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Depression and Work Absence or Job Loss in Organizations: An Integrative Review of Psychosocial Impacts and Occupational Performance

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Revisão Integrativa

ABSTRACT

Recognized as one of the leading global causes of disability, depression broadly impairs emotional functioning, interpersonal relationships, and occupational performance, making it a phenomenon of increasing relevance within organizational contexts. Despite the growing body of scientific inquiry into the subject, integrative reviews that systematically address its multidimensional effects on working life remain scarce. Against this backdrop, the present study aimed to critically and comprehensively examine the psychosocial impacts of depression on job loss, productivity, and occupational reintegration processes across diverse work environments. To this end, the six-stage integrative review protocol proposed by Mendes, Silveira, and Galvão (2008) was adopted, with searches conducted across PubMed, Scopus, Web of Science, PsycINFO, SciELO, and Google Scholar, covering the period from February 2025 to January 2026. A total of 95 studies published between 2015 and 2025 were selected and subjected to quantitative descriptive analysis, qualitative thematic analysis, and the TF-IDF technique, enabling the identification of substantial convergences around cognitive symptoms, presenteeism, institutional stigma, and deficiencies in reintegration policies — evidence organized into eight thematic axes, with a notable increase in scientific output from 2020 onward. The findings indicate that addressing depression in the workplace requires integrated approaches that combine clinical management, psychosocial support, and occupational risk management, with intersectional and longitudinal studies representing a priority to bridge the gaps that persist in the existing literature.

Keywords: Depression; Work; Productivity; Return to work; Occupational health.

RESUMO

Reconhecida como uma das principais causas globais de incapacidade, a depressão compromete de forma ampla o funcionamento emocional, as relações interpessoais e o desempenho ocupacional, tornando-se um fenômeno de crescente relevância nos contextos organizacionais. A despeito do avanço das investigações científicas sobre o tema, permanecem escassas as revisões integrativas que articulem sistematicamente seus efeitos multidimensionais sobre a vida laboral. Diante disso, o presente estudo buscou analisar, de forma crítica e abrangente, os impactos psicossociais da depressão sobre a perda de emprego, a produtividade e os processos de reintegração laboral em diferentes ambientes de trabalho. Para tanto, adotou-se o protocolo de revisão integrativa de seis etapas proposto por Mendes, Silveira e Galvão (2008), com buscas realizadas nas bases PubMed, Scopus, Web of Science, PsycINFO, SciELO e Google Scholar, abrangendo o período de fevereiro de 2025 a janeiro de 2026. Foram selecionados 95 estudos publicados entre 2015 e 2025, submetidos a análise descritiva quantitativa, temática qualitativa e à técnica TF-IDF, o que permitiu identificar convergências expressivas em torno de sintomas cognitivos, presenteísmo, estigma institucional e fragilidades nas políticas de reintegração — evidências organizadas em oito eixos temáticos, com notável crescimento da produção científica a partir de 2020. Os achados apontam que o enfrentamento da depressão no trabalho requer abordagens integradas, que articulem manejo clínico, suporte psicossocial e gestão de riscos ocupacionais, sendo prioritária a realização de estudos interseccionais e longitudinais para suprir as lacunas ainda existentes na literatura.

Palavras-chave: Depressão; Trabalho; Produtividade; Retorno ao trabalho; Saúde ocupacional.

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1 INTRODUCTION

Depression represents one of the leading causes of disability worldwide, substantially affecting individual functionality, quality of life, and occupational performance.[1,2] The organizational environment has emerged as a significant contributor to the genesis and perpetuation of mental distress, with the relationship between psychological suffering, occupational overload, and work absenteeism intensifying in contemporary labor markets.[3] It is pertinent to consider not only disorders of exclusively occupational etiology, but also those in which pre-existing individual vulnerabilities are activated or exacerbated by workplace triggers.

