

**ORIGINAL ARTICLE**

# Anxiety in the workplace: A comprehensive occupational health evaluation of anxiety disorder in public school teachers

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The purpose of the study was to systematically assess demographic, occupational, and psychosocial factors associated with Anxiety Disorder in public school teachers. A sample of 3,361 public school teachers was given an online questionnaire, including questions about demographic, occupational, and psychosocial factors. Anxiety Disorder was based on the Patient Health Questionnaire. Univariate analyses and a hierarchical logistic regression were used to determine the key demographic, occupational, and psychosocial factors associated with Anxiety Disorder. Individuals with Anxiety Disorder were significantly more likely to report absenteeism and higher intent to quit ( $p < .001$ ). The hierarchical logistic regression showed that the factors most associated with the Anxiety Disorder included being Hispanic ( $p < .01$ ), taught fewer years ( $p < .05$ ), teaching elementary school ( $p < .01$ ), higher job involvement ( $p < .01$ ), higher perceived stress ( $p < .01$ ), lower physical quality of life ( $p < .01$ ), major depression ( $p < .001$ ), and somatization disorder ( $p < .01$ ). The results from this study identify specific demographic, occupational, and psychosocial factors associated with the presence of anxiety disorder in public school teachers. Future research should examine how implementing changes in the workplace may improve occupational factors such as job control, satisfaction, absenteeism, and intent to quit, which, in turn, may be associated with a reduction in the presence of anxiety disorders.

## KEYWORDS

biopsychosocial, health psychology, psychopathology, stress

## 1 | INTRODUCTION

Generalized anxiety disorder (GAD) is an independent disorder in the Diagnostic and Statistical Manual of Mental Disorders characterized by obstinate anxiety and worry. Additional symptoms can include possible restlessness, fatigue, and sleep disturbance. GAD affects 6.8 million adults, or 3.1% of the U.S. population, with a lifetime prevalence between 4% and 7% (van der Heiden, Methorst, Muris, & van der Molen, 2011). Globally, anxiety disorders have a prevalence of 7.3%, with African cultures having the lowest prevalence (5.3%) and European/Anglo cultures having the highest, at 10.4% (Baxter, Scott, Vos, & Whiteford, 2013). Rates of anxiety are not only growing in the United States but all over the world.

The cost of having an anxiety disorder can be high, with the annual cost in the United States approximating \$44.5 billion (Greenberg et al., 1999). Those costs predominantly include medications and primary care services. For every patient seeking health care for anxiety symptoms, 22% are diagnosed with GAD, which utilizes large amounts of primary care resources (Wittchen, 2002). About 90% of patients with GAD have high degrees of comorbidity, with major depressive disorder (MDD) being the most common one at 60% (Sandelin, Kowalski, Ahnemark, & Allgulander, 2013). When patients with GAD additionally show symptoms of MDD, primary care rates often increase (Wittchen, 2002). About 57% of people with MDD reported having comorbid GAD symptoms (Adler et al., 2006). Because of the difficulty of distinguishing between severe anxiety and depression, the rate of successfully diagnosing and treating GAD is lower in comorbid patients (Wittchen, 2002).

Mental health, particularly anxiety, can be a detriment to occupational health. In Denmark, job dissatisfaction was measured with the risk of mental health disorders. Workers who reported working in a poor psychosocial environment had a high risk for developing severe stress disorders, including anxiety (Jensen, Wieclaw, Munch-Hansen, Thulstrup, & Bonde, 2009). Lack of employment security has also been shown to correlate with poor health in workers. Virtanen, Vahtera, Kivimaki, Pentti, and Ferrie (2001) compared rates of psychological distress among workers with a permanent contract to those without. Workers who had low job security were significantly more likely to have higher psychosocial distress compared to those with high job security. GAD is also associated with decreased work productivity and high occupational stress (Greenberg et al., 1999), and high use of primary health care services (Wittchen, 2002).

