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Original Research Article

Social Anxiety Disorder (SAD) and Its Association with Employment Rate

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Abstract: ***Background*:** The three most prevalent mental health issues in Bangladesh are stress, anxiety, and depression. Another mental health disorder that maintains the capability to disrupt normal functioning of an individual is called 'Social Anxiety disorder' (SAD). Symptoms of social anxiety disorder (SAD) can reduce output, raise absenteeism, and impair job satisfaction. Employees with mental health disorders may find it difficult to focus, fulfill deadlines, or work well with others. ***Objective*:** To observe the social anxiety disorder (SAD) and its association with employment rate and workforce settings. ***Materials and Methods*:** A cross-sectional study was done to assess social anxiety among employees. The study was carried out from January 2021 to December 2022 at various formal employments in Dhaka city for people over the age of 18, both male and female, who had been working for more than one year. Workers receiving treatment for mental health issues were excluded from the study. The anticipated final sample size was 120 people divided into two groups: 60 people with Social Anxiety Disorder and 60 people who did not have it. This study employed a convenient sampling strategy. Participants who agreed to participate and met the selection criteria were chosen as a sample. ***Results*:** In the group of individuals with social anxiety disorder, 49 (81.7%) were employed, while 57 (95.0%) were not. ***Conclusion*:** The study reveals a strong link between social anxiety disorder (SAD) and lower employment rates, with individuals with SAD facing higher unemployment.

Keywords: Social Anxiety Disorder, Female, Employment, Social Norm Violations.

INTRODUCTION

Social anxiety disorder (SAD) is characterized by persistent anxiety, an intense fear or avoidance of social situations because of a fear of negative evaluation. Cognitive behavioral therapy (CBT) (typically with an exposure component) is a first-line treatment for social anxiety, but there remains room for improvement with regards to treatment efficacy [1].

Such research is necessitated by the fact that SAD remains a prevalent condition, WHO estimated 12-month prevalence in the United States is 8% [2]. It is also a markedly disabling condition with an early onset [3], and persistent course [4]. SAD is associated with significant impairment in social, occupational, and academic domains as well as decreased quality of life [5].

Not only is social anxiety disorder becoming increasingly common each year, but its prevalence is also growing faster. Approximately 15 million adults in the United States are diagnosed with social anxiety disorder every year, totaling about 7.1% of the population [6]. As staggering as that number is, it's likely that the number of individuals afflicted with social anxiety disorder is even higher than the number of those officially diagnosed. While the afore-mentioned statistic only represents adults, social anxiety disorder is more common among teens and adolescents. According to the Anxiety and Depression Association of America (2022), in most cases of social anxiety disorder, the individual began experiencing symptoms when they were only around 13 years old [7]. Furthermore, 36% of those who have social anxiety disorder report that they experienced symptoms for ten years or more before seeking help [7]. Combined with the fact that many people never get their social anxiety disorder diagnosed [8], it's likely that the number of

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people with social anxiety disorder is much higher than currently on record.

Even though social anxiety is characterized by intense anxiety in social interactions (e.g., meeting unfamiliar people) and is maintained through a reciprocal relationship between avoidance and fear [9], enforced social avoidance is likely to exacerbate social anxiety within community and clinical populations. Notably, despite finding social interactions stressful, socially anxious people are happier interacting with others than being alone [10], and experience loneliness when isolated from others [11]. Thus, enforced social avoidance both reinforces avoidance and deprives socially anxious people of a major source of well-being. The pandemic is an ongoing global stressor, and as social norms are potential contributors to social anxiety [12], the resulting social isolation is likely to contribute to heightened social anxiety. Several negative mental health outcomes have been reported in healthy populations across the globe, for example, elevated levels of anxiety, stress, depression, somatic symptoms, and poor sleep quality [13, 14]. People with an established diagnosis of Social Anxiety Disorder (SAD) may be particularly vulnerable to negative mental health outcomes. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders- Technical Revision (DSM-5-TR) indicates that the core component of SAD is a “marked, or intense, fear or anxiety of social situations in which the individual may be scrutinized by others” [15], and can be triggered by a threat to social relationships [16, 17]. The key fear is a negative evaluation by others, and social situations create intense and unrelenting anxiety that leads to avoidance [15].

