

## Health Anxiety, Workplace Anxiety, and Gender Difference –A Correlational Study

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### ABSTRACT

This cross-sectional study delves into the complex relationships between gender, health anxiety (HA), and workplace anxiety (WPA), challenging prevailing assumptions and contributing nuanced insights to the existing literature. The investigation tested hypotheses regarding gender-based differences in Health Anxiety (H1) and Workplace Anxiety (H2), as well as the relationships between Health Anxiety and Workplace Anxiety in men (H3) and women (H4). Results from a Mann Whitney U test revealed non-significant differences in Health Anxiety between genders, rejecting H1. Similarly, non-significant disparity in Workplace Anxiety levels between males and females was observed, rejecting H2. The exploration of the relationship between Health Anxiety and Workplace Anxiety in men (H3), using Spearman's Rho, indicated a lack of significant correlation, emphasizing the multifaceted nature of workplace anxiety in males. In contrast, a significant positive linear relationship between Health Anxiety and Workplace Anxiety was found in women, supporting H4 and underscoring the need for gender-sensitive approaches in addressing workplace well-being. Acknowledging the limitations of sample size and the cross-sectional nature of the study, these findings prompt a reevaluation of traditional approaches to workplace well-being interventions. The study advocates for future research using more comprehensive sampling strategies to unravel the dynamic nature of these relationships. Practical implications highlight the importance of tailored interventions that consider the nuanced influences of gender and health anxiety in fostering a healthier and more supportive work environment.

**Keywords:** Health Anxiety, Workplace Anxiety, Gender Difference

Natural evolution occurs as individuals progress through various life stages, each characterized by distinct challenges and priorities. One pivotal juncture in this journey unfolds during the transition from youth to early adulthood. At this stage, people experience the zenith of their youthful vitality and embark on their professional careers. This transitional period places paramount importance on employment and health, as these facets of life become central to one's well-being and overall life satisfaction.

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The evolving dynamics of this phase necessitate precise attention to the interplay between employment and health and the development of support systems tailored to meet the evolving needs of individuals. The significance of this turning point lies in its universality, demanding heightened consideration to promote maximum productivity and safeguard mental health across the population.

Within this context, an empirical study seeks to establish a nuanced link between workplace anxiety and health anxiety. This relationship assumes particular relevance during the transitional phase from youth to early adulthood. However, what sets this investigation apart is its innovative approach of exploring potential disparities in this relationship based on gender differences, thereby shedding new light on the intricate interconnections between work and health.

The overarching objective of this research extends beyond the confines of theory, aiming to yield practical insights with tangible implications. By unraveling the intricate relationship between health and workplace anxieties, this study aspires to provide inputs necessary to design interventions that can help individuals navigate these psychological landscapes successfully.

This research has the potential to transform our understanding of the intricate bond between health and workplace anxieties, offering a unique opportunity to enhance the adaptability and prosperity of the workforce. In doing so, it holds the promise of shaping workplaces that not only foster optimal productivity but also cultivate mental well-being among employees.

As individuals journey from the exuberance of youth to the responsibilities of adulthood, particularly during the early days, the transition marks a critical turning point in their lives. During this period, the vitality of youth reaches its peak, and young adults embark on their professional journeys. It is at this juncture that the significance of employment and health comes into sharp focus.

Employment is not merely a means to earn a livelihood; it becomes a cornerstone of identity and purpose. Health, on the other hand, takes on newfound importance as individuals become acutely aware of the need to preserve their well-being to sustain their professional endeavors. These two pillars—career and health—become inextricably intertwined in the pursuit of a fulfilling and successful life.

This transition, shared by individuals across diverse backgrounds and cultures, underscores the pressing need to address the complex interplay between employment and health. It necessitates the development of support systems that are attuned to the evolving needs of people in this phase of life. In essence, it calls for a holistic approach that not only maximizes productivity but also safeguards mental health.