Chronic high occupational stress comes from multiple sources and can often lead to burnout. Burnout is seen as a prolonged response to the various stressors employees face. Because GAD and stress are closely related (Acquadro Maran, Varetto, Zedda, & Ieraci, 2015; Jensen et al., 2009; Murphy & Leighton, 2009), higher amounts of work-related stress can exacerbate burnout symptoms, including GAD (Piko, 2006). The more stressful a job, the higher the rates of both burnout and GAD. Acquadro Maran et al. (2015) examined occupational stress and anxiety in police officers. The study compared different ranks of police officers, separating them into categories including unit managers, officers (those ranked above sergeant), non-commissioned officers (those ranked sergeants and below), and patrol police officers. Non-commissioned officers and patrol police officers had higher levels of distress, both being exposed to higher levels of chronic stress and anxiety from responding to emergencies and engaging in traffic or street patrol shifts. Other occupations that face high levels of distress include health care workers, which included registered physician assistants, administrators, and other related positions (Piko, 2006), and nurses (Jones, Hocine, Salomon, Dab, & Temime, 2014; Wu, Chi, Chen, Wang, & Jin, 2010). Higher levels of personal strain and anxiety were measured in nurses in China, with role insufficiency and role boundary being the highest predictors (Wu et al., 2010). Other factors, found in a population of nurses in France, contributed to high anxiety and stress, including longer work shifts and lower social support (Jones et al., 2014). These findings show that there are multiple work factors that can exacerbate anxiety in the work place.

Few occupational health studies have been conducted in teacher populations. A common issue with school teachers is the high burnout response to occupational stressors. Analogous to the nursing studies, teachers report multiple sources of workplace stress. Having large classroom sizes and having aggressive students were rated as the highest stress factors among teachers in Germany (Bauer et al., 2006). Analysis of these stressors showed a correlation with burnout syndrome (Bauer et al., 2006). These stressors also add to adverse health conditions. Bellingrath, Weigl, and Kudielka (2009) examined physiological health against allostatic load in teachers from Germany and Luxembourg. Teachers with higher levels of exhaustion and chronic work stress were more likely to suffer from high blood pressure. In terms of generalized anxiety, Borrelli, Benevene, Fiorilli, D'Amelio, and Pozzi (2014) assessed school teachers in Italy using the Self-Rating Anxiety Scale and the Karasek Job Content Questionnaire, and found that teachers who reported greater job demands rated high on the anxiety scale. These studies show that in the teaching profession demanding working conditions increase occupational distress which can lead to anxiety disorders.

There are multiple demographic, occupational, and psychosocial factors that can contribute to overall occupational stress, which can lead to poor occupational factors, such as burnout, increased absenteeism, and attrition. In the current study, we predicted that occupational factors in the teaching profession, such as type of course taught (core vs. electives), type of school, job control, job satisfaction, job involvement, and the total number of students, would be significantly associated with anxiety disorders in teachers. We also predicted that higher perceived stress, higher comorbidity rates with Axis 1 psychopathology, and lower quality of physical and mental health, would also be associated with anxiety disorder in teachers. Identifying the factors associated with Anxiety Disorders in a teaching population is important in order to develop successful prevention and intervention strategies that can, in turn, reduce burnout, absenteeism, and attrition.

## 2 | METHODS

### 2.1 | Participants

The participants for this study included 3,361 public school teachers from 46 random school districts in Texas, United States, who were part of a single-stage cluster sample. Of those teachers who participated in the survey, 3,003 completed the section assessing Anxiety Disorder and are included in this study. Sample weights were computed in order to account for the survey design and nonresponse. All analyses were adjusted using the survey weights. The study was approved by the Institutional Review Board at <REDACTED>. Participants were provided with an online consent form and only participated in the survey once they indicated consent. The participants were informed in the email invitation and in the consent form that all information collected was anonymous and that they could skip any questions for which they were not comfortable responding.

### 2.2 | Measures

The survey included questions about demographic, occupational, and psychosocial factors. The demographic portion included gender, race/ethnicity, marital status, and age. The teacher-specific variables assessed for this study included the type of school (elementary, middle/junior high or high school), duration within the teaching profession, and average number of students in their class. The type of class was divided into two categories: core classes and electives, for which core classes included Language Arts, Mathematics, History/Social Studies, and Science.

Job control was measured based on the sum of six items derived by the U.S. Department of Education National Center for Education Statistics (2010). The job control items allowed teachers to report control over choosing materials and teaching techniques, control over assessments and homework, and control over how discipline is used in their classroom. The reliability for the job control scale was Cronbach's  $\alpha = .770$  (mean = 17.3,  $SD = 3.9$ ).

Job satisfaction was measured with 10 items that were created for this study, each on an 11-point Likert scale, with a total score ranged from 0 to 100 points, with higher scores indicating better satisfaction. The scale assessed

the level of perceived support from the community, legislators, school and district administrators, peers, students, and the students' parents. The reliability for the job satisfaction scale was Cronbach's  $\alpha = .854$  (mean = 57.0,  $SD = 20.5$ ).

