition (F 43.1) current at the time of the study, has the following definition: "Arises as a delayed or prolonged response to a stressful event or situation (of either brief or long duration) of an exceptionally threatening or catastrophic nature, which is likely to cause pervasive distress in almost anyone. Predisposing factors, such as personality traits (e.g. compulsive, asthenic) or previous history of neurotic illness, may lower the threshold for the development of the syndrome or aggravate its course, but they are neither necessary nor sufficient to explain its occurrence. Typical features include episodes of repeated reliving of the trauma in intrusive memories ("flashbacks"), dreams or nightmares, occurring against the persistent background of a sense of "numbness" and emotional blunting, detachment from other people, unresponsiveness to surroundings, anhedonia, and avoidance of activities and situations reminiscent of the trauma. There is usually a state of autonomic hyperarousal with hypervigilance, an enhanced startle reaction, and insomnia. Anxiety and depression are commonly associated with the above symptoms and signs, and suicidal ideation is not uncommon. The onset follows the trauma with a latency period that may range from a few weeks to months. The course is fluctuating but recovery can be expected in the majority of cases. In a small proportion of cases the condition may follow a chronic course over many years, with eventual transition to an enduring personality change (F62.0). "Traumatic neurosis."

Despite the official definition, PTSD has a specific history and origin that shapes its perception. There's a regular replacement of concepts in society and culture, such as acubarotrauma, war syndrome, and PTSD. This interchangeability is a recurrent phenomenon when discussing various disorders, reflecting the intrinsic nature of post-traumatic stress disorder. PTSD manifests some time after profound traumatic experiences, especially on a massive scale, drawing public attention to the aftermath of participation and residence in a combat zone.

It is crucial to differentiate War Syndrome from PTSD in related research. Unique symptoms among individuals who experienced the same events, within shared cultural and moral contexts, lead to distinct diagnoses. Ongoing advancements in science influence diagnostic methods and disease classification, contributing to a better understanding of these disorders. For example, Gulf War Syndrome includes PTSD symptoms, as seen in the 1999 BMJ article 'Clinical Findings for the First 1000 Gulf War Veterans.' Researchers identified common characteristics but were unable to explain the phenomenon or clearly distinguish it from post-traumatic syndrome.

A parallel example is Shell Shock, diagnosed during the First World War, a time when PTSD was not officially recognized. It is considered an archaic complex of disorders, prompting recent studies from the fields of literary studies and cultural studies, such as M Grodzka's article in 2015, which explores shell shock and its impact on poetry.

The stratification of conflict-related diagnoses is influenced by the weapons and tactics used, resulting in similar health consequences for many persons. The strong association of these disorders with accompanying diagnoses, such as acubarotraumata or mine-explosive injuries, is crucial. Despite being distinct medically, they are often equated with PTSD from a media-cultural perspective. In the 'Features of Combat Trauma Accompanied by Acubarotrauma in

Military Personnel-Participants of Hostilities' (2019) reveals that 6.5% of patients with mine-explosive traumas received a PTSD diagnosis, while nearly 32% with acubarotrauma were diagnosed with mental and behavioral disorders, including (not limited to), PTSD.

In current research, PTSD is aligned with the standard definition and understanding, as defined by characteristic symptoms in ICD-10. While not all symptoms need to manifest, each one individually impacts social aspects of life, presenting challenges or rendering professional activity impossible for the affected person.

In conclusion, the interchangeable use of terms in trauma-related disorder discussions highlights our evolving understanding influenced by cultural and scientific developments. Recognizing these factors is vital for accurate diagnosis, effective treatment, and challenging societal stigmas linked to conditions like PTSD. Indirect confirmation of this conclusion is evident in Figure 1, a table illustrating the evolution of PTSD understanding and perception through the analysis of American media and mentions during global armed conflicts.

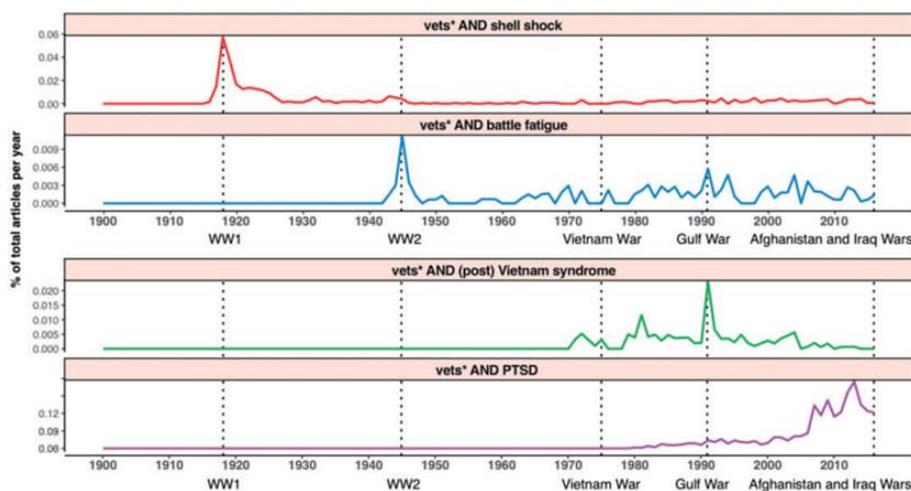


Fig. 1. Appearing of post traumatic disorders in American media sources

Source: A. M. Chekroud, H. Loho, M. Paulus, J. H. Krystal.(2018) p. 2

2. PTSD as a workflow factor: known researches and practices

When it comes to examining how PTSD affects work activities, there is a shortage of relevant studies. Many of them either touch on unrelated topics or lack objectivity and direct applicability. However, studies do exist. To get a more or less objective idea about the impact of PTSD on people's productivity, sources that provide the widest possible overview in various contexts of research on the issue of PTSD were considered in compilations.

