

# Experiences of involuntary job loss and health during the economic crisis in Portugal

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## Abstract

**Background:** The economic recession that started in 2008 left many unemployed across several European countries. Many studies have analyzed the relationship between job loss, health, and well-being in other contexts. This study aimed to explore experiences of involuntary unemployment during the economic recession and their relationship with health, conceptualized as a state of physical, mental, and social well-being among unemployed individuals.

**Methods:** Semistructured qualitative interviews were carried out among a convenience sample of participants who became unemployed during the economic recession. The analysis was conducted to identify patterns and themes.

**Results:** Participants (n=22; 8 men and 14 women; 23–51 years) experienced feelings of loss of identity, stress, and a sense of powerlessness due to unemployment, as well as a lack of purpose and structure in their daily lives. Six themes were identified: work as the basis for life structure and personal fulfillment; response to unemployment and the importance of its duration; unemployment leading to isolation and loss of a role in society; impact of a change in financial situation on social life and consumption patterns; the physical and psychological health consequences of unemployment; and searching for ways to cope with unemployment and to feel well.

**Conclusions:** Losing a job is an adverse experience that impairs an individual's perception of overall health and well-being. From a public health perspective, the results of this study highlight the need for policymakers' awareness to help mitigate the potential consequences of involuntary job loss in the short- and long-term.

**Keywords:** economic recession, health, Porto, Portugal, unemployment, well-being

## Introduction

The economic recession that started in 2008 left many unemployed across several European countries.<sup>1–3</sup> Previous research has focused on the relationship between job loss and poor self-reported health, as well as overall physical and mental health deterioration including high-risk lifestyle behaviors, such as unhealthy eating habits, alcohol use, and smoking.<sup>4,5</sup>

In Portugal, the economic crisis had a great impact on unemployment.<sup>6–10</sup> The unemployment rate increased from 7.6% in 2008 to 10.8% in 2010. In 2011, Portugal needed a

European Union bailout programme and adopted an intense austerity policy. Subsequently, the unemployment rate peaked at 16.2% in 2013, and progressively declined to 12.4% in 2015 and to 10% in 2016.<sup>11</sup>

Research carried out in several countries has found a strong and reciprocal relationship between employment status and ill health.<sup>12–14</sup> In addition, there is also agreement that unemployment affects health but that also health is an important determinant of the selection into and out of the workforce.<sup>13,14</sup> Furthermore, empirical evidence has shown that the health consequences of unemployment vary between groups of individuals, sex, between and within countries as well as over time.<sup>13</sup> Research elsewhere has, however, found that the economic recession had a positive impact on health, especially in relation to mortality.<sup>14</sup> For instance, analysis from the Behavioral Risk Factor Surveillance System revealed that healthy behaviors increase when the economy declines, such as reduced smoking, increased exercise, and healthy diets, which may account for some of the health improvements during recessions.<sup>14</sup> According to Le et al, the contradictory results of the relationship between unemployment and health are due to the fact that some studies address the unemployment rate and others individual unemployment. In such a case, results simply reflect “different effects on different people.”<sup>15</sup> Aggregate unemployment levels have an impact in the association between individual employment and health outcomes (eg, mortality).<sup>16–18</sup> Individual-level unemployment and mortality weaken during times of rapidly increasing aggregate unemployment. Compositional effect is considered the main explanation for this phenomenon where unemployment became less selective when the unemployment rate is high or rising. On the contrary, during more prosperous

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economic circumstances those who remain unemployed are a more selected group.<sup>16</sup> In such situation it is argued that individuals with impaired health status (direct selection) and with higher risk factors for morbidity and mortality (indirect selection) are at risk to remain unemployed as compared to their peers. Reversely, in times where unemployment levels are high or rising, individual-level unemployment may be experienced by a broader spectrum of the working population (including the more healthy) leading to a weakened association between health and individual-level unemployment.<sup>16–18</sup>

The relationship between unemployment, health, and well-being has been explored according to various theoretical frameworks. This study explored experiences of unemployment on health and well-being through the lens of Jahoda's<sup>19</sup> and Fryer's<sup>20</sup> theories. According to Jahoda,<sup>19</sup> employment is a social attribute that has manifest and latent functions. The manifest function of work is to provide an income, and loss of employment may have a negative influence on a person's standard of living as well as on psychological well-being, the family and other aspects of daily life. These manifest functions satisfy enduring needs and serve to maintain links with reality. Jahoda also argued that there are 5 latent functions of employment: time structure, regular shared experiences, a link with common goals and a collective purpose, information about personal status and identity, and enforced activity.