The presence of depressive symptoms is directly associated with impairments in sustained attention, decision-making quality, motivational regulation, and overall performance.[4,5] These impairments manifest in organizational indicators such as presenteeism, absenteeism, prolonged or permanent sick leave, occupational accidents, reduced productivity, interpersonal conflicts, and professional burnout.[2] Despite the relevance of this phenomenon, the scientific literature remains deficient in integrative reviews that systematically and critically articulate the multiple impacts of depression within occupational settings.

Studies addressing this intersection have tended to approach it in a fragmented manner: some focus on pharmacotherapy, others on cognition, and others on institutional practices. In alignment with international guidelines recognizing psychosocial risks in the workplace,[6,7] and in the Brazilian context with Regulatory Standard No. 1 on Occupational Risk Management,[8] both the World Health Organization and the International Labour Organization have emphasized mental health as a central component of occupational sustainability. Several authors have sought to establish an integrated understanding of the factors that hinder the retention or return to work of individuals with depression; however, analyses encompassing effective interventions,[9,10] occupational-context-specific depressive classifications, and the role of psychopharmacological agents in productive and motivationally sustained professional reintegration remain scarce.

Against this backdrop, this integrative literature review aimed to critically and systematically analyze the psychosocial impacts of depression on job loss, productivity, and occupational reintegration processes across diverse organizational contexts.

2 THEORETICAL FREMEWORK

2.1 Depression as a Functional Psychopathology in the Occupational Context

Depression is recognized as a multifactorial psychopathological condition associated not only with psychological suffering, but also with functional impairments that compromise social and occupational performance. Evidence indicates that depressive symptoms, particularly fatigue, anhedonia, concentration difficulties, and cognitive slowing, directly impact the capacity to execute work-related tasks and sustain productivity.[4,5] In this respect, depression in the occupational context cannot be

reduced to an individual clinical condition; it constitutes a functional phenomenon with measurable organizational and economic repercussions.[2,1]
Recent literature has demonstrated advances in understanding depression as a condition affecting the cognitive and motivational dimensions essential to occupational activity, reinforcing the need for approaches that integrate clinical management with occupational support strategies.[11,12]

2.2 Work Organization, Psychosocial Risks, and Mental Illness

The work environment and its organizational structures play a central role in the genesis and maintenance of common mental disorders, including depression. Studies indicate that excessive demands, low autonomy, occupational insecurity, and conflictual interpersonal relationships are associated with increased risk of mental illness.[3] These factors constitute what the literature defines as psychosocial risks in the workplace, whose prolonged exposure contributes to psychological distress and recurrent absenteeism.
International bodies, including the World Health Organization and the International Labour Organization, recognize mental health as an essential component of occupational sustainability and recommend the incorporation of psychosocial risks into occupational health policies.[6,7] In the Brazilian context, this debate interfaces with Regulatory Standard No. 1, which establishes Occupational Risk Management and includes psychosocial factors among occupational health hazards.[8]

2.3 Depression, Occupational Performance, and Productivity

Depression exerts a direct impact on occupational performance indicators, manifesting through both absenteeism and presenteeism, a phenomenon in which workers remain active but with substantially reduced performance. Multicenter studies demonstrate that productivity loss costs frequently exceed direct clinical treatment costs.[2] Furthermore, cognitive symptoms including memory and attention deficits are consistent predictors of functional impairment at work.[4,5]
Recent clinical trials and meta-analyses indicate that pharmacological and psychosocial interventions can improve cognitive symptoms and occupational performance, although gaps persist regarding the translation of clinical gains into sustained occupational reintegration.[11,12]

2.4 Work Absence, Stigmatization, and Employment Bond Disruption

Sick leave due to depression represents one of the most critical outcomes of occupational mental illness. Qualitative and observational studies demonstrate that institutional stigma, fear of discrimination, and the absence of structured organizational policies hinder both the maintenance of employment bonds and the return-to-work process.[13,14]
Furthermore, individual and organizational factors operate in combination in the transition from temporary absence to prolonged disability or permanent dismissal.[15] Meta-analyses indicate that absence duration, symptom severity, and the lack of workplace support are relevant predictors of unsuccessful occupational return.[16,17]