The 2001 study "Career Development of Trauma Survivors: Expectations about Counseling and Career Maturity" by Coursol, D. H., Lewis, J., & Garrity, L. yields intriguing conclusions. While not directly related to PTSD, the research explores individuals who underwent large-scale traumatic experiences rather than specifically PTSD. Findings indicate heightened motivation and proactiveness in careers, along with reduced empathy. However, career advancement is minimally affected. It's crucial to note limitations, including sample objectivity concerns as the study was conducted in the United States, with research groups predominantly comprising non-local national minorities, especially representatives of the peoples of the Caucasus. Moreover, a notable gender imbalance exists, with a substantial majority of female respondents compared to male respondents.

Amick et al. (2018) explored challenges faced by veterans of Afghanistan and Iraq, specifically examining employment status, deployment trauma phenotype, and the interconnectedness

of these factors. The research revealed that the coexistence of PTSD and depression significantly heightens the likelihood of unemployment among veterans, particularly in the age group of 18-50 years. Notably, these indicators manifest in specific conditions, involving disorders acquired in traumatic situations. Low social motivation, particularly in labor market participation, was identified as a primary issue. The study provided recommendations for rehabilitation and resocialization, potentially relevant to the War Syndrome discussed earlier. However, criticism arises for the study's narrow sample, limited to male military veterans of specific conflicts, without extending the focus to refugees from the same conflicts. Unlike the previous study, this research precisely investigates medical diagnoses rather than solely the presence of traumatic experiences.

According to the research conducted by He et al. (2022), their study explores the correlation between migration status and labor market exclusion among individuals dealing with post-traumatic stress disorder (PTSD). This research is particularly significant in the contemporary context as it addresses the employment challenges faced by migrants with PTSD within the labor market, marking a novel contribution to research in the European region.

The study relies on data from the Psychiatry Sweden register linkage, specifically focusing on PTSD sufferers diagnosed between 2006 and 2009. Notably, the absence of a control group is acknowledged as a limitation, as the study exclusively examines migrants with PTSD.

Despite these limitations, the research establishes a fundamental connection between the severity of mental disorders and the degree of marginalization and stigmatization in the observed society. Contributing factors include challenges of adaptation, language barriers, skill deficits, and employer distrust regarding the reliability and competence of migrants, often linked to high absenteeism from work.

IREX and Veteran Hub, a renowned non-profit organization, offer a wealth of high-quality reports, studies, and support materials, exemplified by their July 2021 analysis report titled "Program of Veterans' Reintegration." Although not directly focusing on PTSD, their research sheds light on the challenges veterans encounter during reintegration and resocialization into civilian life, particularly relevant in the context of the highlighted conflict.

The report reveals that veterans continuing in active service fare better economically and socially compared to those who have left. The latter group encounters difficulties in securing and maintaining employment, with factors such as physical injuries and societal perception hindering their careers. Despite being open to third-party assistance for improving qualifications and employment, veterans express a relatively low opinion of the usefulness of these services, rating them below five on a 10-point scale, suggesting potential issues with service quality.

This finding may align with results from Amick et al. (2018), highlighting low motivation among veterans in the job market, as well as observations from Coursol (2001) about veterans recognizing societal prejudice and feeling misunderstood. Additionally, He et al. (2022) underscored the stigmatization and marginalization of this social group in society. These factors, based on the report's data and the publication timeframe, appear to be the most likely primary contributors to the challenges faced by veterans.

It's essential to note that this source is outdated, and the impact of the full-scale invasion on culture and society is not yet fully understood. As of the article's creation, there is a lack of more current research on this topic. Of course, this report is limited by the specifics of its purpose, methodology, and sample, which concentrated only on veterans. For the actual research, this one material is only tangential. Nevertheless, despite its indirect link to PTSD, the report provides valuable insights and recommendations for projecting research questionnaires focused on potential challenges. These insights can be relevant and applicable in diverse contexts, contributing to a broader understanding of the complexities not only veterans face in the scope of PTSD and beyond.

Worth noting is the significant attention given to the work of Resnick and Rosenheck (2008), which, despite focusing exclusively on American conflicts and the struggles of veterans with PTSD, resonates with similar issues identified in earlier reports and other studies. The overarching theme is that veterans encounter challenges in securing employment, with those suffering from PTSD facing even greater obstacles. Key issues identified in the research include a deficiency in civilian education and experience among veterans, societal bias, and a general lack of understanding regarding veterans and the context of conflicts. Specifically regarding PTSD, the study underscores avoidance symptoms as a significant challenge. Additionally, finding a structured and disciplined workplace is noted as another obstacle faced by veterans dealing with PTSD. This aligns with the broader narrative presented in the earlier report and emphasizes the pervasive difficulties that veterans, particularly those grappling with PTSD, encounter in their pursuit of employment.

Taking into account the eloquent research data indicated above, the following example programs and initiatives are considered, the purpose of which is the rehabilitation and/or resocialization of veterans, people with PTSD. The sample is entirely focused on programs and initiatives designed to provide assistance, with a particular focus on psychological support and adaptation to the labor market. This emphasis aligns with the current research objectives, underscoring the relevance of understanding how these programs address both psychological well-being and integration into the workforce.

Globally, the awareness of PTSD as a barrier to employment has led to the establishment of services aiding individuals facing this challenge. APM Human Services International Limited, originating from Australia, specializes in assisting disabled individuals by providing services related to disability employment, such as job searches, resume writing, job listings, qualification improvement, and transportation. It's essential to note that APM Human Services International Limited focuses exclusively on employment assistance for disabled and/or injured individuals and does not offer psychological rehabilitation and resocialization services. Interestingly, similar projects are not evident in Poland, possibly due to the effectiveness of local society and legislation that render such services unprofitable and unnecessary in the local market.

