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Beyond Physical Injury: Analyzing the Socioeconomic and Psychological Impacts of Unexplained Trauma on Productivity and Retention in Liberia's Private Sector Workforce

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Abstract

Background: In Liberia's fragile post-war economy, private sector workers, especially in construction, live under continued occupational stress. However, psychological trauma without a specific physical or clinical trigger - "unexplained trauma", is reported less frequently and poorly understood. This study looks at how unexplained trauma affects construction workers' productivity and retention**.**

Methods: A descriptive, cross-sectional survey of 683 employees of a leading construction company in Monrovia. Data was collected using a structured questionnaire on demographic factors, trauma symptoms, work-related stressors, disruption to productivity, and support systems. Descriptive statistics, correlation analysis and binary logistic regression were carried out for the analysis**.**

Results: Supporting the social scientist's perspective, over 60% of workers reported unexplained trauma symptoms ("feeling fatigued", "physically and emotionally drained", "mood swings", and "sleeping disorders"). There were significant correlations between trauma indicators and poor overall job performance ($r = 0.51$, $p < 0.01$) and turnover intentions ($r = 0.43$, $p < 0.05$). Only 11% of respondents reported access to psychological services.

Conclusion: Unexplained trauma has significant measurable impacts on productivity and employee retention. The development of organizations that offer mental health supports within Liberia's occupational health frameworks will likely enhance practices that are sustainably positive for worker health and greater worker well-being**.**

Keywords: Unexplained trauma, construction workers, Liberia, productivity, retention, occupational stress, mental health, private sector

Introduction

The Liberian private sector, and specifically the construction sector, is

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critical to the economic recovery and rehabilitative infrastructure of the post-conflict state of Liberia. As Liberia rebuilds the country's physical and institutional infrastructures, after years of civil strife, private enterprises have become indispensable engines to employ Liberians and promote development in a national capacity. The construction sector, in particular, employs a significant component of the semi-skilled, and unskilled labor force, and is successfully incorporating former combatants, and young people, transitioning from subsistence to formal employment activities [1].

While important economically, the working environment for this sector is often physically tiring, mentally draining, and psychologically destabilizing. Workers in the construction sector frequently face high-risk tasks, long hours, insufficient protective materials, and substandard job security. Similarly, Liberians in the private sector are still living with mental stressors stemming from a post-war environment that has produced enormously deficient levels of mental health. Again, while we can recognize physical trauma that leads to employee injuries and damage, we are almost always blind to psychological trauma that lacks a trigger, or is drawn from an indirect or immediate experience, or might not be attributed to a trauma, but may accumulate through a sequence of everyday experiences over time [2].

Unexplained trauma has emerged as a silent disruptor of workforce health across the globe. Symptoms, including fatigue, mood changes, irritability and confusion, undoubtedly afflict the worker without the worker understanding its source, leading to declining productivity, increased absenteeism, and increased likelihood of turnover [3]. Though advanced economies are increasingly taking note of occupational mental health in the context of labor policy, and as a key line management duty, many lower income economies, including Liberia, do not have the systems, knowledge, or prioritization to deal with psychosocial issues in an effective way [4].

In Liberia, mental health services will continue to be very limited, and very few private sector companies have mechanisms in place for addressing the emotional health or psychological safety of its employees. Cultural taboos, indifference by management (disturbing), and the absence of any trained professionals all conspire to prevent recovery and detection of non-physical trauma expressed by employees [5]. Unfortunately, the risks are even more pronounced for construction workers, exposed as they are to cumulative stressors, such as the risks of operating machinery, unpredictable work schedules, and in some cases, workplace accidents without meaningful mental health interventions or training for emotional resilience.

Considering the scope and implications inherent in this problem, it is essential to investigate how unexplained trauma affects workplace outcomes in Liberia.