2.5 Occupational Reintegration, Interventions, and the Role of Pharmacotherapy

Occupational reintegration following depressive episodes is a complex process involving not only clinical remission, but also the reconstruction of self-confidence, functional readaptation, and organizational support. Systematic reviews indicate that work-focused interventions, when combined with clinical strategies, increase the probability of sustainable return.[17,18]

Recent conceptual models propose that return-to-work programs should integrate clinical follow-up, labor adaptations, and institutional mediation to reduce relapses and new sick leave episodes.[9,10] Concurrently, the appropriate use of psychopharmacological agents has been associated with functional and cognitive improvement, facilitating productive resumption when combined with structured psychosocial interventions.[11]

3. METHODS

3.1 Study Design and Protocol

This study was designed as an integrative literature review, a methodology whose purpose is to collect, appraise, and synthesize empirical and theoretical findings in an organized and systematic manner. The six-stage protocol proposed by Mendes, Silveira, and Galvão[19] was adopted, comprising: (i) research question formulation; (ii) establishment of eligibility criteria; (iii) literature identification; (iv) critical appraisal of findings; (v) data categorization; and (vi) synthesis presentation.

The guiding research question was: "What are the primary psychosocial impacts of depression on work absence and/or job loss, productivity, and occupational reintegration across different organizational contexts?"

3.2 Search Strategy

Searches were conducted between February and January 2026 in PubMed, Scopus, SciELO, Google Scholar, Web of Science, and PsycINFO. A combination of descriptors was employed: depression, workplace, productivity, return to work, mental health, occupational reintegration, presenteeism, absenteeism, cognition, and pharmacotherapy, with Boolean operators (AND/OR), adapted to the indexing logic of each database.

3.3 Eligibility Criteria

Studies were included if they: (a) were published between 2015 and 2025; (b) were written in Portuguese, English, or Spanish; (c) adopted qualitative, quantitative, mixed-methods, or systematic review designs; and (d) explicitly addressed depression and its functional or productive implications in occupational contexts, such as sick leave or job loss. Studies were excluded if they were duplicates, focused exclusively on anxiety, were narrative reviews, or involved exclusively pediatric or retired populations.

3.4 Data Selection and Extraction

Titles and abstracts were independently screened by two reviewers. Following screening, 95 studies were selected for full-text analysis. Data were extracted into a structured matrix comprising the following fields: author, year, objective, study type, population/context, instruments employed, main results, conclusions, thematic axes, and related objectives.

3.5 Data Analysis

Analysis proceeded in two stages. The first stage consisted of descriptive quantitative analysis examining the frequency of study designs and the distribution of thematic axes and related objectives. The second stage involved qualitative thematic analysis of the fields "main results" and "conclusions," employing the TF-IDF (Term Frequency-Inverse Document Frequency) technique for the identification of recurrent linguistic patterns and themes.
Studies were subsequently grouped according to eight specific objectives: (1) psychosocial factors associated with job loss; (2) impacts on occupational productivity; (3) coping strategies; (4) difficulties in maintaining employment bonds during depressive episodes; (5) cognitive alterations; (6) return-to-work processes; (7) depressive typologies according to occupational context; and (8) the use of pharmacotherapy in occupational reintegration. This thematic-objective categorization supported the construction of analytical matrices and data visualizations.

4 RESULTS

4.1 Characterization of Included Studies

A total of 95 studies were included in the present integrative review, published between 2015 and 2025, encompassing broad methodological and thematic diversity. Data analysis allowed results to be organized into two dimensions: characteristics of included studies and thematic synthesis by specific objective.
The majority of included studies were systematic reviews or qualitative studies with in-depth interviews, followed by quantitative cross-sectional designs. Figure 1 presents the distribution of articles according to the most frequent methodological types, evidencing the predominance of systematic and qualitative approaches, which reinforces the exploratory and integrative character of scientific production in the field.