Beyond employment-focused efforts, there are initiatives providing psychological assistance. An example is Fundacja named Let's Help Together, in collaboration and support with IKEA, which set up their support center in Krakow. Named center focused on addressing war syndrome (also PTSD) among Ukrainian refugees, offering the following types of support: psychological help, integration sessions, translation and language learning services, material support, and legal support.

The final example in the "civilian" service category is ADRA, a non-commercial, church-initiated initiative relying solely on donations. Despite the mixed reputation of closely affiliated religious foundations and initiatives, ADRA stands out for its assistance model, emphasizing remote contact methods such as hotlines and online consultations. This program, like its predecessor, focuses on psychological support, adaptation to a new society, and overall reintegration into a peaceful community. Specifically targeted at Ukrainian refugees in Poland, the program's notable feature and potential drawback for certain individuals lie in its distribution format, lacking a distinct physical center with regular in-person interactions.

While no specific organizations or initiatives exclusively focus on PTSD, there are various programs and foundations that acknowledge PTSD as a potential common challenge within their target audience. These initiatives contribute to the adaptation and reintegration into the labor market for individuals who suffer from PTSD.

The sector of assistance conventionally labeled as "military" is primarily oriented toward helping veterans. Notably, these services and initiatives are prevalent in countries directly affected by military conflicts, exclusively focused on their own veterans. In other countries, including the Republic of Poland, such initiatives are largely absent, reflecting market dynamics

and a lack of demand. Similarly, civilian programs, despite acknowledging PTSD as a phenomenon and problem, do not distinctly orient their assistance toward PTSD. Instead, they perceive PTSD as a related issue. Below is a brief overview of several such programs.

The first, worthy of attention, is the non-commercial project Veteran Hub. This initiative is entirely aimed at veterans of the Russian-Ukrainian war. The localized project is also on the territory of Ukraine. Veteran Hub has a very wide scope of activity, which includes:

- Conducting research on veterans' issues with subsequent publication of results and development of recommendations for veterans, potential employers, as well as loved ones and relatives of veterans.
- Hotline for psychological, labor or legal assistance.
- Conducting and supporting various educational programs, professional development courses
- Conducting various resocialisation and readaptation programs.
- Coverage of the issue to the general public in an understandable format by using such services and social networks as, for example, Twitter, YouTube, LinkedIn.
- Cooperation with employment centres and other initiatives that help to employ veterans.

The last point is important because, upon closer examination, and even in the following examples, it can be seen that, unlike the civilian sector programs, there is a rather close and direct connection between the initiatives. In such connections, Veteran Hub is especially often noticed, which is why a more detailed separate study of this particular organization in the context of increasing the effectiveness of cooperation and communication of public initiatives and unions is recommended in advance.

Happy Monday's initiative "There is a Job for a Veteran" is a project that endeavors to cultivate a positive image of veterans by showcasing individual veterans' stories. The project includes a "job for a hero" job-portal filter, designed for employers who are open to hiring veterans. Developed in collaboration with IREKS and Veteran Hub, this initiative's goal is to overcome bias against veterans (including in the labor market) and reduce the level of stigmatization and marginalization. PTSD here is also only a tangential but conscious factor. This project does not provide special classes or direct support and is quite simple in terms of its technological process, but still very interesting in the question of readaptation of the target audience.

The last of the list of initiatives singled out for current research is The Free People's Employment Center. The Free People's Employment Center is also a Ukrainian non-profit organization. Founded and operating since 2014. This example is no longer directly related to the Veteran Hub, but IREX is noted in the partners, which also does not directly connect the organizations. Functionally, this initiative duplicates the Veteran Hub, but also provides assistance to the "civilian" sector in the form of temporarily displaced persons and people affected in one way or another by the war in Ukraine, and the project is not specifically focused on mental health care, focusing mainly (almost exclusively) on legal issues and material aspects, searches for additional financing, or assistance programs, professional development. An interesting feature of this program is that quite "official" organizations, such as the "USAID" program, are also present among the partners, which indicates the involvement of foreign capital to perform their own functions.

The peculiarity of all three initiatives is that they were built from the bottom up, as volunteer small initiatives, but grew to a more global scale and formed an internal network of interactions to a certain extent. All these initiatives arose as a result of the emergence of a historical crisis and war in Ukraine. The reasons why such programs were chosen are their immediate relevance and, unfortunately, record demand on the market due to the intensity of military operations, which implies a very active development of the direction in response to such challenges.

There are diverse initiatives aimed at rehabilitating refugees and veterans with PTSD, emphasizing the challenges faced by these groups. The July 2021 analysis report highlights the significance of continued service for veterans' economic and social security. However, concerns

about the quality of support services and societal stigma persist. The global acknowledgment of PTSD's impact has led to the development of various support programs. Initiatives in conflict-affected countries, notably Ukraine, demonstrate comprehensive support, evolving into some kind of organized networks. The study underscores the crucial role of psychological help and adaptation in facilitating the reintegration of affected persons into society.

In conclusion, the chapter examines the impact of post-traumatic stress disorder (PTSD) on professional activity. Despite research limitations, findings from studies on traumatized individuals, veterans, and migrants provide insights into the complex relationships between PTSD and work-related difficulties. Initiatives targeting both civilian and military contexts play a crucial role in addressing PTSD-related challenges, emphasizing psychological support and adaptation for successful reintegration into society and the labor market. These programs underscore the need for comprehensive approaches to support individuals with PTSD in achieving sustained recovery across diverse social contexts. While analyzing third-party sources, diverse issues were identified, and some study results showed discrepancies depending on the research context. The consistent observation is the significant marginalization and stigmatization of individuals with PTSD and veterans.