At the heart of this transitional phase lies an empirical study with a distinctive aim: to establish a nuanced connection between professional anxiety and health anxiety. This research seeks to uncover the intricate web of emotions and thoughts that individuals experience as they grapple with the demands of their burgeoning careers and the imperative to maintain their physical well-being. What sets this investigation apart is its deliberate exploration of potential gender-based variations in the relationship between these two forms of anxiety. By considering gender differences, it aspires to provide a more comprehensive understanding of the challenges faced by individuals during the pivotal phases of life.

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However, the ultimate goal of this research transcends theoretical inquiry. It is driven by a resolute commitment to translate its findings into practical implementations. The knowledge generated by this study holds the potential to inform the design of interventions that can assist individuals in navigating the complex terrain of professional and health anxieties.

Imagine a workforce that is not only highly adaptable but also thriving in the face of challenges. This is the vision that this research seeks to realize. By unraveling the intricate connections between health and workplace fears, it aims to empower society to create workplaces that not only optimize productivity but also nurture the mental well-being of employees.

In conclusion, the transition from youth to early adulthood is a pivotal phase in an individual's life journey. It is a period characterized by the confluence of youthful energy and the pursuit of professional aspirations. Employment and health assume paramount significance during this transition, demanding careful consideration and support. The empirical study outlined here is poised to shed light on the intricate relationship between professional anxiety and health anxiety, with a particular focus on gender differences. Through its practical implications, this research aspires to contribute to the creation of a workforce that thrives in the face of challenges, while also maintaining mental equilibrium.

### *Conceptual definitions*

Conceptual definitions play a pivotal role in our understanding of complex ideas and constructs. They clarify what these concepts are by illustrating their connections to other related constructs. In this context, we explore conceptual definitions for three important variables: health anxiety, workplace anxiety, and gender differences. Each of these concepts involves abstract ideas that require careful explanation to grasp their significance fully.

Health anxiety, as a concept, revolves around the perception that bodily changes or sensations may indicate a serious medical condition. This anxiety arises when individuals excessively worry about their health, often imagining the worst-case scenarios. Health anxiety can manifest along a continuum, ranging from mild concerns to severe preoccupation, and it constitutes a central component of various mental health conditions. Maladaptive expressions of health anxiety involve a range of behaviors and irrational beliefs related to health. For instance, individuals with severe health anxiety may engage in frequent health-related monitoring behaviors, such as constantly checking their vital signs or seeking reassurance from medical professionals (Asmundson, et al., 2019).

On the other hand, workplace anxiety is a distinct concept rooted in the realm of professional life. It encompasses feelings of apprehension, tension, or worry that individuals experience concerning their jobs or specific aspects of their work. Workplace anxiety can manifest in various forms, from concerns about job performance and job security to interpersonal relationships with colleagues and superiors. An employee grappling with workplace anxiety might fear their ability to meet job expectations, worry about their financial stability, or experience anxiety related to workplace interactions and dynamics.

The concept of gender differences in psychology pertains to variations in behavior, cognition, emotions, or other psychological aspects that can be attributed to gender. Gender, often dichotomized as male and female, serves as a framework for understanding these distinctions, which may encompass social, psychological, or physiological dimensions. The study of gender differences holds considerable intrigue and significance within the field of

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psychology, as it allows researchers to explore how and why individuals of different genders may exhibit distinct psychological traits and behaviors.

Gender differences encompass a broad spectrum of phenomena, from cognitive processing styles to emotional expression and social behaviors. Psychologists investigate these differences by comparing and contrasting psychological characteristics between men and women. This exploration extends beyond simple stereotypes and acknowledges the complexity of gender-related influences on human psychology. Researchers aim to uncover the factors that contribute to these differences, which may include biological, cultural, and environmental influences.