Additionally, absenteeism was measured by asking the participant to report the number of days missed from school in the past 4 weeks, for either personal illness (mean = 0.72,  $SD = 1.9$ ) or personal non-illness (mean = 0.69,  $SD = 1.4$ ). Teachers were also asked to report their intent to leave the teaching profession both in the next year and in the next 5 years. This scale was developed specifically for this study and was measured on a 0–10 scale, with 0 indicating 0% likely to quit and 10 indicating 100% likely to quit.

The psychosocial questionnaires used in the survey assessed perceived stress, physical and mental quality of life, Axis 1 psychopathology, and treatment for depression or anxiety. The Perceived Stress Scale (PSS) is a validated survey containing 10 items that are measured on a 4-point Likert scale from 0 (*never*) to 4 (*very often*), with a total score ranging from 0 to 40, and higher scores indicating more stress (Cohen, Kamarck, & Mermelstein, 1983). The psychometric properties of the PSS have shown the internal consistency in multiple studies to be greater than 0.70 and test-retest reliability exceeds 0.70 (Lee, 2012). The present study's Cronbach's  $\alpha$  was = .877 (mean = 18.5,  $SD = 7.2$ ).

Quality of life was measured using the Short-Form Health Inventory (SF-36), which generates a Mental Composite score and a Physical Composite score. Both scores range from 0 to 100, with a standardized mean of 50, standard deviation 10, where higher scores indicate better health (Hays, Sherbourne, & Mazel, 1993). An evaluation of the psychometric properties indicated that the internal consistency of the SF-36 was 0.94 for the Physical Composite score and 0.89 for the Mental Composite score (Gandek, Sinclair, Kosinski, & Ware, 2004). For the present study, the Cronbach's alpha for the eight subscales was .87 (mean = 46.3,  $SD = 2.7$ ).

Axis 1 psychopathology was measured using the Patient Health Questionnaire (PHQ), a well-validated self-report questionnaire used as a screener to assess the presence of major depression (MDD), somatization disorder, panic disorder, and anxiety disorder. The questionnaire has six criteria questions for screening GAD. Three of these statements are used only for GAD diagnoses. Two criteria questions are shared with MDD and one is shared with both somatization and panic disorder. However, the questionnaire requires the key criteria of "feeling nervous, anxious, on edge, or worrying a lot about different things" and three other qualifying criteria for a presence of GAD. This allows for little overlap of diagnoses. The PHQ has been validated against the Structured Clinical Interview for Diagnosis of DSM-IV Axis 1 psychopathological disorders (Spitzer, Kroenke, & Williams, 1999). While the current study uses the DSM-5 definition, the criteria for GAD diagnosis between the manuals did not change. Lastly, participants were asked if they were currently taking medication and/or seeing a mental health professional for depression or anxiety treatment.

### 2.3 | Statistical analysis

Univariate comparisons were conducted to compare teachers who met the screening criteria for Anxiety Disorder to those who did not. These comparisons were conducted using chi-square tests of independence for the categorical variables and independent  $t$  tests for the continuous variables. Because there are significant differences between the Anxiety and No Anxiety groups based on demographics, all subsequent univariate comparisons were conducted controlling for age, gender, race/ethnicity, and marital status. A hierarchical logistic regression was developed to determine the key demographic, occupational, and health factors that were the most associated with meeting the criteria for Anxiety Disorder. The significance level for all analyses was set at an alpha level of  $p = .05$ . A Holm–Bonferroni Step-Down adjustment was included to reduce Type I error due to multiple comparisons. A post hoc power analysis was conducted to determine the achieved power based on the group sizes, alpha level = .05, and small-to-moderate effect size. The achieved power was calculated to be 97.9%. All analyses were conducted using SPSS v. 23 (IBM SPSS v 23, Chicago, IL).

### 3 | RESULTS

All of the variables measured were checked for normality and outliers. The participants were coded as either meeting the criteria for Anxiety Disorder or not meeting criteria, based on the PHQ. Univariate comparisons were conducted to compare both groups based on demographic, occupational, and psychosocial factors.

The demographic comparisons are presented in Table 1. Between the participants with and without Anxiety Disorder, there were no significant differences with respect to age or marital status. The Anxiety Disorder group had a significantly higher percentage of females than the non-Anxiety Disorder group ( $p < .001$ ). When comparing ethnicity, the Anxiety Disorder group had a significantly higher percentage of Hispanic/Latino teachers compared to those without anxiety ( $p = .016$ ).