3. Survey methodology description block

In addition to literary analysis, this study also employs anonymous questionnaires to gather independent statistics. The choice of research methodologies and certain limitations are driven by various factors, including:

- Situational Context: Military conflicts and their aftermath deviate significantly from normal societal conditions, necessitating a focus on the historical environment:
- Cultural context (the research is forced by its structure to investigate mainly the issues in the context of representatives of European cultures in general and Ukrainians in particular).
 - Social context (the study was conducted mainly among refugees and temporarily displaced persons, which makes it necessary to distinguish social groups).
 - Sensitivity and Ethical Considerations: Given the topic of PTSD, even in the context of the labor market, there is a risk of causing harm to respondents through overly intrusive or triggering questions.

Due to these factors, the chosen methodology is an anonymous survey that emphasizes qualitative data collection over quantitative data. It is anticipated that the sensitive nature of the topic may deter many potential respondents from participating in the study.

The method of distribution of questionnaires is the use of the Google Forms service and the sending of physical, paper analogues to a place with potentially higher traffic of the target audience, or a direct offer to participate in the study. The research is not tied to a specific location, but the overwhelming number of questionnaires are filled out on the territory of Ukraine or Poland. The key criteria for potential respondents is one or another suffering caused by military actions that affected their lives. This criterion is not something mathematically determined, due to which a certain filtering system will be provided in the questionnaire itself.

It's crucial to note that the majority of questions in the questionnaire elicit responses based on the subjective feelings and experiences of the respondents. Care should be taken to avoid questions that may prompt traumatic experiences, as this could potentially harm the respondents.

The questionnaire is structurally designed with three parts, colloquially referred to as "filter," "problem scanner," and "portrait" for clarity. The "filter" assesses the risk of PTSD or identifies the diagnosis, the "problem scanner" identifies challenges faced by the respondent in the labor market, and "portrait" defines the current social position, age category, and education.

This approach allows for a detailed analysis of the research problem with a potentially smaller sample, considering the sensitivity of the topic and limited research budget.

Data Collection Period: The data collection process, including the survey and compilation of result statistics, took place from January to April 2023, conducted by Daniil Poliakov. It is essential to clarify that these questionnaires are not intended as medical research material, and the results should not be definitively interpreted as medical findings. Both versions of the questionnaire were available in Ukrainian and English for localization purposes.

3.1. Direct design of the questionnaires used in the study

This subchapter describes the logic of each section of the questionnaire, and the first section, "Filter," is derived from the checklist found in the PTSD Recovery Workbook (Jennifer B. Hughes, PhD, 2022, p. 5). This source is regarded as the most comprehensive and accessible list of symptoms, presented in straightforward and easily understandable language for respondents without specific knowledge in the field. Recognizing that some respondents may have already been diagnosed with PTSD by medical specialists, this section includes a checklist and a second direct question inquiring about a pre-existing diagnosis. A positive response to this question automatically categorizes respondents into the highest risk group.

There are three groups of risk for developing PTSD. Their classification, based on the responses to these two questions, is described below:

1. The General Group (Full or F Sample) comprises all respondents who finished the survey, irrespective of their provided answers.
2. The Increased Risk Group (Risk or R Sample) includes respondents who either confirm the presence of a medically established diagnosis of PTSD in the second question, or list symptoms in the following minimum proportions:
 - a. Minimum one symptom of the Intrusive or/and one of the Avoidance category.
 - b. Minimum one symptom in category "Negative Cognitions and Mood".
 - c. Minimum one symptom in category "Hyperarousal".
3. Higher risk group (sufferers or S sample): as the name suggests, has the highest chance of developing or having PTSD. Due to the specific problem of stigmatization of psychological aspects of health and this disorder separately, it was decided that within the framework of the current study, this subgroup are guaranteed carriers of PTSD, and one cannot rely on the absence of a documented diagnosis, since there is a high probability that, even with all the symptoms, respondents with these categories mostly do not consult a medical specialist. The respondent must indicate that he has a diagnosis, confirmed by a specialist, or indicate the symptoms with the following criteria quotas:
 - a. Minimum one symptom of the Intrusive category.
 - b. Minimum one symptom of the Avoidance category.
 - c. Minimum two symptoms in category "Negative Cognitions and Mood".
 - d. Minimum two symptoms in category "Hyperarousal".

To enhance objectivity and minimize the influence of human error, all symptoms from the checklist are randomly presented without grouping by types. At this stage, respondents are informed through an information post about the non-medical nature of the study. Nevertheless, if respondents exhibit any symptoms, it is recommended for them to consult a medical specialist for preventive purposes, ensuring the privacy of surveyed individuals while encouraging them to pay attention to their condition and seek help if needed.

The second segment of the questionnaire, termed the "Problem Scanner," focuses on the issues encountered by respondents in the labor market and their self-perception in this context. The following list of questions is provided:

- Do you identify as a refugee, displaced person, or temporarily displaced person?
- Do you have official refugee, displaced person, or temporarily displaced person status?
- Have you utilized any social, humanitarian, or psychological assistance programs?

- If yes, how did you learn about these assistance programs (participation is optional)?
- Are support programs (psychological, material, legal, etc.) available at your current workplace, and do you use them? Optionally provide the actual type.
- What country are you currently in?
- For respondents outside Ukraine: What is your proficiency in the local language?
- For respondents outside Ukraine: How challenging is the language barrier for you?
- What work-related tasks have become more difficult after a traumatic experience?
- Are your colleagues aware of your traumatic experience, and how does it impact you?
- Is your management aware of your traumatic experience, and how does it affect you?
- What key factors motivate you to stay at your current job?
- What factors would influence your decision to choose another job (even theoretically)?
- Do you find the job search process more challenging after a traumatic experience?
- Do you wish to continue working in your current industry after a traumatic experience?
- How do you perceive your income compared to others in similar positions?