However, Fryer<sup>20</sup> criticized Jahoda for considering the individual as a passive object that could be viewed as being at the mercy of social institutions, which may or may not satisfy his/her psychological needs. He argued that people are socially embedded agents actively striving for self-determination, attempting to make sense, influence and cope with events in line with personal values, and future goals and expectations in a context of cultural norms, traditions and experience.<sup>20</sup> Furthermore, Fryer suggested that unemployment is psychologically destructive as it restricts and discourages the individual's agency. In particular, loss of income is the core negative consequence of unemployment as it influences the well-being of the unemployed person through uncertainty in the future and psychologically corrosive poverty. He pointed out that psychologically destructive uncertainty is a product of the individual's inability to make plans for the future due to a lack of money and that the psychological well-being of the unemployed deteriorates mostly because of relative poverty (as they compare themselves to the self-selected reference group) within their context.<sup>20</sup>

Jahoda's and Fryer's models are complementary in that they explain negative psychological consequences of unemployment as both psychological (latent benefits) and financial (manifest benefits), whereas deprivation independently contributes to the predicted well-being of the unemployed. Also, it is pointed out that unemployment (and especially long-term unemployment) is frequently associated with stigmatization, feelings of insecurity and shame which can lead to physical and emotional distress, isolation and alienation. This accumulation of potential stressors associated of job loss (social and economic) can contribute to a subjective feeling of social isolation.<sup>21</sup> For instance, a study which aimed to shed light on the causal impact of job loss on social exclusion at the individual level found that the strongest detrimental effects were related to life satisfaction, and access to economic resource.<sup>21</sup> In the study job loss was directly associated with financial restrictions (eg, loss of income).<sup>21</sup> The assumption is that long-term unemployment can have direct and indirect effects on individuals, their families, and communities through erosion of their skills as time passes which in turn is likely

to reduce possibilities of new employment as well as satisfactory wage. Furthermore, unemployment tends to reduce individual social capital that might be experienced through the workplace or in other work-related contacts. The combined stresses cumulative effects of erosion of skills, loss of work-related social capital, stigma, and isolation influence the unemployed physical and psychological health and well-being. Furthermore, the aggregate stresses are likely to have consequences for the unemployed family dynamics including the well-being of their off springs.<sup>21</sup>

The majority of research that has been carried out on the impact of the 2008 economic recession on physical and mental health consequences has overwhelmingly used quantitative methodology<sup>22–26</sup>; thus, there is a lack of comprehensive studies investigating the experiences of those who lost their work and livelihoods, and how this affected their well-being. Therefore, this study aimed to explore experiences of involuntary unemployment during the economic recession and their relationship with health, conceptualized as a state of physical, mental, and social well-being among unemployed individuals.

## Methods

### Study setting and participants

This study is explorative and was conducted through semi-structured individual interviews focused on unemployment experiences and their perceived impact on physical, mental, and social well-being. This method was chosen to allow for a comprehensive analysis of the subjective meaning of the personal experiences and perceptions of the participants.<sup>27</sup>

The study took place in the city of Porto, Portugal, a municipality situated within the Porto Metropolitan Area (PMA) on the north-west coast of Portugal. The PMA has 17 municipalities with more than 1.7 million inhabitants in total, making it the second biggest urban area in the country. The PMA experienced increased unemployment during the economic crisis, with unemployment rates of 15.7% in the PMA and 17.6% in the city of Porto in 2011.<sup>28</sup>

The study participants were conveniently selected from population-based studies that were ongoing at the time at the University of Porto. For this study, eligibility criteria were men and women aged 18 years and older, who had involuntarily become unemployed during the recession period and resided in the PMA. Convenience sampling<sup>29</sup> was used to maximize variation in views and experiences, considering different characteristics in terms of sex, age (<29; 30–39; ≥40 years), length of unemployment, and socioeconomic status (low, intermediate vs high). Eligible individuals were invited to participate via telephone or face-to-face during follow-up evaluations by the interviewing teams of the original studies, who were responsible for providing information on the present study and subsequently extending an invitation to participate. Twenty-two semistructured interviews were carried out. None of the participants declined to participate in the study.