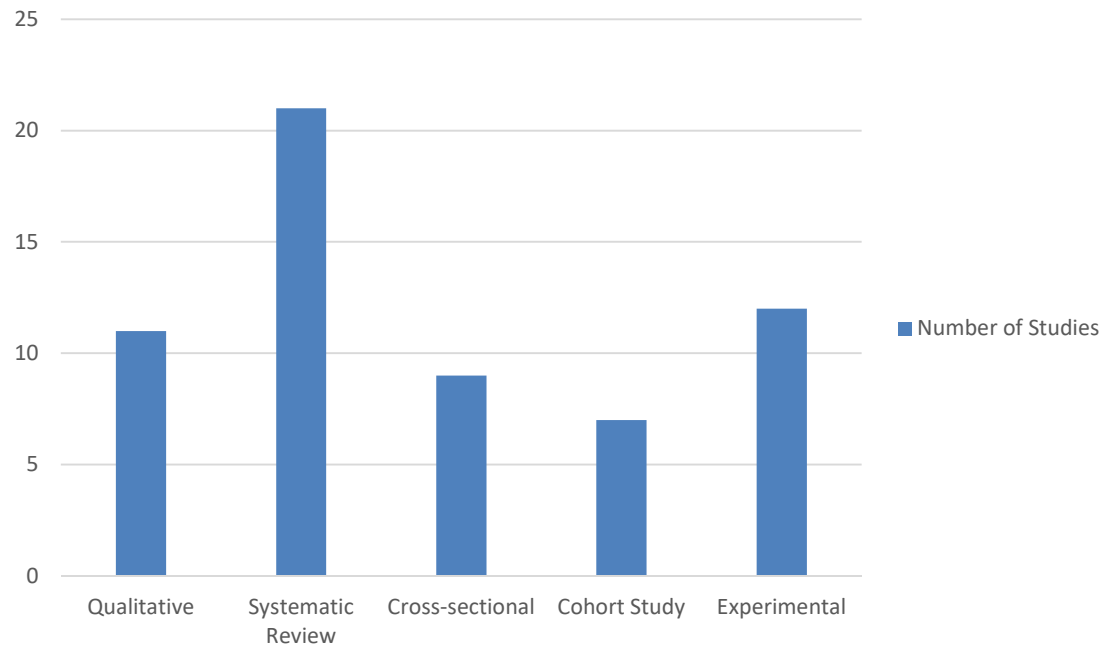

Figure 1 – Distribution of Included Studies by Methodological Type. Source: Elaborated by the authors.

Figure 2 highlights the principal thematic axes recurrent across the analyzed studies. Among the most prevalent were: return to work and occupational reintegration; cognitive symptoms and functionality; stigma and disclosure of the disorder in the workplace; productivity, presenteeism, and absenteeism; and the use of pharmacotherapy in relation to functional performance. These axes represent the most investigated focal points in the interface between depression and work.