This set of questions aligns with the research's concept and structure, intending to objectively highlight the challenges faced by respondents in their professional lives. Constructed to capture subjective perceptions of difficulties, the questions maintain brevity to minimize the potential for harm.

The last, "Portrait" block of questions is the most straightforward in terms of structure, but no less important. List of questions:

- Age of the respondent.
- Gender of the respondent.
- The highest level of education received.
- Social status of the respondent.
- Having the status of an ex-combatant (veteran).

This block of questions aims to determine which social groups are most at risk of PTSD and, if there is sufficient data, to compare how much the problems of veterans with PTSD differ from civilians with the same diagnosis in the context of the labor market and work processes.

3.2. Scenario of current research implementation

The research process unfolds through distinct step-by-step phases:

1. The basic process of collecting raw data:
 - a. Gathering basic data regarding the subject.
 - b. Definition and direct analysis of direct and related studies.
 - c. Establishing the subject matter and purpose of the actual research
2. Designing own actual research:
 - a. Creating a general research design plan.
 - b. Choosing a research model, and defining the structure, focus, and format.
 - c. Developing questionnaires considering the literary analysis.
 - d. Defining the methodology for obtaining a maximally unbiased sample.
3. Direct field research:
 - a. Data collection involves surveying respondents through anonymous questionnaires using digital and ergonomic paper analog formats.
4. Analytical process:
 - a. Analyzing the information obtained in the previous stage.
 - b. Identifying risk groups.
 - c. Determining the general portrait of respondents according to the increased level of risk of developing PTSD.
 - d. Identifying patterns and regularities regarding the level of risk and the difficulties faced by respondents in their professional life and in the labor market.
5. Summary of obtained research results:

- a. Summarizing the research findings.
- b. Developing recommendations to improve the position of the studied social group in the labor market and professional life.
- c. Presenting the conclusions and recommendations in a topical article.

This comprehensive approach ensures a robust exploration of the research topic. It contributes not only to understanding the challenges faced by the target population but also to finding practical solutions. By combining initial data collection, meticulous research design, careful fieldwork, and thoughtful analysis, the research aims to provide valuable data that can be transformed into effective strategies for addressing the identified challenges.

3.3. Sc Results of the actual research

In this study, 34 respondents belonging to group F (including 14 men and 20 women) met the minimum requirements, participated, and completed the survey. Group R included 18 respondents (8 men and 10 women). Of these, only 9 respondents (4 men and 5 women) entered group S. The structure of the samples can be seen in Figure 2.

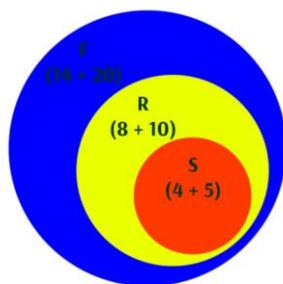


Fig. 2. Structure of samples Appearing of post traumatic disorders in American media sources

Source: own findings

The majority of survey participants are located in Poland or Ukraine (18 and 13 respondents for the F sample), with a predominant age range between 18 and 44 years (22 for F, 13 for R, and 6 for S samples). Regarding educational background, a significant portion of respondents possess bachelor's degrees, secondary special education, or master's degrees (9, 9, and 7 for F; 6, 8, and 1 for R; 1, 5, and 1 for S), indicating a prevalence of humanities and other qualified fields among the participants. Notably, a considerable number of respondents were active members of the labor market at the time of the survey.

There is a significant increase in the percentage of respondents with secondary special education in sample S. Determining whether this anomaly is a consequence of a statistical error poses a challenge due to the relatively small sample size, hindering a comprehensive quantitative study.

Thus, the results are likely shaped by the geographical characteristics of Ukraine, particularly in regions directly affected by active conflict and frequent shelling. Despite Ukraine's overall urbanization rate being 69.5% as of 2020 (source: Wikipedia, "Population of Ukraine"), the country includes numerous small towns and urban-type villages that do not always function as district centers and are situated near various industrial complexes. This landscape can result in limited access to higher education institutions while simultaneously creating a demand for individuals with at least medium-level specialized education.

For example, consider towns, that become places of a huge urban battles (and, as a result, places, where were maximal possible present of refugees and refugees with PTSD especially), such as Lysychansk (population 99,500), Rubizhne (population 56,800), and Severodonetsk

(population 104,600 Part-time - the only city from the list that has at least approximate official demographic indicators of only 3 thousand residents. The percentages of those, who KIA, MIA or refugees are not known, but the scale is very telling for the region as shown on Fig.3), which are taken as examples due to their proximity to and part of the active warzones (2017-2020 population calculation, before the active military phase in the region). These towns, part of one geographic agglomeration (one of many in the region), can be compared in the geography-structural sense to the Polish Tricity (total population approx. 1 million as of 2021) for context. All comparative population data are taken from Wikipedia articles corresponding to the regions.