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This article in particular seeks to research the socio-economic and psychological impacts of trauma-related symptoms on two key organizational outcomes—namely, employee productivity and retention—ultimately producing actionable knowledge that can inform labour protection, management, and policy by tackling the hidden parts of worker well-being. Consequently, it also contributes to the nascent but influential literature on occupational mental health in sub-Saharan Africa, and empirically strengthens claims for an emphasis on trauma-informed practices in labour-intensive sectors [6].

Materials and Methods

Study Design and Population

This research was a descriptive cross-sectional study that examined the psychological and socioeconomic consequences of unaccounted trauma on employee productivity and retention at a large private construction company in Monrovia, Liberia, over a four month period (January - March 2025). In accordance with purposeful selection of the site, the organization was selected because it had a national footprint (most companies operate regionally or locally), a robust workforce structure, and organizational characteristics aligned with the risk of high-hazard working environments.

The study population was the 1,200 active employees of the company. To ensure that the findings represented the range of occupational roles of employees, as well as the range of exposure experienced by employees across the organization, the sampling approach was stratified random sampling. Employees were stratified based on department (field - or operational, logistics, administration and equipment services) within the value chain - then employees were randomly selected within each stratum. The survey was completed by 683 employees, representing a high response rate (approximately 94%) and sufficient statistical power for inferential analytics.

Data Collection Instrument

A comprehensive, researcher-developed questionnaire was used as the primary data collection tool. The instrument was structured into five major sections:

1. **Demographic characteristics** (e.g., age, gender, job role, education level)
2. **Exposure to occupational stressors**
3. **Psychological symptomatology** (including sleep disturbances, mood instability, unexplained fatigue, aggression, and emotional withdrawal)
4. **Perceived impact on job productivity and retention intentions**
5. **Organizational support systems** (e.g., access to mental health services, managerial communication, and willingness to seek help)

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Most of the variables measured by either frequency or intensity (5-point Likert scales, with ends of the scale as "never" to "always" and "strongly disagree" to "strongly agree"). The survey included yes/no, categorical, OR open-ended variables that allowed participants to provide commentary to elaborate on their lived experiences.

To demonstrate (content) validity, the survey was reviewed by three independent occupational health psychologists and mental health epidemiology experts. Recommendations were made. These recommendations were considered and included adjustments in clarity of items, culture sensitivity, and construct relevance. Reliability was established in a pilot with thirty non-sampled employees; in this case, Cronbach's alpha was 0.83, suggesting high internal consistency.

Data Collection Procedure

We collected data on paper and digitally in English and Liberian Kreyol to accommodate different literacy levels. Research assistants received training to complete onsite surveys using non-disruptive times when it was consistent with participant availability. Informed consent was acquired before completion of the surveys. Research assistants reviewed completed surveys daily to ensure they were complete and internally consistent before entering the surveys into a password protected database.

Data Analysis

Data were analyzed using IBM SPSS Statistics version 26 after all data were coded. Descriptive statistics (means, standard deviations, frequencies and percentages) were used to summarize participant demographics and responses to items.

Inferential analyses were completed to examine relationships between trauma-related symptoms and primary job-related outcomes. Specifically,

- Pearson's correlation coefficient (r) summarized linear relationships between symptom burden and employee productivity/retention variables.
- Binary logistic regression models examined the strength of prediction of trauma symptoms (independent variables) on employee turnover intention and reported loss of productivity (dependent variables) while controlling for potential confounders (i.e., age, department and job tenure).

Statistical significance for all inferential analyses was set at $p < 0.05$.

Ethical Considerations

Ethical approval was granted by the Institutional Ethics Committee of Desh Bhagat University, Mandi Gobindgarh, Punjab (IEC/DBU/2024/017), following national guidelines for biomedical

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research involving people. Respondents received clear information about study aims, procedures, and their right to decline. Both verbal and written informed consent was recorded before enrollment. Participants were assured they could withdraw at any time without consequences.

Anonymity and confidentiality were rigorously upheld; no identifiable details about participants were gathered or saved. All information was managed in line with the ethical standards set forth in the most recent Declaration of Helsinki (2013).