The occupational comparisons are presented in Table 2. Between the two groups, there were no significant differences with regard to the type of subject taught or the total number of students in the classroom. Teachers with Anxiety Disorder reported a significantly lower number of years teaching ( $p = .009$ ) compared to those without Anxiety Disorder. Furthermore, teachers with Anxiety Disorder were more likely to teach elective courses, and teachers without Anxiety Disorder were more likely to teach core courses ( $p = .025$ ). Teachers with Anxiety Disorder reported having less job satisfaction and less job control ( $p < .001$ ) and were more likely to be absent due to a personal illness ( $p < .001$ ). When asked about intent to quit their profession, teachers with Anxiety Disorder had significantly more intentions to quit within 1 year ( $p < .001$ ) and within 5 years ( $p < .001$ ).

The psychosocial comparisons are presented in Table 3. Teachers with Anxiety Disorder reported having higher perceived stress levels, as measured by the PSS ( $p < .001$ ). They also reported significantly lower physical quality of life ( $p < .001$ ) and mental quality of life ( $p < .001$ ). With respect to Axis 1 psychopathology comorbidity, teachers with Anxiety Disorder were significantly more likely to have major depression (MDD), panic disorder, and somatization disorder ( $ps < .001$ ). Additionally, teachers with Anxiety Disorder were significantly more likely to be taking medication ( $p < .001$ ) or seeing a counselor ( $p < .001$ ) for treatment for anxiety or depression symptoms.

**TABLE 1** Demographic variables

Variables	Anxiety disorder <i>n</i> = 482	No anxiety disorder <i>n</i> = 2,343	Statistical comparison <i>p</i> value
Age: Mean (SD)	43.1 (10.7)	44.0 (11.8)	.091
Gender (%)			
Male	13.7	23.7	<.001
Female	86.3	76.3	
Race/Ethnicity (%)			
African American	6.6	8.3	.016
Caucasian	63.5	68.5	
Hispanic/Latino	25.6	19.7	
Other	4.3	3.6	
Marital status (%)			
Single	22.6	21.7	.150
Married	60.6	64.2	
Separated	1.0	1.4	
Divorced	14.5	10.8	
Widowed	1.3	1.9	

**TABLE 2** Occupational comparisons

	Anxiety disorder <i>n</i> = 482	No anxiety disorder <i>n</i> = 2,343	Statistical comparison <i>p</i> value
Years taught mean years ( <i>SD</i> )	12.1 (8.3)	13.5 (9.6)	.009
School type %			
Elementary	49.5	39.1	NS
Middle/Junior high	20.1	22.2	
High school	27.1	34.1	
Other	3.3	4.6	
Subject taught %			
Core courses	36.1	40.3	.025
Elective courses	63.9	59.7	
Total number of students mean ( <i>SD</i> )	102.9 (116.5)	106.5 (114.2)	.991
Job satisfaction mean ( <i>SD</i> )	45.8 (19.0)	58.9 (20.1)	<.001
Job control mean ( <i>SD</i> )	16.1 (4.0)	17.5 (3.8)	<.001
Absenteeism mean days per last 4 weeks ( <i>SD</i> )			
Personal illness	1.14 (2.3)	0.63 (1.9)	.001
Personal non-illness	0.59 (1.0)	0.70 (1.5)	.165
Intent to quit profession Scale 0–10 with 10 being 100% likely, mean ( <i>SD</i> )			
Within 1 year	4.3 (3.7)	2.6 (3.2)	<.001
Within 5 years	6.1 (3.8)	5.0 (3.8)	<.001

Controlling for age, gender, race/ethnicity, and marital status.

A hierarchical logistic regression was developed to identify the key demographic, occupational, and psychosocial variables associated with Anxiety Disorders in teachers (see Table 4). The variables chosen for the logistic regression were those that were significant at the univariate level. Demographic variables were entered in the first block, followed by occupational variables entered with the second block, with psychosocial variables in the third block. The first block showed female gender to be significantly associated with Anxiety Disorder ( $\chi^2 = 11.943$ ,  $df = 4$ ,  $p = .02$ ) with the Nagelkerke  $r^2 = .019$ . The second block included the addition of the occupational variables. Female gender, along with fewer years taught, teaching elementary school, lower job satisfaction, lower job control, higher job involvement, higher personal illness, and greater intent to quit after 1 year, were all significantly associated with Anxiety Disorder ( $\chi^2 = 101.22$ ,  $df = 8$ ,  $p < .001$ ), with the Nagelkerke  $r^2$  change = .156.