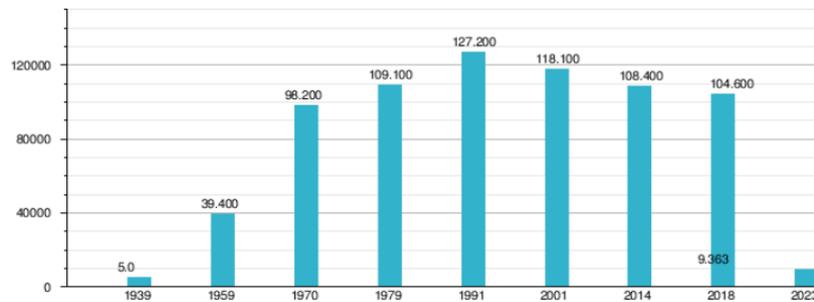


Fig. 3. Demographic changes in the Severodonetsk after becoming warzone

Source: <https://uk.wikipedia.org/wiki/Сєвєродоноєцьк> (2024-12-10)

Among respondents outside their native land (Ukraine), an analysis was conducted on their mastery of the local language and the emerging language barrier. The answers of 21 respondents from group F were considered. A 10-point survey was used for both questions, where 1 means a complete lack of language proficiency or the absence of a language barrier, and 10 indicates perfect language proficiency or an insurmountable barrier. The average level of proficiency was found to be 3.9 points (below average but not at zero level), while the language barrier was estimated at 4.5 points (close to average). These results suggest that while the language issue is recognized, it is not critical and can be addressed through the use of a common third language, communication, and socialization centered on nation-based social associations. The language kinship, especially given the majority of respondents localized in Poland, could be of significant importance.

Contrary to expectations of comparing the problems of military veterans and civilians suffering from PTSD, it was not possible to interview a single respondent with the status of a former combatant. This can be explained by several reasons: active mobilization measures, which primarily include veterans from previous years of the conflict, a low degree of demobilization, closed borders for the vast majority of the male population to travel abroad, a percentage minority in relation to the general population, etc..

Additionally, there is a weak correlation between the likelihood of PTSD and self-identification as a refugee or internally displaced person among the respondents in subgroups R and S. The ratio of positive to negative answers in both high-risk subgroups is nearly equal. However, it is interesting to note that the Full group ratio is 10 to 7 in favor of the positive option.

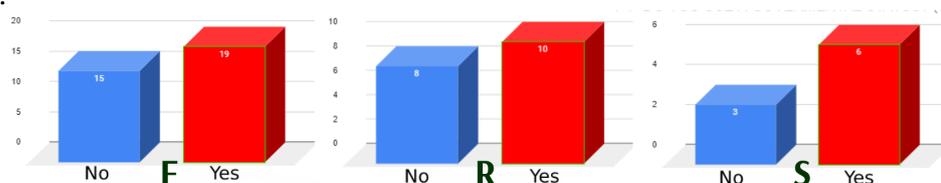


Fig. 4. “Do you have an official refugee / internally displaced person status?”

Source: own findings

It is also interesting that, according to the data in Figure 3, respondents answered the question about their actual status as a refugee or an internally displaced person without deviations by group, showing a greater preference for the positive answer option. This may be explained by a certain degree and form of survivor's guilt among those who experienced a traumatic event with greater harm to themselves, as well as by the fact that people at increased risk of developing PTSD show certain signs of avoidance, thereby avoiding possible reminders of the traumatic experience. However, this does not exempt them from the actual state of affairs in their lives and the need to obtain official status in order to establish legal, social, and material aspects of life. Respondents assessed the usefulness of these official statuses on a 5-point scale (where 1 is the minimum): S 3.16; R 3.63; F 3.95. Interestingly, the proportionality of these indicators does not change depending on the country of the survey.

It was also determined that third-party, non-state aid programs are used by a critically small proportion of respondents, regardless of the risk subgroup. The following results are available: 6 respondents from group F, 3 from group R, and 1 from group S. With average satisfaction scores on a 5-point scale (where 1 is the minimum): F 3.95; R 3.83; S 4. It should be noted that with such a number of relevant respondents, the assessment does not represent great statistical value and doesn't create a clear picture of situations, which requires a larger-scale study. All respondents indicated receiving some form of material or social assistance, but only one respondent (an exception to the trends), indicated receiving assistance from a psychologist (group R). This may not be direct evidence of a high level of mistrust and stigmatization of psychological health, but it suggests a need for a more focused, profiled study and a larger sample.

Despite the extremely low level of use of non-state aid programs/initiatives, a large number of respondents have at least basic information about such mechanisms of social protection and provision: 30 from F, 16 from R, and all 9 respondents from group S. The predominant source of primary information is social media. For example, in group F, 16 received information from social media, while the second most common source (only 5 respondents) was "friends/relatives." Within the framework of this study, it should be accepted that even with the presence of various programs, good awareness, and potential need, people mostly do not seek help.

Regarding workplace assistance programs, the following results were obtained:

- In group F, out of 34 respondents, only 6 indicated that such programs are available. Only 4 use them. Fourteen respondents do not have access to these programs but would use them if available.
- In sample R, out of 18 respondents, only 4 indicated that the programs are available, but only 2 use them. Seven respondents do not have access but would use the programs if available.
- In sample S, of 9 respondents, 3 report access to support at the workplace, but only 1 uses it. Three respondents do not have access but would use the support if available.

These statistics show a significant unmet demand. Regardless of the group, about half of the respondents have a need for support, but only about 1/10 of the whole group and 1/5 of those who express a need are able to satisfy this need. Among the types of support (optional part), sessions of psychological individual/group support and courses aimed at improving qualifications are primarily included.

Regarding difficulties in performing certain aspects of work, the following, close-to-expected, results were obtained:

- Seventeen out of 34 in group F, 10 out of 18 in sample R, and 6 out of 9 in sample S noted that after experiencing the traumatic event, they began to experience difficulties in certain aspects of work duties.
- As the level of risk increases, there is a noticeable tendency for difficulties to arise, mainly in aspects that require communication and creativity.

- Some improvements in work performance were noted by 5 (F), 3 (R), and 1 (S) respondents, which resonates with the research of Coursol et al. (2001). This can also indicate symptoms of avoidance and attempts to shift the focus of attention from traumatic thoughts to work.