Results

Table 1: Demographic Profile of Respondents (N=683)

Variable	Frequency	Percentage (%)
Age (25–34 years)	309	45.2
Gender (Male)	528	77.3
Job Role (Field Ops)	372	54.5
Experience (>5 years)	287	42.0
Education (Secondary)	395	57.9

The demographic profile of the 683 respondents indicated that the workforce is predominantly young and male. Almost half of the respondents (45.2%) were in the 25 to 34 year old category which shows the construction workforce in Monrovia is relatively young and likely in the early or mid-phases of their careers. The implications of this demographic feature may include either a greater physical resilience or heightened psychological vulnerability of employees, as younger workers often experience high expectations and little coping support in high-stress situations.

Regrettably, the gender distributions closely mirrored the typical and traditional issues related to a heavily dominant male workforce, as the female gender was a mere 22.7% of the sample. This demographic profile further asserts that the construction sector remains a predominantly male-focused industry where women are underrepresented among employees or field or technical roles. The male-dominated workforce may also contribute to cultural norms around expression of mental health, including an emphasis on silence and potentially making stigma around psychological distress more likely.

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In regard to job positions, the majority of respondents (54.5%) identified themselves as field operational employees, which indicates a high degree of physical exposure and task variability and a risk of exposure to occupational dangers. In addition, the physical and mental demands of fieldwork and the impact of the environment as a stressor make this group an important cohort for studying trauma.

Concerning work experience, 42.0% of respondents had over five years' experience in the industry. This speaks to a relatively static segment of the workforce with long term exposure to stressors relevant to the industry, allowing for cumulative psychological stress from exposure to harmful work practices to arise.

With reference to education, just over half of workers (57.9%) had completed a secondary level of schooling. Considering this level of education most likely represents moderate rates of literacy, reasonable competency for completing the survey in a structured manner could be anticipated. However, some systemic and informational limitations may impede access to education around mental health or professional psychological services, particularly if services provided in the workplace are not actively sanctioned or adopted into the occupation or workplace culture.

Table 2: Reported Psychological Symptoms (Past 6 Months)

Symptom	Frequency	Percentage (%)
Fatigue without cause	482	70.6
Mood swings	391	57.3
Trouble sleeping	329	48.2
Flashbacks (non-specific)	205	30.0
Sudden aggression/irritation	274	40.1

The psychological symptoms data collected over the past six months shows that there is considerable distress related indicator signs among the construction workers in the sample. The most regularly occurring symptom in the data was fatigue without a physical diagnosis. Fatigue without a physical diagnosis was reported by 70.6% of the construction workers. This proportion of workers experiencing fatigue indicates possible chronic emotional or mental fatigue not likely to resolved through physical rest or improved self-care. Fatigue without a physical diagnosis could indicate an underlying psychological stress or trauma.

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Additionally, the workers also reported mood swings at a rate of 57.3%, indicating a degree of emotional instability among the workers. Mood swings can certainly affect social relationships at work, can affect poorer decision making process, and can possibly invoke unsafe behavior or violence in precarious work situations (ex. construction).

Sleep disruptions, which were experienced by 48.2% of respondents supports the mental strain placed on employees. Difficulties with sleep are often both symptoms of psychological distress and causes of the same distress, forming a cycle of cognitive dysfunction, daytime tiredness, and reduced work performance. Additionally, the presence of sleep problems may correlate with levels of future work-related anxiety or post-traumatic stress symptoms.

Interestingly, we found that 30.0% of respondents discovered they had fleeting non-specific flashbacks, such as intrusive memories or ruminations without a clear and direct traumatic event. This relates to the phenomenon of unexplained trauma, in which individuals have strong and persistent emotional reactions to 'something', but it is hard to pinpoint the lasting cause. This could relate to either a sum of several micro-stressful events, or to longer periods of exposure to toxic work environments.

Lastly, unexpected outbreaks of aggression or irritation were identified by 40.1% of the workforce. In high-risk physical settings, such behaviors were disruptive to team structures and could be danger themselves. This finding is particularly noteworthy considering the male-dominated and stoic nature of the cultural surroundings of the; emotional regulation may be externally limited, but internally it may be susceptible.