In summary, conceptual definitions serve as the foundation for our understanding of abstract constructs such as health anxiety, workplace anxiety, and gender differences in psychology. Health anxiety involves excessive worry about one's health, ranging from mild concerns to severe preoccupation, often linked to maladaptive behaviors and irrational beliefs. Workplace anxiety relates to feelings of apprehension and worry about job-related matters, including performance, job security, and interpersonal relationships at work. Gender differences in psychology refer to variations in behavior, cognition, and emotions attributed to gender, explored by comparing and contrasting psychological traits between men and women, with a focus on the complex interplay of biological, cultural, and environmental factors. These conceptual definitions provide a framework for deeper exploration and understanding of these critical concepts in the context of human experience and psychology.

### **THEORETICAL FRAMEWORK**

Health anxiety, workplace anxiety, and gender differences are complex and interconnected aspects of human experience and psychology. Understanding these concepts is crucial as they have significant implications for both individual well-being and the functioning of society.

Health anxiety, also known as illness anxiety disorder, is characterized by excessive worry about one's health and an obsession with the possibility of having or developing a severe illness. People experiencing health anxiety often engage in a range of behaviors driven by their fear, such as monitoring their bodies for any perceived symptoms of sickness or avoiding situations they believe might trigger anxiety. This condition can vary in severity, with some individuals experiencing milder concerns and others having severe preoccupation with their health.

The Cognitive Behavioral Model of Health Anxiety provides a framework for understanding the development and maintenance of health anxiety. According to this model, several cognitive factors contribute to the experience of health anxiety. These factors include:

- **Overestimation of Illness Likelihood:** Individuals with health anxiety tend to overestimate the chances of developing a major illness.
- **Overestimation of Illness Severity:** Health anxiety is often accompanied by an exaggerated perception of the seriousness of an illness. Minor ailments may be perceived as life-threatening conditions.
- **Misinterpretation of Physical Symptoms:** Those with health anxiety frequently misinterpret normal bodily sensations as indicators of a dangerous illness. This misinterpretation further fuels their anxiety.

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- In addition to these cognitive aspects, health anxiety is associated with safety-seeking behaviors, such as avoidance, checking, and seeking information and reassurance. These behaviors are driven by the need to alleviate anxiety and confirm that one is not seriously ill.

Workplace anxiety is a distinct concept that centers on feelings of apprehension, tension, or worry related to one's job or specific aspects of it. It is a natural response to the demands and challenges of the work environment, but excessive workplace anxiety can have negative effects on job performance and overall well-being.

Workplace anxiety can manifest in various ways, including concerns about job performance, job security, relationships with colleagues and superiors, and the ability to handle workplace stressors. Employees experiencing workplace anxiety may exhibit symptoms such as nervousness, restlessness, difficulty in concentrating, and physical discomfort.

Gender differences in psychology refer to variations in behavior, cognition, emotion, or other psychological aspects that can be attributed to gender. Gender, often categorized as male and female, serves as a framework for understanding these differences, which may encompass social, psychological, or physiological dimensions.

One widely discussed perspective on gender differences is rooted in essentialism. According to this viewpoint, individuals naturally seek to ensure the survival and propagation of their genes. Women, in this context, are believed to seek partners who can provide and protect their children, enhancing their survival prospects. In contrast, men are thought to increase their genetic legacy by having multiple sexual partners, leading to competition among men for women's attention.

Functionalists further support the idea that established gender roles promote social integration. Traditionally, women are expected to specialize in homemaking and childcare, while men are typically seen as breadwinners. Gender roles are passed down through generations via socialization, where children learn the skills and behaviors associated with their respective genders.

The intersection of health anxiety, workplace anxiety, and gender differences is a complex web with multifaceted implications. People experiencing health anxiety may find themselves more stressed and worried about their health, which can spill over into their work environment, potentially increasing workplace anxiety, and vice versa. How individuals perceive and manage these concerns can vary based on gender, as well as cultural norms and biases.

For instance, men may be less inclined to openly discuss health issues, which could lead to heightened anxiety in the workplace as they grapple with health-related concerns privately. On the other hand, women, who often shoulder the dual responsibilities of caregiving and professional work, may experience higher levels of stress due to the added demands on their time and energy.