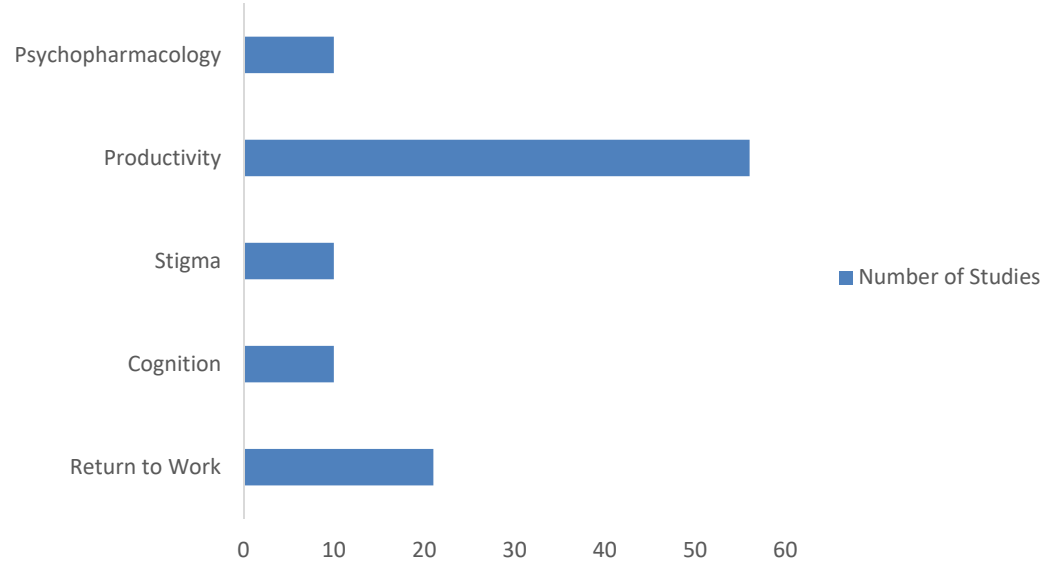

Figure 2 – Principal Thematic Axes Across Included Studies. Source: Elaborated by the authors.

Figure 3 shows the temporal evolution of studies by specific objective over time, permitting observation of which themes received greater scientific attention during particular periods. Objectives related to return to work (Objective 6), productivity (Objective 2), and classification of depressive types by occupational context

(Objective 7) demonstrated greater consistency and growth.

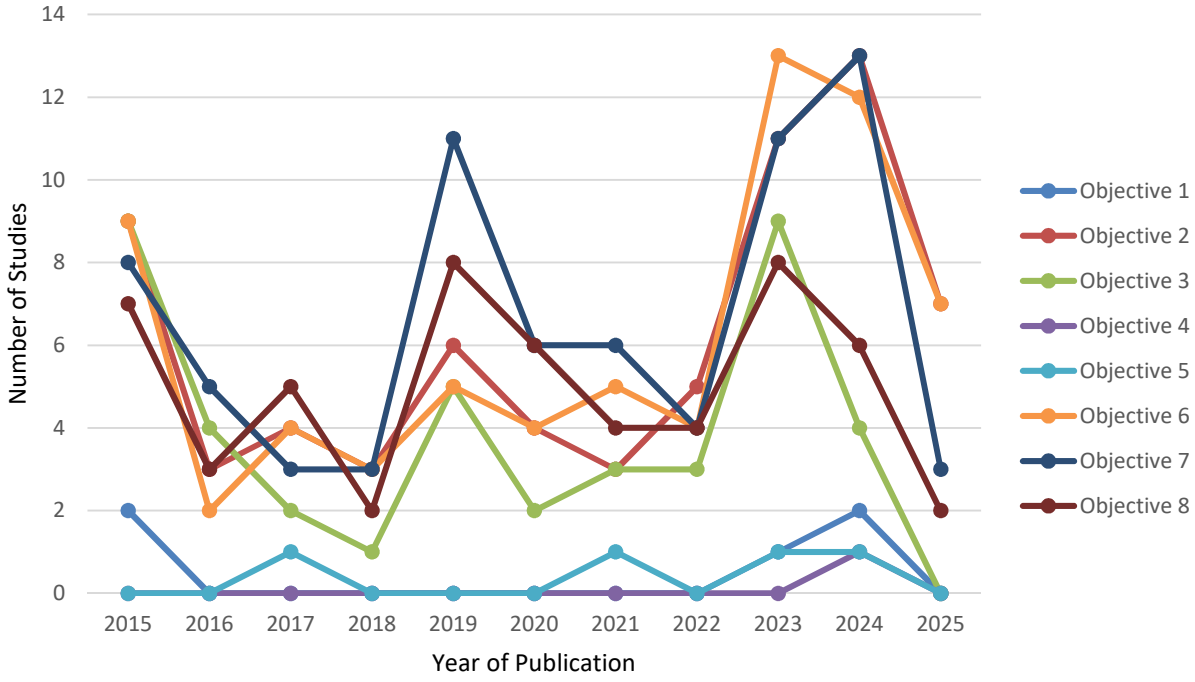

Figure 3 – Distribution of Studies by Objective Over Time (2015–2025). Source: Elaborated by the authors.

Figure 4 presents the total number of articles published per year throughout the analyzed period (2015–2025). A growing trend is observed from 2020 onward, with peaks in 2023 and 2024, reflecting increased scientific interest in the topic, possibly driven by factors including the COVID-19 pandemic, the digital transformation of work, and the expansion of the mental health debate within organizational settings.