METHODOLOGY

A cross-sectional study was conducted to determine the social anxiety among individuals who were either employed or unemployed. The study was conducted from January 2021 to December 2022 across various official employment settings in Dhaka city. The study population included employees in official, School, Garments and different Hospitals aged more than 18 years, both male and female and working for more than a one year. The workers who were on treatment for mental health problems were excluded from the study. The estimated final sample size was 120, divided among two group. Among them, 60 participants had Social Anxiety Disorder and 60 did not have Social Anxiety Disorder. Convenient sampling technique was used for this study. Participants who were willing to participate and fulfilled the selection criteria were taken as sample. Pretesting was done before data collection. Before the interview, the detail of the study was explained to each eligible respondent and data was collected by face-to-face interview using a Bengali semi-structured questionnaire after obtaining informed written consent. Participants completed the Social Phobia Inventory (SPIN; Connor *et al*., 2000) to assess the intensity of their social anxiety. Table 1 mentions the scale. This questionnaire includes 17 items that examine several aspects of social anxiety, such as physiological symptoms, fear, and avoidance. "Talking to strangers scares me" and "I would do anything to avoid being criticized" are examples from the SPIN. Participants are asked to rate each item on a five-point Likert scale ranging from zero ("Not at All") to four ("Extremely"). Individuals with social anxiety are anticipated to get a minimum score of 19 and a maximum score of 68 in clinical investigations. This score could be indicative of a minor sickness. Scores in this sample varied from zero to 67 out of a possible 68, with concentration in the center, indicating mild to moderate social anxiety (M = 39.73, SD =14.75). This scale was extremely reliable (= 0.95).

RESULTS

Table 2 shows that there is no significant difference in gender distribution between the SAD and non-SAD groups (p = 0.704). Both groups have a similar proportion of males and females.

The mean age between the groups is not significantly different (32.4 years for SAD and 33.5 years for non-SAD, p = 0.548). There is no significant difference in educational levels between the groups (p = 0.624). The majority in both groups are literate. Marital status does not show a significant difference (p = 0.651). However, there is a significant difference in employment status between the groups (p = 0.022). A higher percentage of individuals without SAD are employed (95%) compared to those with SAD (81.7%). This suggests that those with SAD are more likely to be unemployed. Monthly income distribution also does not differ significantly between the groups (p = 0.439). Income levels are fairly similar, with most participants earning between 10,001–20,000 taka.

Table 1: Social Phobia Inventory scale

		Not at all	A little bit	Somewhat	Very much	Extremely
1.	I am afraid of people in authority	0	1	2	3	4
2.	I am bothered by blushing in front of people	0	1	2	3	4
3.	Parties and social events scare me	0	1	2	3	4
4.	I avoid talking to people I don't know	0	1	2	3	4
5.	Being criticized scares me a lot	0	1	2	3	4
6.	I avoid doing things or speaking to people for fear of embarrassment	0	1	2	3	4
7.	Sweating in front of people causes me distress	0	1	2	3	4
8.	I avoid going to parties	0	1	2	3	4
9.	I avoid activities in which I am the centre of attention	0	1	2	3	4
10.	Talking to strangers scares me	0	1	2	3	4
11.	I avoid having to give speeches	0	1	2	3	4
12.	I would do anything to avoid being criticized	0	1	2	3	4
13.	Heart palpitations bother me when I am around people	0	1	2	3	4
14.	I am afraid of doing things when people might be watching	0	1	2	3	4
15.	Being embarrassed or looking stupid are among my worse fears	0	1	2	3	4
16.	I avoid speaking to anyone in authority	0	1	2	3	4
17.	Trembling or shaking in front of others is distressing to me	0	1	2	3	4

Table 2: Socio-demographic characteristics of the study patients (n=120)

Variables	**Social Anxiety Disorder (n=60)**		**Without Social Anxiety Disorder (n=60)**		**P value**
	n	**%**	**n**	**%**	
Gender					
Male	21	35.0	23	38.3	[a]0.704
Female	39	65.0	37	61.7	
Mean age (years)	32.4	±9.7	33.5	±10.3	[b]0.548
Educational status					
Illiterate	11	18.3	9	15.0	[a]0.624
Literate	49	81.7	51	85.0	
Marital status					
Married	36	60.0	38	63.3	
Unmarred	19	31.7	15	25.0	[a]0.651
Widow/Divorced	5	8.3	7	11.7	
Occupational status					
Employed	49	81.7	57	95.0	**[a]0.022**
Unemployed	11	18.3	3	5.0	
Monthly income (taka)					
≤10000	17	28.3	13	21.7	
10001-20000	28	46.7	35	58.3	[a]0.439
>20000	15	25.0	12	20.0	