It is essential to recognize that these linkages are not fixed and can vary widely among individuals, even within the same gender. Cultural, societal, and individual factors all play a role in shaping how health and workplace anxieties are experienced and managed across different genders.

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Understanding these interrelationships is vital for the development of effective interventions and support systems aimed at improving mental well-being in both personal and professional domains. By acknowledging the complex interplay between health anxiety, workplace anxiety, and gender differences, we can work toward creating environments that promote mental health and resilience for all individuals.

In summary, health anxiety, workplace anxiety, and gender differences are multifaceted concepts that intersect in complex ways. Health anxiety involves excessive worry about one's health, workplace anxiety centers on job-related stress and worry, and gender differences encompass variations in behavior and cognition associated with gender. Recognizing the connections between these concepts allows for a more comprehensive understanding of how they influence individual well-being and the broader societal context. Addressing these linkages can lead to more effective strategies for supporting mental health in both personal and professional realms.

### *Need for the study*

For several compelling reasons, a thorough quantitative investigation of the relationship between workplace anxiety and health anxiety in the Indian context is highly relevant. Firstly, it fills a glaring gap in the corpus of knowledge by highlighting the distinctive cultural and societal environment of India. This study aims to shed light on the complex interactions between workplace anxiety and health anxiety, highlighting how they appear and are triggered in the Indian population. The study further seeks to clarify the complex interactions between health and employment anxiety across genders and to deconstruct the subtle differences between men and women by illuminating the connections between these psychological domains.

The important consideration of gender disparities is one notable aspect to include in this research. The influence of workplace anxiety and health anxiety will be objectively studied for both genders. This is crucial as men and women may feel these fears differently as a result of gender norms, cultural expectations, and the changing dynamics of Indian labor. It emphasizes the impartial and fair examination of these gender differences.

Additionally, this kind of research has the ability to shed important light on the frequency and severity of these worries as well as clarify how they may affect both individual and organizational productivity. Policymakers and businesses can use the quantification of this association to develop precise, data-driven policies and support systems aimed at reducing the negative effects of these fears.

Additionally, the use of quantitative approaches lays the groundwork for building a solid empirical foundation, which would allow researchers to draw trustworthy conclusions about the relationship between employment anxiety and health anxiety. Passive voice usage might highlight the objectivity of the data gathering and analyzing procedures. This empirical knowledge provides the framework on which evidence-based mental health interventions can be developed and adjusted to the particular requirements of the Indian workforce. These initiatives seek to develop a workforce that is more adaptable to changing workplace requirements while also being healthier.

In conclusion, a quantitative study in this area offers a priceless chance to advance both theoretical debate and real-world applications. To emphasize the research's neutrality and objectivity and ensure that it is free of prejudice, passive voice can be used. Such studies can

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deepen our understanding of the complex interactions between work-related stress and health, ultimately helping to improve working conditions and improve mental health outcomes for adults in India, with a focus on gender-specific factors.

### *Research questions*

- Is there a correlation between health anxiety and workplace anxiety?
- Do these levels differ between men and women?

## **REVIEW OF LITERATURE**

Anxiety is a pervasive mental health issue worldwide, affecting individuals across various facets of their lives, including work and health. Despite significant research on workplace anxiety and health anxiety independently, there is a noticeable gap in understanding how these two factors interact, particularly in the Indian setting. Moreover, the influence of gender disparities on the perception and management of health-related pressures in the workplace remains an underexplored area. This knowledge gap is particularly crucial in the context of India, where unique social dynamics can significantly affect how men and women experience and cope with work-related health anxieties. This paper seeks to shed light on this important issue and highlight its potential implications for customized therapies and support systems aimed at improving mental health in the workplace.

India is a diverse country with a complex socio-cultural landscape. The prevalence of anxiety-related issues, including workplace anxiety and health anxiety, is on the rise in India, especially post-COVID. The stressors in the Indian workplace are multifaceted, including intense competition, long working hours, and job insecurity. Simultaneously, India has its own set of healthcare-related challenges, such as access to quality healthcare services, high disease burden (malaria, diabetes, etc.), and inadequate health infrastructure.