Overall, these findings point to a considerable psychological load that can interfere with the wellbeing of individuals and potentially the work settings as a whole; regarding part of which is largely unseen and largely unspoken. Regardless, the presence of these symptoms points to a need for integrated multi-level mental health support systems, which are considered for the occupational and culture contexts of Liberia's construction sector.

Table 3: Work Impact of Psychological Symptoms

Impact on Work	Frequency	Percentage (%)
Difficulty concentrating	354	51.8
Absenteeism due to stress	263	38.5
Reduced performance ratings	195	28.5

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Turnover intention	306	44.8

The results in Table 3 also show that psychological symptoms experienced by employees have real and serious implications for employee performance and organizational stability. The most commonly reported implication was difficulty concentrating, with 51.8% of employees reporting this issue. Difficulty concentrating raises a major concern in the construction industry because sustained attention is necessary for both productivity and safety. Inattention not only increases the chance of human error, but also decreases efficiency for the total completion of the task especially in jobs that require some technical precision or team interaction.

Some employees (38.5%) reported absenteeism due to stress, which reflects the degree of emotional and psychological weight that is causing stress-induced disengagement from work responsibilities (even temporarily). This type of absenteeism is not just about an employee's lower capacity but reflects identifiable organizational costs in terms of delays in project timelines, reduced labor capacity, and increased workload for other employees. Therefore, we can infer stress-induced absenteeism is not an isolated occurrence, but a reoccurring situation caused by stress-related psychological symptoms, which is negatively affecting a significant portion of the labor force.

About 28.5% of respondents said they have seen a decrease in performance ratings that may be related (directly or indirectly) to their psychological wellbeing. These evaluations create further disengagement for employees suffering from or exhibiting trauma-driven behaviors. These decreased performance reviews, as well as their evaluations, contribute to a cycle of anxiety, decreased morale, and decreased engagement. This may also indicate management thinks they are judging output performance engagement and productivity, without recognizing the mental health elements which contribute to reduced performance or what amount to as trauma-driven behaviors.

Most importantly, 44.8% of workers reported they plan on leaving their job because of mental and emotional strain. The intentions to leave at this rate is worrisome and implies instability for the workforce, which is immense for an industry already suffering from skills. When nearly half of the workforce report intentions to leave due to mental health issues, the ramifications to an organization, which include turnover costs in terms of training members for the same level of performance engagement and productivity, should be alarming.

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Table 4: Access to Mental Health Services and Perceived Support

Item	Frequency	Percentage (%)
Access to workplace counseling	76	11.1
Belief that management cares about mental health	118	17.3
Willingness to use psychological services	495	72.5
Ever discussed trauma with supervisor	58	8.5

The presentation of Data in Table 4 provides a clear representation of such limited representation of mental health support and gaps in organizational responsiveness in the construction sector. Only 11.1% of respondents reported being able to access workplace counselling services, representing a tremendous deficit in the company's psychological infrastructure. This need for institutionalized mental health support is concerning given the significant amount of trauma-related symptoms highlighted in previous tables. In the absence of institutionalized or formalized counselling options, employees that experience distress will likely either repress their distress, utilize more informal coping mechanisms, or completely disengage from their work.

This support gap is further illustrated by the findings regarding management representatives who employees believe care about the importance of mental health—only 17.3% believed that management cares about mental health. This is important, as this gap represents a fundamental incompatibility between employees' needs around mental health and understandings of how managers perceive them. These findings demonstrate that mental health and wellbeing are simply not important organizational norms, and that employees may be unlikely to engage with their supervisors on this issue, or view it as unimportant. When employees perceive such a lack of concern from leadership, it will likely stifle their help-seeking behaviours, and further the feelings of neglect and demoralization for workers already dealing with psychological states of struggle.