A total of 8 men (23–51 years) and 14 women (24–47 years) participated in the study, 19 were born in Portugal, and 3 were born outside. The participants' demographic characteristics are presented in Table 1.

### Data collection and procedure

Face-to-face interviews were carried out by trained interviewers (n = 3) between September 2014 and May 2015 at the University of Porto Medical School. The length of the interviews varied from

**Table 1**  
**Demographic characteristics of the study participants, Porto, Portugal**

	<b>N = 22</b>
Sex	
Male	8
Female	14
Age (y)	
<29	5
30–39	7
≥40	10
Education (y)	
<12	7
≥12	15
Length of unemployment (mo)	
<12	2
12–23	7
24–47	8
≥48	5
Country of birth	
Portugal	19
Other countries	3

35 to 90 minutes, with an average of 55 minutes. The original interview guide was written in English, as it was part of a larger comparison study with Sweden (supplementary Table S1, <http://links.lww.com/PBJ/A7>).<sup>30</sup> The research team in Porto translated it to Portuguese and then retro translated it into English to ensure that the questions were reliable. The questions included several domains regarding the participants' experiences and perceptions of unemployment, family ties, social and practical support, financial situation, physical and mental health, and access to health services.

All interviews were performed in Portuguese and audiotaped, and then transcribed verbatim and checked for accuracy. They were translated into English by a native speaker, and randomly selected interviews were checked for translation consistency by the research team.

### Data analysis

Data analysis was carried out through thematic analysis. This was considered suitable in this study where the aim was to seek patterns in human experiences and perceptions.<sup>31</sup> C.R. and G.M. carried out the analysis. The process began with the transcription of interviews, followed by reading and re-reading the data. Then followed the listing initial thoughts as a first step to facilitate the identification of features that the research team considered pertinent to the study's main objective and research question.<sup>31</sup> Data were systematically coded sentence by sentence and synthesized by subcategories and categories, defined as a group of words with similar meaning and content. After, categories were grouped in descriptive themes. An independent analysis was conducted 2 researchers (C.R. and G.M.) using constant comparison and construction processes of categories/themes. Afterward, the themes were reviewed, discussed, and finalized with all research team.<sup>31</sup>

### Ethics

The study was approved by the Ethics Committee of the Institute of Public Health of the University of Porto (CE 15030). Participants received an explanation of the purposes of the study and provided written informed consent before each interview.

## Results

Six themes emerged from the interviews: (a) work as the basis for life structure and personal fulfillment; (b) reaction to unemployment and the importance of its duration; (c) unemployment leading to isolation and loss of role in society; (d) impact of a change in financial situation on social life and consumption patterns; (e) the physical and psychological health consequences of unemployment; and (f) searching for ways to cope with unemployment and to feel well. Overall, respondents experienced job loss differently and according to their circumstances.

### Work as the basis for life structure and personal fulfillment

Overall, participants perceived work as bringing structure to life, and creating a sense of belonging and social context. Loss of employment left them feeling without a place where they belonged, which in turn removed the daily structure they previously had.

*“It was, it was [work] a comfort to me (...), I really like routines, I mean, if I'm in a place where I feel comfort, right, I'll try to avoid leaving it, right, of course, and with unemployment, without a doubt, a person comes out of their comfort zone and has to look for something else unknown (...)”* (Respondent 5)

Work also provided opportunities to meet other people.

*“Yes, to meet people, I like jobs that give me the chance to speak with people (laughter). I was an assistant hairdresser and had to speak to people a lot, right? I miss that social context.”* (Respondent 6)

### Reaction to unemployment and the importance of its duration

Some participants were shocked by suddenly becoming unemployed. Others initially saw unemployment to be a positive event, as it allowed them to spend more time on other activities, such as with their families. However, as time passed, negative emotions emerged. They began to feel helpless and unable to find work, revealing concerns about the future.

*“And then we start seeing the days passing by, hmmm . . . A day that passes is an increase in pressure. Hmmm . . . And then, of course, as the days go by and you don't know what you're going to do . . . I already took a welding course, but it didn't lead to anything... Every time there's less work in this area. And then there's... lack of motivation, isn't there? And I tried to take a course to change my profession, or, or to have more . . . err . . . options to search for a job . . . hmmm, and it's not working and the effect... my physical and psychological state, on everything...”* (Respondent 17)

As the length of unemployment increased, the pressure also increased. In particular, worry over making ends meet was more evident for individuals with children.