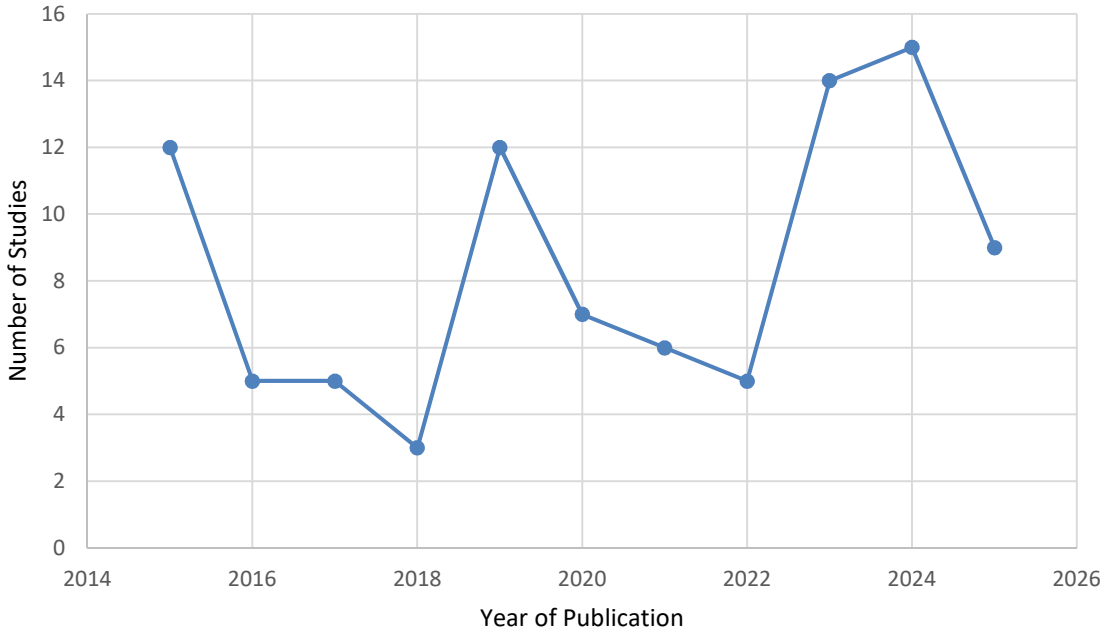

Figure 4 – Articles Published per Year (2015–2025). Source: Elaborated by the authors.

Figure 5 presents the longitudinal distribution of the most relevant thematic axes (return to work, cognition, and productivity), revealing distinct temporal patterns for each. While cognition appears in a more dispersed manner, return to work concentrates in more recent years and productivity remains stable throughout the decade.