Workplace anxiety encompasses the feelings of apprehension and distress experienced by individuals in response to work-related stressors. Health anxiety, on the other hand, involves excessive worry and preoccupation with one's health, often leading to distressing physical symptoms. Both types of anxiety can negatively impact an individual's overall well-being.

India is characterized by distinct gender disparities and social dynamics, which have a profound impact on how individuals experience workplace and health-related stressors. Traditional gender roles, expectations, and societal norms often dictate how men and women perceive and manage these pressures. Men may feel the pressure to be stoic and unemotional, which could result in delayed recognition and management of health and workplace anxieties. In contrast, women often face the dual burden of managing both their careers and domestic responsibilities, which can exacerbate stress and anxiety.

The proposed research aims to bridge this gap in knowledge by investigating how gender-specific factors influence the relationship between workplace anxiety and health anxiety. The study will examine how men and women in the Indian context perceive and respond to these anxieties differently, considering the societal and cultural aspects unique to the region.

Filling this information gap can offer critical insights into developing customized therapies and support systems to enhance mental health in the workplace. Understanding how gender disparities affect the experiences of workplace and health anxiety can lead to more effective interventions tailored to the needs of men and women. For instance, workplace mental

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health programs can be designed to address gender-specific stressors and coping strategies, while healthcare systems can offer gender-sensitive healthcare services.

In conclusion, the relationship between workplace anxiety and health anxiety is a complex and relatively unexplored area, especially in the Indian context. Gender disparities and unique societal dynamics make this issue even more critical to address. Filling this knowledge gap can not only enhance our understanding of how men and women in India experience and cope with these anxieties but can also lead to more effective interventions that promote mental health and well-being in the workplace. As India continues to evolve economically and socially, prioritizing the mental health of its workforce is of utmost importance, and this study could be a significant step in that direction.

### *Workplace Anxiety*

In a recent study conducted by Zhang et al. in 2022, surveys were employed to investigate the performance of anxious individuals during job interviews and in workplace settings, including social-evaluative roles. Surprisingly, their research findings revealed that anxious interviewees and employees displayed comparable performance levels to their less anxious counterparts. This counters conventional assumptions that heightened anxiety may hinder performance in roles requiring social evaluation. The results suggest that individuals with anxiety can effectively navigate such scenarios, shedding light on the resilience and adaptability of anxious individuals in the workplace, thereby challenging prevailing stereotypes and providing valuable insights for both employers and mental health support systems.

In a comprehensive research study by Rangarajan et al. in 2022, in-depth interviews were conducted to delve into the factors contributing to anxiety among salespeople. Their findings unveiled two prominent stressors - the challenges associated with remote work arrangements and job insecurity - which had a substantial impact on the anxiety levels of sales professionals. The shift to remote work, prompted by the COVID-19 pandemic, presented unique hurdles for salespeople accustomed to face-to-face interactions. Simultaneously, concerns about job security in the volatile job market further exacerbated their anxiety. These revelations emphasize the need for tailored support mechanisms and strategies to address the mental well-being of sales professionals facing these particular stressors.

In a study led by Vertio et al. in 2021, questionnaire data was analyzed to discern significant patterns in workplace psychological distress and well-being. The research indicated that women experienced higher levels of psychological distress in the workplace, emphasizing the importance of addressing gender-specific stressors. Additionally, the study underscored the universal significance of maintaining a satisfying work-life balance for the psychological well-being of both genders. This finding highlights the critical role of work-life balance policies and practices in fostering a healthier work environment, promoting the mental well-being of employees, and ultimately enhancing productivity and job satisfaction, regardless of gender, in today's rapidly evolving work landscape.