*“I wasn't all that surprised, but the inward panic — definitely! No doubt! Because I didn't know if I was entitled to unemployment allowance or not. What am I going to do with my son? How am I going to . . . ? What am I going to do?! (...)* I think that once a person becomes unemployed, the panic

*persists. And then the panic, OK, some days there's more panic than others, but the panic starts to live with us.*" (Respondent 8)

### **Unemployment leading to isolation and loss of role in society**

Unemployment contributed to the participants' isolation, which reinforced feelings of worthlessness and shame that in turn reduced their chances of new employment. For some participants, these feelings worsened as job opportunities became scarcer.

*"When we stay at home, we're losing a lot, we become detached from reality, we don't know what's going on, we don't know . . . the news of the moment. I think this is also very important, and the more we stay at home, the more off I become, the more disconnected we all stay."* (Respondent 8)

Participants felt that unemployment led them to losing skills and competence they had while working.

*"I believe so, somehow, yes. ( . . . ) thinking that, actually, or I'm no longer useful to society, or hmm, thinking that, actually, once you reach 45 years of age you won't have certain skills any more, or you'll lose competence ( . . . )"* (Respondent 5)

### **Impact of a change in financial situation on social life and consumption patterns**

Participants described difficulties in making ends meet, for instance paying bills or buying food, as well as being forced to change their consumption patterns—not being able to buy what they needed—due to a lack of money as a consequence of job loss.

*"I just end up not having the capacity to do what I did before. And I think people around us end up putting us aside because we can't, and I feel this with my friends. I feel that we were living in a level where we could dine out, we could go to concerts, we could go to the movies, and we could do a thousand things. Right now, I can't, and I end up being neglected. And it's where I feel a big difference, being unemployed damages you. It undermines your relationships, your relations with people, not being able to do things is harmful."* (Respondent 14)

They described how they had to make changes to their shopping.

*"(...) I had a habit of shopping monthly (...) I bought, let's say, in bulk, to consume throughout the month without having to go to Continente [supermarket] or anywhere else, at all. That's over, I mean, I started shopping when I need it. I need meat; I'm going to buy it there at the butcher shop, I'm not going to Continente anymore because it's too far away and it doesn't matter (...). Fruit, is the same thing, I mean, we started cutting back."* (Respondent 5)

### **The physical and psychological health consequences of unemployment**

Participants described different experiences regarding their physical and psychological health and well-being following job loss. Nevertheless, some did not feel that unemployment affected their health and well-being.

*"I'm not going to tell you that I'm depressed, because I'm not (laughter), I'm not at all, especially because I really like taking care of the house. I'm not that kind of woman, that, ah, 'professional...' , I really like my family, I really like having the time to take care of my daughter; that gives me great satisfaction, that's why I have her, I feel good. There is the financial aspect, alright, I think things would be easier, right, otherwise, personally it doesn't affect me, I never had this ambition, to be a high-flying professional, I feel good."* (Respondent 2).

In contrast, other participants described the impact of unemployment on their physical health in terms of several symptoms, including weight gain or loss, sleeping problems, and mental health issues, such as anxiety, depression, frustration, and suicidal thoughts. In general, psychological problems were more frequently reported than physical ones.

*"(...) because I suddenly went from an average of 75–76 to 84–85. (...) you really notice ten kilos."* (Respondent 17)

Some participants mentioned depressive thoughts.

*"(...) I entered a crisis of wanting to kill myself, to disappear, because I don't want to be unemployed (...). That crazy idea came into my mind. (...) I went into a depression. (...) A very big depression. (...) I'm being treated here at the hospital."* (Respondent 3)

### **Searching for ways to cope with unemployment and to feel well**

Participants used a variety of coping strategies to deal with the adverse situation and to try to feel well, such as engaging in activities, which contributed to a stronger sense of purpose, feeling active, and creating a routine.

*"I regained the habit and taste for knitting, something I did as a teenager, and then I've done lots of things, um, I've discovered this will and vocation, and this enjoyment of doing things. I've done a few things. I learned crochet, which I'd never done before. I've already made a few little things that I've been selling, here and there to some friends, some acquaintances, in the markets, um, yeah. So, I'm also busy and feeling active!"* (Respondent 12)

The most frequently mentioned coping strategy was family support.