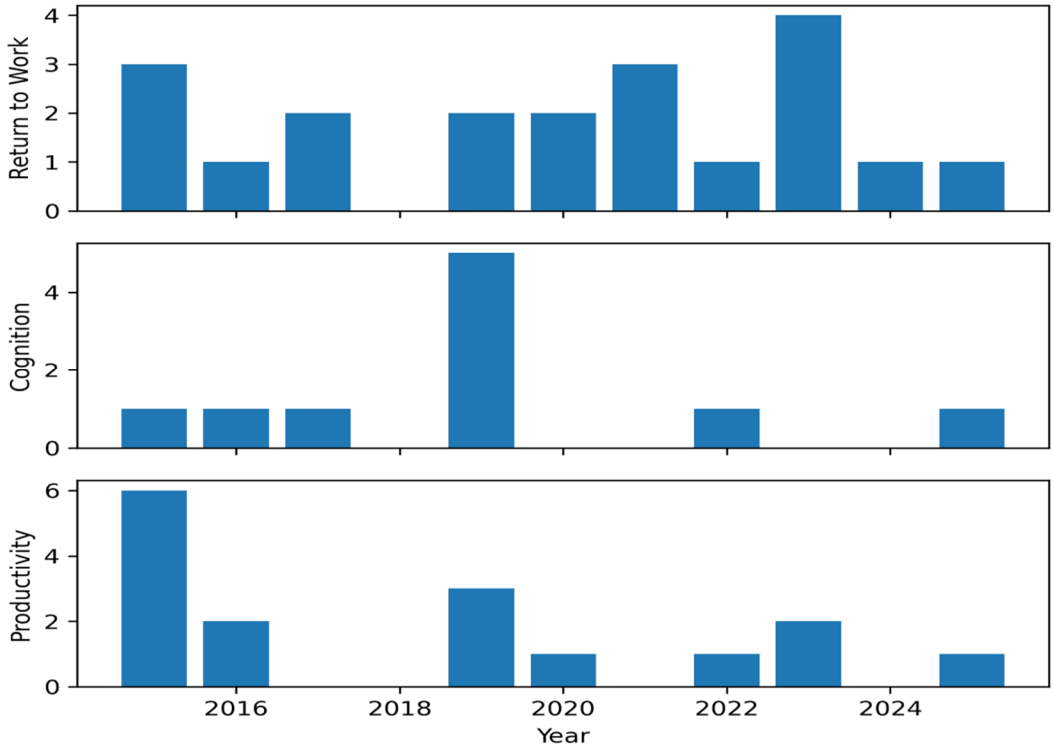

Figure 5 – Longitudinal Distribution of Thematic Axes by Year. Source: Elaborated by the authors.

4.2 Thematic Synthesis by Specific Objective

Studies were organized according to eight previously established specific objectives. Synthesis matrices were constructed presenting the main findings by objective, study type, authors, addressed axes, and relevant conclusions.
The most frequently addressed objectives were: Objective 6 (return to work following depressive episodes); Objective 7 (classification of depressive types by occupational context); and Objective 2 (impact of depression on functional productivity).
The analysis revealed significant convergence across studies regarding the presence of subclinical depressive symptoms, the persistence of cognitive symptoms following remission, institutional stigma, and the absence of effective reintegration policies.

5 DISCUSSION

The present integrative review demonstrated that depression in the occupational context is a multidimensional phenomenon that extends beyond the boundaries of individual psychological suffering, directly affecting productivity, occupational retention, and reintegration processes. The results indicated strong convergence among studies regarding the centrality of cognitive symptomatology, the prevalence of presenteeism,[11,12] and the persistence of institutional barriers to return-to-work.

Among the analyzed objectives, studies focused on return to work (Objective 6), the classification of depressive types according to occupational context (Objective 7), and the impact of depression on productivity (Objective 2) were particularly prominent. This concentration reveals a global concern with the functional outcomes of depression and with support mechanisms enabling the effective reintegration of affected workers. Interventions grounded in psychosocial rehabilitation, institutional support, and adaptations to the work environment proved to be promising strategies for managing mental illness in occupational settings.[10,20]

Complementary objectives also proved relevant. Psychodynamic factors associated with job loss (Objective 1) revealed that feelings of worthlessness, helplessness, and low self-esteem are reinforced by oppressive corporate environments lacking listening and welcoming spaces. The difficulties encountered in maintaining employment bonds during depressive episodes (Objective 4) encompass the absence of institutional protocols, as well as the fear of stigmatization by peers and supervisors.[13,14]

Presenteeism and absenteeism (Objective 3) were extensively described as silent manifestations of untreated depression, with direct impact on productivity and interpersonal relationships. Cognitive symptoms, including cognitive slowing, memory failures, and concentration difficulties, investigated under Objective 5, represent a key factor compromising effective return to work even after partial clinical improvement.

Studies addressing pharmacotherapy (Objective 8) presented equivocal results: while some indicate improvements in functional performance, others reveal limitations in the isolated efficacy of medication when not accompanied by psychosocial support and organizational change.