[a]P value reached from chi square test
[b]P value reached from unpaired t-test

DISCUSSION

The study observed that 49(81.7%) participants in the social anxiety group were employed, while 57 (95.0%) participants with no mental health diagnosis were found to be employed. This result was found to be statistically significant ($p<0.05$) whereas the other variables were not statistically significant ($p>0.05$) between two groups. Himle *et al*., [18], reported the 58 participants randomly assigned to work-related cognitive behavioral therapy (WCBT) or Vocational services as usual (VSAU) demonstrated that WCBT exerts a significant effect over VSAU by significant improvement on all measures of social anxiety, general anxiety, depressive symptoms, and overall measures of functioning. Job-search behaviors and job search self-confidence was also seen to significantly improve with WCBT treated participants compared to VSAU. Moitra *et al*., [19], reported 65(35.7%) patients were employed full time in social anxiety disorder group and 144(40.3%) in other anxiety disorder group. Shirazi *et al*., [20], reported 57.7 percent were male employees, 86.9 percent were married employees and 60.8 percent of those who had 11-20 years of service record. Biswas *et al*., [21], observed age, sex, education level and monthly income were not statistically significant ($p>0.05$) between low job anxiety and high job anxiety groups.

A study conducted in 47 universities with a total of 5086 undergraduate students concluded that university learning situations cause the highest levels of anxiety to former and current victims of peer bullying. When compared with students with no familiarity of bullying, victims stated more frequently of having anxiety syndrome and higher levels of context-specific social anxiety across various types of university learning situations [22]. Panic disorder, panic disorder with Agoraphobia, social anxiety disorder and post-traumatic stress disorder were significantly associated with unemployment status. Purposeful activities that include social interaction, such as school or work, present unique obstacles for individuals with social anxiety [22]. In fact, many individuals with social anxiety feel impaired by their issues. Mather *et al*., [23], surveyed military employees and determined that 39.5 to 74.8% felt impaired at work to varying degrees. In another study, Turner *et al*., [24], found that 90% of those who suffered from social anxiety were negatively impacted at work. Decreased productivity and performance issues were not uncommon [25]. These deficits might result from a fear of career-related tasks or inhibited interactions with coworkers or supervisors [22, 23]. The effect of social anxiety influences acquiring jobs. When searching for jobs, their options are more limited compared to individuals who do not suffer from social anxiety. Their ideal setting would involve a non-interpersonal role with limited social interactions [26]. Himle *et al*., [18], noted that individuals with social anxiety are at a disadvantage even before applying, as they have diminished educational attainment. Additionally, they lack interview skills, training, and experience. All these factors lead to decreased stability in careers and increased unemployment for those with social anxiety [26]. Hajure *et al*., [27]. WHOQOL-BREF-TR scores showed that students without social phobia had significantly higher quality of life scores in all areas than the students with social phobia. In contrast to studies done in Australia [28], and Swedish [29]. SAD was more prevalent among students of engineering faculties than students of social science and humanities faculties. In Itani *et al*., [30], monthly family income, and history of socialization with friends were negatively associated with severe social anxiety in adolescents. In Lim *et al*., [31], having lower than average wealth predicted social anxiety at the start of the pandemic, along with being unemployed. Several stress factors, such as educational institution closures, financial strain, unemployment, and a sense of unpredictability, may enhance the risk of negative mental health outcomes [32]. According to a study conducted by Biswas *et al*., [21]. Local researchers calculated that women worker in seven garment factories in Dhaka, the capital city, worked an average of 80 hours overtime per month. Low job anxiety was more common among female (71.3%) than male (28.7%). High job anxiety was also more common among female (73%) than male (27%). The difference was not statistically significant ($p>0.05$). Brown [33], study observed a regression analysis that shows that social anxiety significantly predicted the frequency at which employees report experiencing incivility. Moitra *et al*., [19], generated a naturalistic, longitudinal study of 536 primary care patients with social anxiety disorders in order to determine SAD's chronicity and detrimental effects on occupational functioning, in addition to comparing likelihood of unemployment. They revealed that individuals with SAD were greater than two-times more likely to be unemployed than that of individuals with other anxiety disorders. Patients with SAD and MDD (major depressive disorder) were significantly more impaired in the workplace than rest other individuals participated, regardless of their educational status. Furthermore, Patients with SAD were 2.25 times more likely to be unemployed than patients with any other psychiatric conditions. All participants had at least one anxiety disorder to qualify for study entry. Thus, all MDD was comorbid with an anxiety disorder, whereas not all cases of any of the anxiety disorders were comorbid. Therefore, the findings indicated that, among anxiety disorder patients, having comorbid MDD predicts worse occupational functioning than not having MDD.

CONCLUSION

The most notable finding is the significant difference in occupational status, with individuals with SAD being less likely to be employed than those without SAD. This associates with research signifying that SAD can impact employment opportunities. Other socio-demographic factors, such as gender, age,

educational status, marital status, and income, do not show significant differences between groups.

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