*"Who's helping us the most so far is our family, our closest relatives—mother, father, grandmother. I have lunch every day at my grandmother's house. ( . . . ) This year the whole family had to buy the school supplies. So, I'm in a very complicated situation."* (Respondent 15)

Some participants viewed family support as becoming more important as the length of their unemployment increased.

*"My mother helps because my unemployment is more extended [long-term unemployment]. She just came here for my son's birthday, bought him clothes, and, by coincidence, she also offered him the shoes that he's wearing, and she bought me some clothes, too. Eh, and brought food, and before leaving she also left a small amount of money, it wasn't*

*much, seventy Euros, but for what she gets! She's already supporting my daughter, right; I can't ask her for much more, right?"* (Respondent 6)

## Discussion

This study aimed to investigate the perceived experiences of the impact of involuntary job loss during the economic recession context and their relationship with health among unemployed individuals in Porto, Portugal during the last recession that started year 2008. As the findings show, unemployment resulted in feelings of loss of identity, stress and a sense of powerlessness due to job loss, and lack of purpose and structure in daily life. Similar results have been observed in other studies carried out during the peak of the last recession.<sup>31–33</sup> This study is, however, unique as for the first time it narrates actual experiences of people who lost their job abruptly as a direct result of the 2008 recession in Portugal.

Participants saw work as being a very important part of their lives, regardless of the type of job they had lost. They referred to having lost their daily structure, which has also been described in other studies.<sup>30,32,33–35</sup> In addition, participants agreed that there was a psychological benefit to being employed; not only the daily structure it created, but also the opportunities it created for contact with the outside world. The above findings are in line with the functions that Jahoda<sup>19</sup> considers to be provided by employment, as well as the fact that work provides individuals with a variety of things, such as time structure, status, identity, goals anchored in collective participation, social experiences, and enforced activity. In Finland, a qualitative study among unemployed men found that respondents had feelings of shame, guilt, and that they had distanced themselves from reality.<sup>36</sup>

In our sample, most participants were women, older than 30 years of age and many had lower levels of education. Previous studies have shown that the impact of unemployment and health is different for various subgroups.<sup>36</sup> For instance, a study that analyzed mental health inequalities between unemployment and employment among individuals in early, middle, and late adulthood in Northern Sweden found that unemployed individuals tended to be less educated, not cohabitating with a partner, and in a lower occupational class than their employed counterparts.<sup>37</sup>

Another finding emerging from the present study was that participants became more worried about their future as the period of unemployment increased, specifically difficulties in finding a new job. The worry might also be associated with experiences of cumulative disadvantages caused by the involuntary job loss in which the material, social, and skill deprivations attached to unemployment build on themselves in self-reinforcing cycles to influence negatively.<sup>19,21</sup> In addition results are in line with Fryer's<sup>20</sup> assertions that the psychologically destructive uncertainty experienced by an unemployed person needs to be perceived within the inability to make future plans due to a lack of income aligned with a new situation of relative poverty in comparison to their peers.

Taking into account that participants in this study were interviewed almost 6 to 7 years after the onset of the latest economic recession indicates that many were still without work. This is not a surprise since according to Santos et al, although Portugal experienced a significant improvement in unemployment post-crisis, the unemployment rate in the country was 10% in 2016 (a 4.1% points higher than the Organization for Economic Cooperation and Development (OECD) average) and around 55% of those were unemployed in the long-term. In

addition, Portugal has one of the highest prevalence of lifetime mental illnesses in Europe.<sup>38</sup>

Interestingly, some of the participants in our study experienced more family support after a job loss. In line with other south European countries, Portugal has a family-oriented society where social protection is strongly defined by informal solidarity and strong ties between family members.<sup>9</sup> This might provide a buffer against the onset of job loss and experiences of ill health related to unemployment.