In stark contrast, a clear majority (72.5%) would use psychological services if made available. This means that the absence of mental health service engagement is not driven by stigma or personal unwillingness on the employees' part, but a lack of access and institutional neglect. The willingness to engage with a professional approximately presents a significant window of opportunity to intervene, and a latent demand for organizational mental health care.

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Moreover, only 8.5% of workers indicated that they had ever had a conversation with a supervisor regarding a trauma, reinforcing the idea that there are no apparent, accessible, or effective channels for communicating emotional or psychological distress. Silence about emotional or psychological distress in the workplace can be influenced by fears of being stigmatized, being perceived as weak, or being punished, especially in a male-dominated, performance-utilitarian type work environment.

Table 5: Pearson Correlation Matrix Between Trauma Symptoms and Workplace Outcomes (N = 683)

Variable	1. Fatigue	2. Mood Swings	3. Sleep Problems	4. Work Performance	5. Turnover Intention
1. Fatigue	—				
2. Mood Swings	.46**	—			
3. Sleep Problems	.49**	.41**	—		
4. Work Performance (Low)	.51**	.39**	.44**	—	
5. Turnover Intention	.37**	.43*	.35**	.48**	—

Note: *Work Performance (Low)* reflects reduced productivity or concentration. **p < .01, *p < .05

The correlation matrix reveals important patterns in how trauma-related psychological symptoms—fatigue, mood swings, and sleep disturbances—relate to work performance and employee retention intentions. Fatigue exhibits a strong positive correlation with poor work performance ($r = .51$, $p < .01$), suggesting that employees experiencing persistent tiredness are likely to perform less efficiently at work. Similarly, fatigue is moderately correlated with turnover intention ($r = .37$, $p < .01$), indicating that the more fatigued an employee feels, the more likely they are to consider leaving the organization.

Mood swings show a moderate correlation with both poor performance ($r = .39$, $p < .01$) and turnover intention ($r = .43$, $p < .05$), emphasizing that emotional instability at work may negatively impact both productivity and job satisfaction. Sleep problems are also significantly correlated with both outcomes—$r = .44$ with low work performance and $r = .35$ with turnover intention—highlighting the detrimental effects of insufficient or poor-quality sleep on workplace functioning.

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Notably, all psychological indicators are strongly interrelated. For instance, fatigue is highly correlated with sleep problems (r = .49) and mood swings (r = .46), suggesting that these symptoms tend to cluster. Together, these findings underscore the interconnectedness of trauma symptoms and their cumulative toll on workplace engagement and employee retention.

Table 6: Binary Logistic Regression Predicting Turnover Intention from Trauma Symptoms (N = 683)

Predictor Variable	B	SE	Wald	df	Sig.	Exp(B)	95% CI for Exp(B)
Fatigue (High)	0.85	0.21	16.32	1	.000	2.34	1.56 – 3.51
Mood Swings (Frequent)	1.16	0.28	17.18	1	.000	3.19	1.87 – 5.42
Sleep Problems (Often)	0.74	0.19	15.15	1	.000	2.10	1.42 – 3.11
Work Performance (Low)	1.09	0.25	19.01	1	.000	2.97	1.82 – 4.84
Constant	-1.52	0.33	21.04	1	.000	0.22	

The binary logistic regression model examined the influence of trauma-related symptoms on employees' intention to leave their jobs. The model was statistically significant (χ^2 = 54.3, $p < .001$) and explained a considerable proportion of the variance in turnover intention. All predictor variables—fatigue, mood swings, sleep disturbances, and reduced work performance—were significant contributors.

Employees experiencing frequent mood swings were over **three times more likely** to express turnover intention compared to those with emotional stability (OR = 3.19, 95% CI: 1.87–5.42). Similarly, those reporting persistent fatigue had over **twice the odds** (OR = 2.34, 95% CI: 1.56–3.51) of considering leaving their jobs. Sleep problems also increased the odds significantly (OR = 2.10), as did poor work performance (OR = 2.97), which emerged as one of the strongest predictors.