Thus, the presence of a traumatic experience affects the performance of certain work duties in approximately half of the cases, with a noticeable increase in the share according to the increase in the level of the risk group.

The study indicates that respondents trust both their superiors and colleagues equally. However, more positive outcomes emerge when the team is informed about traumatic experiences compared to when only direct managers or team leaders are aware. Respondents emphasize positive influences and special attitudes from colleagues as opposed to direct management, which may be aware of the employee's traumatic experiences but may not consider them in communication and the general work process. More details about this can be found in samples R and S in Figures 5 and 6. These findings align with the characteristics of Ukrainian culture, blending elements of collectivism and individualism, reflecting a relatively open culture.

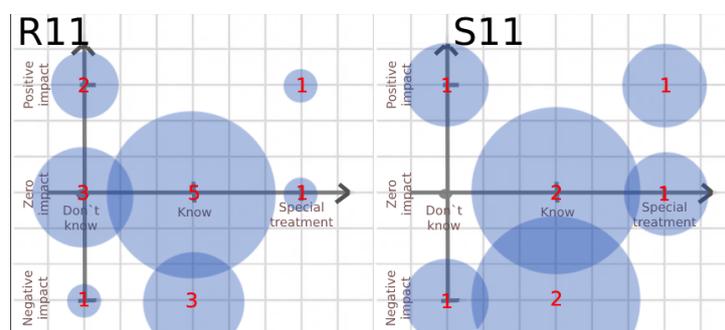


Fig. 5. Knowledge and impact of management about traumatic experiences

Source: own findings

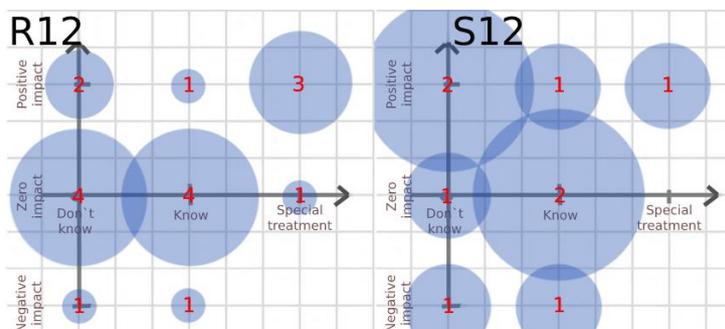


Fig. 6. Knowledge and influence of the team about the traumatic experience

Source: own findings

As the risk group level increases, people more prominently highlight the escalation of difficulties in job searching, coupled with a declining percentage of those continuing employment at their previous workplace. In groups R and S, most respondents exhibit a reluctance to change their job field, with this trend remaining consistent across risk groups. Regardless of the risk group, individuals consistently report either lower or, to a lesser extent, equivalent wages compared to others in the industry (subjective judgment and feelings). In contrast to group F, groups S and R actually lack positive options for answers to this block of questions.

In subgroup R, respondents highlight that their primary considerations when seeking new employment are the stability of the work process, followed by the importance of having a

friendly team, and the need for constant problem-solving. A flexible schedule closely follows as the third priority, with an equal number of mentions. When it comes to factors that attract and retain them in a job, they prioritize an increased salary as the most crucial factor, a friendly team in the second position, and a high degree of autonomy in their professional duties securing the third place. However, for subgroup S, priorities cannot be established due to an insufficient number of respondents regarding the quantity of marked variants.

These results resonate with the work of Amick et al. (2018), which testifies to less social activity, detachment, and the need for stability. Also, this is directly related to the results regarding complications in certain aspects of work, where more routine, physical, or paper processes were almost not even noted in the R and S groups. This does not in any way contradict Coursol et al. (2001), as it examines already guaranteed cases of PTSD, and not only the fact of the presence of traumatic stress, which, without transitioning into a psychiatric diagnosis, can affect a person's work performance with a positive reassessment.

4. Summary and recommendations

The proposed hypothesis is confirmed, as the obtained data show clear numerical relationships between the level of risk of developing PTSD in the respondents and their answers to the questions. Based on this, the following conclusions and recommendations are provided below.

The research results allow us to form an average statistical portrait of a person facing post-traumatic stress disorder (PTSD). Most survey respondents have a bachelor's degree, are aged between 18-44 years, and include both men and women. A high percentage of people with secondary special education, especially in the S group, may be related to geographical and educational features and the circumstances of the war in Ukraine. Elucidating the difficulties faced by people with PTSD at work provides the basis for the development of targeted strategies for support and adaptation in the work environment.

People with PTSD encounter several difficulties at work. Half of the respondents noted complications in performing work duties after a traumatic experience. Notably, as the level of risk increases, there is a tendency for complications, primarily in aspects that require communication and creativity.

The study indicates a high level of awareness of social support programs, but limited quantification of the actual use of these programs. Evaluation of satisfaction with third-party programs is at the level of acceptance, but the number of respondents does not provide a clear statistical conclusion. Such results only indicate the need to develop effective measures to encourage participation in these programs.

Recommendations for People with PTSD:

1. **Careful Self-Assessment:** It is recommended to carefully assess your own suitability for a specific type of work, especially at the rehabilitation stage. Consider a job that provides a stable workflow and helps avoid stressful situations. Maintaining stability in the initial stages of rehabilitation will contribute to an improved mental state and reduce stress, allowing you to better adapt to normal working conditions and demonstrate better performance. Remember, this is not a strict limitation but rather a recommended focus shift.
2. **Don't Hide PTSD:** Consider openly discussing traumatic experiences when ethically feasible. Although it may seem counterintuitive based on respondents' answers, being open about a traumatic experience can enhance job retention and foster mutual understanding within the team. Findings from reviewed studies and my own research suggest that individuals with PTSD or significant stress often feel misunderstood and tend to keep these experiences to themselves, leading to added stress accumulation, conflicts, and reduced motivation.
3. **Continuous Improvement of Education & Qualifications:** Regularly enhance education and qualifications to boost competitiveness in the job market. Consistent self-improvement not only enhances competitiveness but also helps overcome potential barriers (language, reso-

cialization, psychological) in building a career. It's essential to assess one's strengths correctly, maintaining a balance: excessive focus on results can lead to stress and significant complications, particularly risky for individuals in high-risk groups.