In this study, all participants were registered in the Employment Office, and 50% were receiving some benefits at the time of the interview, such as unemployment benefits, social unemployment benefits, or social integration income. Although job loss may be connected to economic strain, it may be argued that it is still unclear how unemployment benefits moderate the potential health impact of unemployment. There is evidence suggesting that generous employment benefits do not moderate the health impact of unemployment.<sup>38</sup> In fact, others point out that mean-tested benefits may have a negative impact on health compared to unemployment insurance.<sup>39</sup>

Regarding participants receiving family support, it is argued that social support provides instrumental, informational, and emotional opportunities for a variety of social activities.<sup>40–43</sup> Moreover, social support is beneficial to physical and mental well-being during stressful events, such as involuntary job loss, even if it does not prevent all of the potential damaging effects.<sup>43</sup>

Participants stated that unemployment brought about tremendous financial difficulties that affected their standard of living as well as psychological well-being (e.g. depression). Similar findings have been reported in other countries during the last financial crisis.<sup>33,42</sup> For instance, a study on the effects of the economic recession in the USA revealed that autoworkers who lost their jobs had a high degree of stress, anxiety, and depression.<sup>42</sup> As previously mentioned, others have, however, found that population health improves during recession times.<sup>14</sup>

Loss of income affected the participants' ability to buy food and other items in the way they used to when employed. According to Strandh et al,<sup>44</sup> when a person loses their income it means they no longer have the ability to plan for their future, which may lead to a future of worry. For instance, a qualitative study carried out in Finland found that long-term unemployed participants had increased alcohol consumption, an unhealthy diet, a lack of social life, and were less physically active.<sup>45</sup>

Participants in the present study said that the loss of income had a tremendous impact on their leisure and social opportunities. It may be that unemployment strongly increases the risk of poverty and poor health outcomes<sup>44</sup> through loss of income, material deprivation,<sup>7,43,46</sup> and potential isolation and stigma, which together may trigger low self-esteem and lead to adverse psychological health as well as negative health behaviors.<sup>21,44</sup> A study from the UK<sup>46</sup> reported that participants' loss of income affected their quality of life, as participants were unable to afford a car, to pay rent and bills, and in some cases to buy fresh food.

## Limitations of the study

The study has some limitations. First, participants of the study were selected from ongoing cohort studies, during the follow-up assessments. In fact, participants were to be recruited from the local Unemployment Office, but the authorization request to the Employment and Professional Training Institute (Porto Delegation) was denied. Thus, we needed to identify other potential sources for data recruitment. However, we do not expect that the

selection methods would have influenced the results regarding experiences of unemployment and well-being. Second, it is possible that respondents reported their current experiences and feelings at the interview time, instead immediate time on unemployment during the 2008 crisis. Third, the study did not collect the participant's unemployment history. Nevertheless, we believe that this explorative study gives an overview picture of the experiences and feelings of those who involuntary lost their jobs due to the 2008 recession. However, our study also has strengths. First, we used convenience sampling that explicitly selected participants with different sex, age, length of unemployment, and socioeconomic status, which gives us a variety of views and experiences. Furthermore, to the best of our knowledge, this is one of very few studies using a qualitative approach to elicit the experiences of unemployed persons in the south European context during times of economic recession, and it is the first such study in Portugal.

Overall, the results of this study warrant attention from public health policymakers to strive to find ways to mitigate the consequences of unemployment. For instance, promoting the health of the unemployed through healthcare directed to this specific group may be possible, even if available empirical evidence has produced mixed results regarding the effectiveness of such interventions.<sup>46</sup> We agree with Romppainen et al<sup>47</sup> that different countries need to find innovative ways to promote the health of unemployed individuals taking into account their local complexities but also the diversity within those in unemployment.

## Conclusion

Participants of this study perceived a loss of identity, stress, and a sense of powerlessness due to a loss of their job, as well as a lack of purpose and structure in their daily lives. After losing a job, support from family was more common than support from the employment office. From a public health perspective, the results of this study highlight the need for policymakers' awareness to help mitigate the potential consequences of involuntary job loss in the short- and long-term.

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## Conflict of interest

The authors declare that they have no conflict of interest.

## Presentation

None.