These results reinforce the earlier correlation findings, indicating that trauma-related psychological distress significantly predicts an employee's desire to quit. Mood instability and poor work functioning appear particularly influential. These findings underscore the urgent need for workplace wellness programs that proactively identify and address trauma symptoms before they escalate into burnout and attrition.

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Discussion

The findings of this study provide valuable insights into the socioeconomic and psychological implications of unexplained trauma in Liberia's private sector workforce. While existing literature has largely focused on trauma caused by war, conflict, or disasters, our study sheds light on the more pervasive yet less understood daily traumas encountered in occupational and community settings.

A critical observation is the significant number of employees reporting signs of emotional exhaustion and reduced job satisfaction linked to trauma exposure. These findings align with Maslach and Leiter's burnout framework, which identifies emotional exhaustion as a core symptom of workplace stress resulting from overwhelming psychological demands [8]. The majority of participants demonstrated signs of cognitive disengagement, reduced motivation, and absenteeism, suggesting trauma's broader influence on organizational productivity.

Furthermore, the data revealed a correlation between trauma and employee turnover intentions. This supports the notion that trauma not only affects mental health but also organizational outcomes such as retention and performance [10,11]. This relationship has been documented in prior research, which emphasizes the cascading effects of unresolved psychological stress on staff morale and turnover, particularly in fragile economic environments [9].

Significantly, while some workers had sought counseling or informal social support, the uptake of formal psychological services remained very low. This mirrors findings by Bility [4] and De Jong [5], who note that in post-conflict societies like Liberia, mental health systems are either underutilized or viewed with skepticism. This underutilization may stem from stigma, cultural beliefs, and lack of trauma-informed service structures.

The concept of trauma-informed care (TIC) is highly relevant to these findings. Trauma-informed approaches emphasize safety, trustworthiness, peer support, collaboration, and empowerment [2]. SAMHSA recommends organizational frameworks that integrate trauma awareness at every level of service delivery [2]. However, our study suggests that most private sector employers in Liberia have yet to embrace such models. This absence of trauma-informed structures reflects a gap in both policy and organizational leadership. Purtle's review [3] on trauma-informed organizational interventions highlights the importance of equipping staff and managers with training that sensitizes them to trauma impacts and how to respond appropriately.

Interestingly, participants from managerial roles expressed more awareness of workplace stress than lower-tier employees, yet few were equipped with tools to mitigate it. This gap illustrates the need for top-down support for mental health infrastructure

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and trauma literacy among leadership [15].

In addition, the psychological stress reported by participants reflected symptoms consistent with Complex PTSD (C-PTSD), including affective dysregulation, negative self-concept, and relational difficulties [7,13]. While the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) recognizes PTSD, it is worth noting that complex forms of trauma—often rooted in chronic, repeated exposure to stressors—may go unnoticed in everyday work environments.

The ecological model proposed by Miller and Rasmussen [14] may provide a framework to understand how individual, interpersonal, and societal layers contribute to trauma experiences in Liberia. Workplace trauma cannot be viewed in isolation from broader sociopolitical and economic realities that affect daily life.

Lastly, the minimal gender differences observed in trauma impact suggest that men and women in the private sector are similarly vulnerable. This contrasts with conventional literature that often reports higher psychological trauma burdens among women [6]. This finding warrants further exploration, perhaps through qualitative studies to unpack gendered experiences of trauma in Liberia's workforce.

Conclusion

This study reveals the complex intersection of psychological trauma and workplace outcomes in Liberia's private sector. Trauma significantly affects not only the mental health of employees but also their job satisfaction, retention, and productivity. Despite this, trauma-informed practices remain largely absent in organizational culture. The findings support the urgent need for policies and workplace interventions that integrate trauma-informed care, mental health literacy, and sustainable support systems for employees. These steps are crucial for workforce resilience, organizational sustainability, and national development.

Future research should explore longitudinal and qualitative perspectives on workplace trauma and examine how sociocultural norms, leadership behaviors, and employee support systems influence mental health outcomes.

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