The final block included the addition of the psychosocial variables. The omnibus model was significant ( $\chi^2 = 419.237$ ,  $df = 18$ ,  $p < .001$ ) with the Nagelkerke  $r^2$  change = .404. The results of the model showed that the factors most associated with Anxiety Disorder in teachers included being Hispanic ( $p < .01$ ), fewer years teaching ( $p < .05$ ), teaching elementary school ( $p < .01$ ), higher job involvement ( $p < .01$ ), higher perceived stress ( $p < .01$ ), lower physical quality of life ( $p < .01$ ), having major depression ( $p < .001$ ), and having somatization disorder ( $p < .01$ ). The overall classification model correctly predicted 84.1% of the cases.

**TABLE 3** Psychosocial comparisons

	Anxiety disorder <i>n</i> = 482	No anxiety disorder <i>n</i> = 2,343	Statistical comparison <i>p</i> value
Perceived Stress Scale, mean ( <i>SD</i> )	26.3 (5.0)	16.9 (6.5)	<.001
SF-36 quality of life mean ( <i>SD</i> )			
Physical composite	47.7 (10.4)	51.5 (8.8)	<.001
Mental composite	28.5 (10.2)	44.6 (11.5)	<.001
Axis I psychopathology, %			
Major depression	65.8	11.2	<.001
Other depressive disorder	8.4	7.2	.393
Panic disorder	28.2	4.5	<.001
Somatization disorder	73.5	23.4	<.001
Treatment for depression or anxiety			
% Taking medication	33.1	17.2	<.001
% Seeing counselor	19.5	7.1	<.001

Controlling for age, gender, race/ethnicity, and marital status.

## 4 | DISCUSSION

The results of this study show that anxiety can be a serious detriment for both employees and employers, specifically in the occupation of teaching. A number of demographic, occupational, and psychosocial factors were associated with Anxiety Disorder in public school teachers. These findings are supported by studies (Bauer et al., 2006; Bellingrath et al., 2009; Borrelli et al., 2014) that found an association between occupational factors, and other psychosocial factors with anxiety symptoms and diagnoses in teachers. Even though various demographic, occupational, and psychosocial variables were significantly associated with the criteria for Anxiety Disorder, causation and directionality cannot be implied.

Based on the results from the current study, teachers who have less experience teaching are more likely to meet the criteria for Anxiety Disorder. In a study by Goddard, O'Brien, and Goddard (2006), teachers within their first 2 years of their career have been found to have lower supervisor support, more work pressure, and less managerial control over their curriculum. While these scores were high during the first 6 months of work, after 15–21 months into the job, they decreased. Furthermore, the rates of emotional exhaustion and depersonalization hit their peaks after 15 months of teaching. Many new teachers in their first to second years of their career often experience high amounts of work stressors and burnout. Both symptoms factor into rates of GAD and other psychological issues (Acquadro Maran et al., 2015; Jensen et al., 2009; Murphy & Leighton, 2009).

Additionally, the current study identified that teachers who have higher perceived stress and a lower physical quality of life are more likely to meet criteria for Anxiety Disorder. By using the SF-36 Medical Outcomes Health Survey (Ware & Sherbourne, 1992), other studies have found quality of life to be an important factor in overall well-being. Teachers who have high levels of resilience in the face of occupational stressors report higher levels of general health perception and job satisfaction. Teachers who report having good health perception are less neurotic, not as physically ill, and are less exhausted (Pretsch, Flunger, & Schmitt, 2012). Chinese school teachers who reported lower quality of life scores had higher rates of role overload, psychological strain, and overall lower physical health and levels of function (Yang, Ge, Hu, Chi, & Wang, 2009).