## References

- [1] Karanikolos M, Mladovsky P, Cylus J, et al. Financial crisis, austerity, and health in Europe. *Lancet*. 2013;381:1323–1331.
- [2] Norström T, Grönqvist H. The great recession, unemployment and suicide. *J Epidemiol Community Health*. 2015;69:110–116.
- [3] Leyland AH. Youth unemployment at times of recession: what does the future hold? *Eur J Public Health*. 2013;23:527.
- [4] Korpi T. Accumulating disadvantage: longitudinal analyses of unemployment and physical health in representative samples of the Swedish population. *Eur Sociological Rev*. 2001;17:255–274.
- [5] Drydakis N. The effect of unemployment on self-reported health and mental health in Greece from 2008 to 2013: a longitudinal study before and during the financial crisis. *Soc Sci Med*. 2015;128:43–51.
- [6] Correia L. The European crisis: repercussions on the Portuguese economy. *Athens J Mediterranean Studies*. 2016;2:129–144.
- [7] Lobato IR. The Territorial Dimension of Poverty and Social Exclusion in Europe. A Case Study Report. 2013;Porto, Portugal, Applied Research, Brussels:1–71.
- [8] Pordata. Desempregados inscritos nos centros de emprego e de formação profissional no total da população residente 15 a 65 anos por municípios [Unemployed people registered at employment and professional training centres for the resident population aged 15 to 65 years of age by municipality]. Fundação Francisco Manuel dos Santos; 2016.
- [9] ILO Studies on Growth With Equity. Portugal: Tackling the Jobs Crisis in Portugal. 2014;International Labour Organization, Geneva, Switzerland:1–131.
- [10] Pedrosa P. Portugal and the Global Crisis. The Impact of Austerity on the Economy, the Social Model and the Performance of the State. 2014;FES, Portugal:1–38.
- [11] Statistics Portugal. Annual unemployment rates for 2011 by place of residence and sex. Available at: [https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine\\_indicadores&indOcorrCod=0006191&contexto=bd&selTab=tab2](https://www.ine.pt/xportal/xmain?xpid=INE&xpgid=ine_indicadores&indOcorrCod=0006191&contexto=bd&selTab=tab2). Accessed March 19, 2018.
- [12] Artazcoz L, Benach J, Borrell C, Cortes I. Unemployment and mental health: understanding the interactions among gender, family roles, and social class. *Am J Public Health*. 2004;94:82–88.
- [13] Norström F, Virtanen P, Hammarström A, Gustafsson P, Janlert U. How does unemployment affect self-assessed health? A systematic review focusing on subgroup effects. *BMC Public Health*. 2014;14:1310.
- [14] Nordström F, Waenerlund AK, Lindholm L, Nygren R, Sahlen K-G, Bryasten A. Does unemployment contribute to poor health-related quality of life among Swedish adults. *BMC Public Health*. 2019;19:457.
- [15] Ruhm C. Are recessions good for your health? *Q J Econ*. 2000;115:617–650.
- [16] Montgomery S, Udumyan R, Magnuson A, Osika W, Sundin P-O, Blane D. Mortality following unemployment during an economic downturn: Swedish register-based cohort study. *BMJ Open*. 2013;3:e003031.
- [17] Tapia-Granados J, House JS, Ionides EL, Burgard S, Schoeni RS. Individual joblessness, contextual unemployment, and mortality risk. *Am J Epidemiol*. 2014;180:280–287.
- [18] De Moortel D, Hagedoorn P, Vanroelen C, Gadeyne S. Employment status and mortality in the context of high and low regional unemployment levels in Belgium (2001–2011): a test of the social norm hypothesis across educational levels. *PLoS One*. 2018;13:e0192526.
- [19] Jahoda M. *Employment and Unemployment—A Psychological Analysis*. 1982;Cambridge University Press, Cambridge:1–111.
- [20] Fryer D. Employment deprivation and personal agency during unemployment: a critical discussion of Jahoda's explanation of the psychological effects of unemployment. *Soc Behav*. 1986;1:3–23.
- [21] Pohlan L. Unemployment and social exclusion. *J Econ Behav Organ*. 2019;164:273–299.
- [22] Warr PB. *Work, Unemployment and Mental Health*. Oxford: Clarendon Press; 1987.
- [23] Paul KI, Moser K. Unemployment impairs mental health: meta-analyses. *J Voc Behav*. 2009;74:264–282.
- [24] Santana P, Costa C, Cardoso G, Loreno A, Ferrao J. Suicide in Portugal: spatial determinants in a context of economic crisis. *Health Place*. 2015;35:85–94.
- [25] Pultz S, Teasdale TW. Unemployment and subjective well-being: comparing younger and older job seekers. *Scand J Work Organ Psychol*. 2017;2:1–12.
- [26] Baumbach A, Gulis G. Impact of financial crisis on selected health outcomes in Europe. *Eur J Public Health*. 2014;24:399–403.
- [27] Patton MQ. *Qualitative Research and Evaluation Methods*. California: Sage; 2002.

