



Post-War Cognitive and Psychosocial Challenges in the Academic Workplace: An Interdisciplinary Perspective on Occupational Health and Psychiatry

Edris Soltani¹, Omran Ahmadi¹, Seifollah Gharib ^{2,*}, Saman Ayar³, Parsa Fooladi¹

¹ Department of Occupational Health and Safety, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran

² Department of Health, Safety and Environment Management, School of Health, Mashhad University of Medical Sciences, Mashhad, Iran

³ Student Research Committee, School of Public Health, Hamadan University of Medical Sciences, Hamadan, Iran

*Corresponding Author: Department of Health, Safety and environment management, School of Health, Mashhad University of Medical Sciences, Mashhad, Iran. Email: seif.gharib@gmail.com

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Dear Editor-in-Chief,

The lived experience of war and other large-scale crises can expose universities, as knowledge workplaces, to substantial psychological, cognitive, and occupational challenges. From the perspective of occupational health and cognitive ergonomics, chronic stressors and traumatic experiences are psychosocial hazards that may increase allostatic load and alter stress-response mechanisms. These processes may be associated with diminished information-processing efficiency, reduced concentration, and impaired cognitive performance among some faculty members and students (1). In this letter, we integrate concepts from psychiatry, occupational health, and cognitive ergonomics to examine 10 major challenges related to mental workload in post-crisis academic settings and to propose strategies to promote mental well-being and enhance cognitive performance.

Mental overload and working memory impairment. Evidence suggests that chronic stress may be associated with alterations in working memory, attention, and information processing, thereby increasing the likelihood of cognitive errors in educational and research environments (2). From a cognitive ergonomics perspective, strategies such as cognitive chunking can reduce the cognitive load induced by large volumes of information. Decomposing complex content into smaller, more coherent units facilitates comprehension and organization. By improving alignment between instructional material and learners'

processing capacity, this approach may help sustain attention and improve learning outcomes.

Sustained attention deficits and presenteeism. In some individuals with post-traumatic stress symptoms or other psychological consequences of crises, hyperarousal and persistent cognitive preoccupation with stressors may be associated with reduced concentration, impaired sustained attention, and decreased functional efficiency. This condition may contribute to presenteeism, in which individuals are physically present in the university environment but do not demonstrate optimal cognitive performance or productivity. In this context, ergonomics-based work-rest cycles, including short rest intervals (microbreaks), and structured time-management approaches such as the Pomodoro Technique may help reduce mental fatigue, sustain attention, and enhance performance in educational, research, and laboratory settings (3).

Reduced cognitive bandwidth. Intrusive thoughts, persistent worries, and, in some individuals, symptoms associated with post-traumatic stress may consume available cognitive resources and increase cognitive load, thereby negatively affecting learning processes, decision-making, and information processing. In this context, a trauma-informed workplace and pedagogical approach that emphasizes psychological safety, environmental predictability, and the reduction of avoidable stressors may improve academic engagement and facilitate individuals' gradual return to optimal educational and research performance (4).

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Executive dysfunction in task management. Evidence suggests that chronic stress and prolonged psychological strain may be associated with reduced efficiency in certain executive functions, including planning, time management, prioritization, and the organization of complex tasks (5). Under such conditions, an academic scaffolding approach may be beneficial. Step-by-step instructions, clear checklists, and the division of complex projects into smaller, more manageable components can reduce the cognitive load associated with task execution and facilitate the successful completion of educational and research activities.

Secondary trauma and occupational burnout among faculty members. Continuous exposure of some university professors and staff to students who have experienced traumatic events or substantial psychological difficulties may be associated with increased emotional burden, compassion fatigue, secondary traumatic stress, and occupational burnout. These consequences may affect the quality of teaching interactions, job satisfaction, and faculty members' mental health. In this regard, Workplace Health Promotion programs, including peer support networks, reflective group sessions, and other supportive mechanisms, may help strengthen individual and organizational resilience (6). Providing a safe environment for sharing experiences, receiving professional support, and processing work-related psychological stress can play an important role in maintaining mental health and preventing occupational burnout (7).

Emotional dysregulation and workplace conflicts. Chronic stress and traumatic experiences may be associated with difficulties in emotional regulation, increased irritability, social withdrawal, or the emergence of interpersonal tensions in the university setting. Such conditions may adversely affect professional relationships and the psychosocial climate of the workplace. In this context, integrating emotional regulation training, coping skills development, and mindfulness-based interventions, including Mindfulness-Based Cognitive Therapy, into university mental health promotion programs may enhance emotional self-awareness, reduce psychological distress, and improve interpersonal interactions (8).

Sleep disturbances and impaired recovery. Sleep disturbances, including insomnia, fragmented sleep, and, in some individuals, trauma-related nightmares, may be associated with impairments in physiological and psychological recovery processes. Evidence indicates that insufficient or poor-quality sleep is

associated with reduced cognitive performance, decreased concentration, impaired learning, and lower academic and occupational productivity (9). Accordingly, education on sleep hygiene as part of health promotion programs, screening for sleep problems among at-risk individuals, and flexible policies for scheduling academic and work activities may improve recovery processes and help maintain cognitive performance in university settings.

Reduced work ability and academic adaptation. Chronic stress and psychological strain resulting from post-conflict conditions may be associated with reduced mental energy, impaired concentration, and diminished capacity to cope with academic and research demands. These conditions may negatively affect work ability and academic or occupational performance. In this context, more flexible educational approaches, including a greater proportion of formative assessments accompanied by continuous feedback, may help reduce psychosocial stressors in the learning environment and provide greater opportunities for gradual adaptation to educational requirements.

Occupational anhedonia and loss of meaning. Large-scale social and humanitarian crises may be associated with reduced motivation, a weakened sense of purpose, and decreased academic or occupational engagement in some individuals. Under such conditions, interventions based on Acceptance and Commitment Therapy may help individuals accept difficult emotions and thoughts while identifying personal values and aligning their actions with those values (10). This approach may contribute to maintaining academic and occupational engagement and enhancing psychological adaptation in post-crisis conditions.

Social isolation in the workplace. Persistent stress, psychological fatigue, and reduced emotional resources may reduce individuals' capacity for social interaction and participation in group activities, potentially leading to social withdrawal in the academic environment (11). In this context, opportunities for academic and educational engagement through supportive, low-stress collaborative networks may provide a foundation for strengthening professional relationships and gradually rebuilding social connections. Such approaches may enhance perceived social support and contribute to the development of psychological capital, thereby improving social cohesion within university settings.

Conclusion. The cognitive, psychological, and occupational consequences of post-conflict crises in academic environments require attention beyond a single-discipline approach. Integrating perspectives from psychiatry, occupational health, and cognitive

ergonomics can contribute to more accurate identification of risk factors and the design of effective interventions to support the mental health and cognitive functioning of faculty members and students. Conceptualizing universities as knowledge workplaces and addressing psychosocial factors that affect performance may play a crucial role in mitigating the effects of chronic stress, preserving work ability, and enhancing both individual and organizational resilience.

Footnotes

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