**TABLE 4** Hierarchical logistic regression block comparison

Variables	Block 1			Block 2			Block 3					
	B	OR	95% CI	B	OR	95% CI	B	OR	95% CI			
	Lower	Upper	Lower	Upper	Lower	Upper	Lower	Upper	Lower	Upper		
<b>Demographics</b>												
Gender	-0.669	0.497**	0.309	0.801	-0.724	0.485**	0.289	0.815	-0.603	0.547	0.28	1.07
<b>Ethnicity</b>												
Caucasian (ref)												
African American	-0.274	0.761	0.354	1.636	-0.341	0.711	0.319	1.587	-0.484	0.617	0.226	1.685
Hispanic	0.272	1.313	0.891	1.935	-0.007	0.993	0.649	1.522	-0.88	0.415**	0.231	0.745
Other	0.321	1.378	0.565	3.359	-0.109	0.898	0.336	2.394	-0.166	0.847	0.264	2.713
Occupational												
Years taught					-0.026	0.974*	0.954	0.994	-0.027	0.973**	0.947	1.00
<b>School Type</b>												
Elementary (ref)												
Middle/Junior High					-0.116	1.880**	1.237	2.857	0.729	2.068**	1.196	3.574
High School					-0.116	0.89	0.531	1.493	0.32	1.376	0.719	2.635
Job satisfaction					-0.021	0.979***	0.97	0.989	0.011	1.011	0.997	1.024
Job control					-0.064	0.938*	0.892	0.987	-0.044	0.957	0.989	1.02
Personal illness					0.075	1.077*	1.005	1.155	-0.009	0.992	0.924	1.064
<b>Intent to quit profession</b>												
1 year					0.12	1.127***	1.069	1.188	-0.006	0.994	0.925	1.067
Job involvement					0.048	1.049***	1.024	1.075	0.043	1.044**	1.013	1.077

(Continues)

**TABLE 4** (Continued)

Variables	Block 1			Block 2			Block 3			
	B	OR	95% CI Lower Upper	B	OR	95% CI Lower Upper	B	OR	95% CI Lower Upper	
Psychosocial										
Perceived stress							0.208	1.232***	1.162	1.305
SF – 36 quality of life										
Physical component							-0.028	0.972*	0.948	0.997
Mental component							-0.019	0.981*	0.954	1.009
Axis 1 psychopathology										
Major depression							-1.215	0.297***	0.174	0.508
Panic disorder							0.201	1.222	0.669	2.234
Somatization disorder							0.789	2.202**	1.316	3.685

\* $p < .05$ , \*\* $p < .01$ , \*\*\* $p < .001$ .

The current study also identified comorbidity between Axis I psychological disorders, such that teachers who meet criteria for major depression and/or somatization disorder were also more likely to meet criteria for Anxiety Disorder. There are mixed results regarding Major Depression in teaching populations. A study by Zhong et al. (2009) assessed teachers in China for depression, stress, burnout, and quality of life, and their model predicted that the job stress creates burnout in teachers, directly affecting rates of depression. In turn, having both feelings of burnout and depression contribute to poorer health (Nie & Sun, 2016; Zhong et al., 2009). However, in a study on school teachers in France, there was no relationship found between burnout and depression (Bianchi, Schonfeld, & Laurent, 2015). With regard to comorbidity with somatization disorder, few studies have looked at its interaction with other common mental disorders in teachers. Those that have evaluated somatization disorders examined disorders across all occupations that have high emotional and physical demands and have either found no significance association with somatization disorders (Stansfeld, Rasul, Head, & Singleton, 2009), or just the comorbid association with depression and anxiety (Kovess-Masféty, Rios-Seidel, & Sevilla-Dedieu, 2007).

Teachers who are more likely to base their identity on their job have higher job involvement, which was also significantly associated with Anxiety Disorder in this study. A similar study, examining involvement and well-being in careers, found that as high involvement management increased, so did anxiety (Wood & de Menezes, 2011). German school teachers that reported high levels of job involvement had higher levels of job stressors, including workload, role ambiguity, and role conflict (Sonntag & Kruehl, 2006). While Anxiety Disorder was not directly measured, other studies have solidified the relationship between anxiety and these specific job stressors (Acquadro Maran et al., 2015; Piko, 2006).

While study serves as a first to conduct a comprehensive assessment of the factors that associate with Anxiety Disorder in teachers, there were some limitations to this study. Due to the stigma that mental health disorders still have, it is possible that some teachers may not have answered the psychosocial questions honestly. This may have resulted in a lower sample of teachers who met the criteria for Anxiety Disorder. Some of the occupational and demographic measures may have weighed more based on the levels of school taught, such as gender of teacher and class size. The differences between teaching elementary, middle/junior high, and high school, could have added confounds specific to those teaching environments. Due to the sample being from Texas, generalizability of the results is limited, such that policies in school systems in other states or countries may differentially affect stress levels.

Anxiety is a serious mental disorder that can be costly to the health and productivity of employees, producing negative consequences for employers. This study helps to identify key demographic, occupational, and psychosocial factors associated with Anxiety Disorder in public school teachers. As such, occupational factors including years on the job, job involvement, job control, and job satisfaction, combined with psychosocial factors like perceived stress and comorbidity, need to be acknowledged as important to the mental health of an employee.

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