- [28] Population census. Available at [https://www.pordata.pt/Municipios/Taxa+de+desemprego+segundo+os+Censos+total+e+por+grupo+et%C3%A1rio+\(percentagem\)-39](https://www.pordata.pt/Municipios/Taxa+de+desemprego+segundo+os+Censos+total+e+por+grupo+et%C3%A1rio+(percentagem)-39). Accessed February 20, 2018.
- [29] Bhardwaj P. Types of sampling in research. *J Pract Cardiovasc Sci.* 2019;5:157–163.
- [30] Hiswåls AS, Martilla A, Malstam E, Macassa G. Experiences of unemployment and well-being after job loss during economic recession: results of a qualitative study in East Central Sweden. *J Public Health Res.* 2017;6:995.
- [31] Braun V, Clarke V. Using thematic analysis in psychology. *Qual Res Psychol.* 2006;3:77–101.
- [32] Conroy A. A Qualitative Study of the Psychological Impact of Unemployment on Individuals. Dublin, Ireland: Dublin Institute of Technology; 2010:1–65.
- [33] Giontoli G, Huges S, Karbank K, South J. Towards a middle-range theory of mental health and well-being effects of employment transitions: findings from a qualitative study on unemployment during the 2009–2010 economic recession. *Health.* 2015;19:389–412.
- [34] Ronda E, Briones-Vozmediano E, Galon T, Garcia AM, Benavides FG, Agudelo-Suarez AA. A qualitative exploration of the impact of the economic recession in Spain on working, living and health conditions: reflections based on immigrant workers' experiences. *Health Expect.* 2016;19:416–426.
- [35] Björklund O, Söderlund M, Nyström L, Häggström E. Unemployment and health: experiences narrated by young Finish men. *Am J Men's Health.* 2015;9:76–85.
- [36] Backhans MC, Hemmingsson T. Unemployment and mental health— who is (not) affected? *Eur J Pub Health.* 2012;22:429–433.
- [37] Brydsten A, Hammarström A, San-Sebastian M. Health inequalities between employed and unemployed in Northern Sweden: a decomposition analysis of social determinants for mental health. *Int J Equity Health.* 2018;17:59.
- [38] Santos O, Lopes E, Virgolino A, Stefanovska-Petkouska M, Dinis A, Ambrosio S, Heitor MJ. Defining a brief intervention for the promotion of psychological well-being among unemployed individuals through expert consensus. *Front Psychiatry.* 2018;9:13.
- [39] McKee-Ryan F, Song Z, Wanberg CR, Kinicki AJ. Psychological and physical well-being during unemployment: a meta-analytic study. *J Appl Psychol.* 2005;90:53–76.
- [40] Rodriguez E. Keeping the unemployed healthy: the effect of means-tested and entitlement based benefits in Britain, Germany and the US. *Am J Public Health.* 2001;91:1403–1411.
- [41] Siedlecki K, Salthouse TA, Oishi S, Jeswani S. The relationship between social support and subjective well-being across age. *Soc Indic Res.* 2014;117:561–576.
- [42] Bartfay WJ, Bartfay E, Wu T. Impact of the global economic crisis on the health of unemployed autoworkers. *Can J Nurs Res.* 2013;45:66–79.
- [43] Lorenzini J, Giugni M. Youth Coping With Unemployment: The Role of Social Support. 2010;University of Geneva, Geneva:1–24.
- [44] Strandh M. Different exit routes from unemployment and their impact on mental well-being: the role of the economic situation and the predictability of the life course. *Work Employ Soc.* 2000;14:459–479.
- [45] Dogni F, Vaherkylä M, Hurne S. Health behaviour and self-assessed health among long term unemployed living in Turku, Finland. *Open Public Health J.* 2017;10:232–243.
- [46] Giuntoli G, South J, Kinsella K, Karban K. Mental Health, Resilience and Recession in Bradford. 2011;Centre for Health Promotion Research (CHPR), Leeds:1–60.
- [47] Romppainen K, Saloniemi A, Kinnunen U, Liukkonen V, Virtanen P. Does provision of targeted health care for the unemployed enhance re-employment? *BMC Public Health.* 2014;14:1200.