A critical cross-sectional analysis identified important gaps: the majority of studies still disregard intersectional variables such as gender, race, and social class.[3,21] Few studies have longitudinally explored the persistence of cognitive symptoms following partial remission of depression, which limits a more precise analysis of productive return to work. Furthermore, although psychopharmacological use was recurrent in clinical studies,[11,22] controversies remain regarding its isolated effectiveness in increasing functionality and facilitating occupational reinsertion.

The findings of this review reinforce the importance of integrated approaches that combine pharmacological management, psychosocial support, and organizational policies sensitive to mental health.[9,10] The data suggest that recognition of psychological suffering in the labor environment and the creation of institutional strategies for welcoming and readaptation are fundamental to breaking the cycle of stigmatization, exclusion, and low productivity associated with depression.[13]

Based on an integrative functional reading, it was possible to propose a contextual classification of occupational depressive types, organizing them according to their predominant clinical manifestations, the institutional challenges faced, and the most frequent responses in the work environment. This typology aims to contribute to the formulation of strategies more closely aligned with organizational realities, strengthening the articulation among mental health, productivity, and institutional management, as shown in Table 1.

Table 1 – Classification of Occupational Depressive Types According to Work

Context

Type of Occupational Depression	Characteristics	Predominant Context	References
Reactive Situational Depression	Symptom onset associated with acute events such as workplace harassment, dismissal, work overload, or organizational restructuring.	Unstable, authoritarian environments or those with a history of institutional violence.	Corbière et al., 2016
Covert Functional Depression (Depressive Presenteeism)	Silenced psychological suffering; maintenance of the employment bond with declining performance and absence of institutional welcoming.	High-pressure roles with little openness to express emotional distress.	Evans-Lacko & Knapp, 2016; Chokka et al., 2019
Recurrent Depression with Sick Leave	Cyclical depressive episodes with multiple sick leave periods and failed readaptation attempts.	Organizations lacking psychosocial support or structured reintegration policies.	Hellström et al., 2023; Corbière et al., 2016
Residual Cognitive Depression	Persistence of cognitive symptoms — cognitive slowing, memory failures, attentional deficits, and impaired decision-making — even after affective remission.	Activities with high cognitive demand and intellectual requirements.	Huang et al., 2022; Haro et al., 2019
Depression with Subjective Alienation	Feelings of disconnection, emotional emptiness, and loss of meaning at work.	Mechanical, repetitive, or depersonalized job roles.	de Oliveira et al., 2023; Evans-Lacko & Knapp, 2016
Stigmatized Depression with Occupational Isolation	Symptom aggravation as a result of negative institutional reactions to disclosure of the mental health disorder.	Organizations with a culture of silence, judgment, or punishment toward mental suffering.	White et al., 2023

Source: Elaborated by the authors.

6 CONCLUSION

This integrative review demonstrated that depression, as a complex and multifactorial phenomenon, exerts profound impacts on occupational performance, employment retention, and productive reintegration processes.[3,21] By articulating different dimensions (clinical, cognitive, psychosocial, and organizational), the analyzed studies demonstrate that the experience of depression in the labor environment is not limited to affective symptomatology, but involves structural and institutional aspects that contribute to psychological suffering and professional exclusion.[18]

The results indicate the urgency of organizational policies and practices more sensitive to mental health, promoting welcoming environments, readaptation strategies, and integrated interventions. Approaches combining psychosocial support, the flexibilization of labor requirements, and adequate clinical management prove more effective than isolated measures such as the exclusive use of pharmacotherapy.

This review also contributes by addressing relevant gaps in the literature, integrating evidence on cognitive symptoms, presenteeism, stigma, occupational reinsertion, and therapeutic interventions, with particular emphasis on diverse occupational contexts. The need for additional intersectional and longitudinal studies evaluating the actual impact of psychosocial rehabilitation programs on sustainable return to work is underscored.

Understanding depression in the workplace requires a broadened perspective that recognizes the interface between subjectivity and structure, suffering and productivity, mental health and organizational justice.[9,21] The transformation of institutional practices and the valorization of mental health as a component of organizational culture are essential pathways for preventing sick leave, improving worker well-being, and promoting more humane, equitable, and productive working environments.[14]

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