4. Do not hesitate to acknowledge self-injury and seek available help: This point is challenging as it requires recognizing vulnerability and overcoming distrust of specialists..

Recommendations for potential and actual employers:

5. **Fostering Open Communication:** Maintain open communication within teams and create a supportive work environment. This can improve the workplace atmosphere, enhancing stability and friendliness. Open communication helps in detecting employees with psychological problems, including PTSD, through direct or indirect signs.
6. **Communication Ways:** Recognize that employees, particularly those at higher risk of PTSD, often trust colleagues more than management. Disseminate information effectively through indirect means, which can be less traumatic in identifying signs of PTSD. Approach the topic delicately, avoiding pressure and unnecessary reminders.
7. **Mental Health Promotion:** Establish mental health awareness programs in the workplace to reduce stigma and create a conducive environment for discussions. Avoid direct emphasis on PTSD due to sensitivity. Implement sensitive and effective support systems, fostering a culture of openness and understanding about mental health in the workplace.
8. **Redistribution of Duties:** Explore redistributing tasks for employees with PTSD, ensuring a more stable workload. Effective task management and responsibilities redistribution can help create a balanced workload, considering the employee's known past and mental state. People at an increased risk of PTSD may require a higher level of stability in their professional responsibilities.

These recommendations are a step towards creating a more supportive environment for individuals with PTSD. Creating conditions for open discussion, providing support, and offering opportunities for professional development are key to empathetic and effective management.

Further research, especially during peacetime or among civilians in wartime, warrants special attention. It is crucial to examine the economic implications of the emergence of a significant workforce with PTSD, comparing the situations of veterans and civilians. Additionally, evaluating the effectiveness of rehabilitation, resocialization, and destigmatization programs is recommended. Emphasizing that normalization isn't the goal, as diseases and disorders should not become the norm, it is essential to eliminate the marginalized, militarized, and antisocial stigma. Regular and extensive interdisciplinary studies involving experts in law, sociology, psychology, psychiatry, and economics are necessary for a comprehensive understanding of PTSD's impact on the labor market and the economy.

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PTSD A RYNEK PRACY – SPECYFIKA WPŁYWU SYNDROMU WOJENNEGO ORAZ TRUDNOŚCI Z JAKIMI BORYKAJĄ SIĘ DOTKNIĘCI NIM PRZEDSTAWICIELE LUDNOŚCI AKTYWNEJ ZAWODOWO

Abstrakt

Celem badań jest analiza wpływu zwiększonego ryzyka rozwoju PTSD na życie zawodowe osób dotkniętych chorobą oraz specyfikę ich pozycji na rynku pracy. Podstawą tych

badania jest wojna rosyjsko-ukraińska, która w 2022 r. z lokalnego konfliktu urosła do poziomu znacznie przewyższającego konflikt jugosłowiański. Takie kryzysowe wydarzenia są ogromnym obciążeniem dla ludzkiej psychiki, mogą powodować liczne problemy psychiczne, a ze względu na ogromną liczbę uchodźców z pewnością wywołają kryzysy migracyjne. Biorąc pod uwagę historyczne doświadczenia wojen i obecne perspektywy długoterminowego rozwoju, liczba osób z zaburzeniami przewlekłymi będzie tylko rosła, dlatego ważne jest, aby uczyć się jak reintegrować osoby z PTSD ze społeczeństwem w ogóle, a w szczególności z rynkiem pracy. Drugorzędnym, ale nie mniej ważnym aspektem jest dostosowanie wyników do czasów i społeczeństw niedotkniętych globalnymi traumatycznymi kryzysami, ponieważ PTSD, wbrew swojej reputacji, nie dotyczy wyłącznie ofiar i uczestników konfliktów. W badaniu przeanalizowano i zaproponowano rekomendacje zarówno dla pracowników podlegających definicji grupy ryzyka, jak i dla bezpośredniego kierownictwa takich pracowników. W badaniach wykorzystano analizę literatury oraz jakościowe anonimowe badanie ankietowe respondentów. Niniejsze badanie dotyczy zwiększonego ryzyka PTSD lub samej diagnozy na kariery poszczególnych osób na rynku pracy, ze szczególnym uwzględnieniem wpływu wojny rosyjsko-ukraińskiej. Ankieta przeprowadzona wśród zróżnicowanych respondentów w wieku 18-44 lat ujawnia trendy w edukacji i wyzwania w pracy, które nasilają się wraz z poziomem ryzyka. Ograniczone wykorzystanie programu wsparcia sugeruje potrzebę zwiększenia środków uczestnictwa. Zalecenia dla osób kładą nacisk na samoocenę, otwartą komunikację, ciągłą edukację i szukanie pomocy. Pracodawcom zaleca się wspieranie otwartej komunikacji, rozważenie pośredniej identyfikacji, podnoszenie świadomości w zakresie zdrowia psychicznego, redystrybucję obowiązków i unikanie bezpośredniego nacisku na osoby z PTSD. Zalecenia te mają na celu stworzenie sprzyjającego środowiska, podkreślając konieczność prowadzenia dalszych badań interdyscyplinarnych.

Słowa kluczowe: Zespół stresu pourazowego (PTSD), syndrom wojenny, rynek pracy

Klasyfikacja JEL: J40, J2, D2

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