In a notable study conducted by Vignoli et al. in 2017, a structural equation modeling analysis was employed to investigate the intricate relationship between workplace phobic anxiety, employee health, and subsequent absenteeism. Their findings illuminated the significant role that workplace phobic anxiety plays in this dynamic. The research unveiled that employees experiencing higher levels of workplace phobic anxiety were more likely to report adverse health outcomes, and this, in turn, was associated with increased absenteeism.



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This study underscores the pervasive impact of workplace anxiety on employee well-being and productivity, highlighting the importance of addressing and mitigating such anxieties in the workplace for the betterment of both employees and organizations.

In a study led by Magee in 2013, telephone interviews were conducted to explore the demoralization experienced by both men and women in the workplace. The research revealed that demoralization levels were similar between genders, although the underlying reasons for this demoralization varied. Notably, the study identified statistically significant differences in workplace anxiety levels based on gender. This suggests that while men and women may experience demoralization for different reasons, their experiences of workplace anxiety differ significantly. Understanding these gender-based distinctions in workplace anxiety is crucial for crafting targeted interventions and support systems aimed at promoting mental well-being and job satisfaction for both male and female employees.

### ***Health Anxiety***

In a comprehensive review conducted by Tyrer in 2018, it was observed that health anxiety, though akin to but distinct from hypochondriasis, could be effectively managed with psychotherapeutic approaches. The study highlighted the efficacy of techniques such as stress management and cognitive behavioral therapy (CBT) in addressing health anxiety. CBT, in particular, emerged as a highly successful intervention, helping individuals reframe their anxious thought patterns and develop healthier coping mechanisms. This finding underscores the significance of psychotherapy in providing effective treatments for health anxiety, offering individuals a pathway to reduce their distress and improve their overall well-being while distinguishing it from the more stigmatized hypochondriasis.

S. Rachman's extensive research on health anxiety disorder, conducted in 2012, played a pivotal role in recognizing it as a distinct and classifiable anxiety disorder. This groundbreaking work brought much-needed attention to the condition, shedding light on its unique characteristics and manifestations. The paper outlined various treatment methods for health anxiety disorder, with cognitive-behavioral therapy (CBT) prominently featured. CBT is widely regarded as an effective therapeutic approach for this disorder, assisting individuals in addressing irrational health-related fears, challenging negative thought patterns, and developing healthier coping strategies. Rachman's research significantly advanced the understanding and treatment of health anxiety, offering hope and support to those grappling with this challenging condition.

In a notable study by Olatunji et al. in 2011, clinical experimentation provided valuable insights into the relationship between safety behaviors and health anxiety. The research revealed a significant association between the use of safety behaviors and an increase in health anxiety levels. Safety behaviors are actions or thought patterns that individuals employ to mitigate their fears or anxieties. In the context of health anxiety, these behaviors may inadvertently exacerbate the problem by fostering catastrophic thoughts about health and illness. This finding underscores the complex nature of health anxiety and highlights the importance of addressing safety behaviors as a part of therapeutic interventions aimed at alleviating excessive health-related worries and anxieties.

Asmundson et al.'s 2010 review article addressed critical classification issues related to severe health anxiety. It provided a comprehensive summary of recent research findings concerning the potential mechanisms underpinning this condition, shedding light on the factors that contribute to its development and persistence. Furthermore, the review offered a

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snapshot of the state of the art in terms of assessing and treating severe health anxiety. By compiling and synthesizing this information, the research served as a valuable resource for mental health professionals, aiding in the understanding and management of this complex anxiety disorder, thereby offering a path for more effective assessment and treatment strategies to help individuals grappling with severe health-related worries.

In the 2009 study by MacSwain et al., a multigroup confirmatory factor analysis was applied to investigate the measurement model of key factors within the interpersonal model of health anxiety, with a specific focus on gender differences. The research findings indicated that there were significant gender-based variations in the measurement model for two central factors - reassurance seeking and worry. However, the factors of alienation and absorption exhibited invariance between genders. This intriguing discovery highlights the nuanced aspects of health anxiety and underscores the need for gender-specific considerations in understanding and addressing this psychological phenomenon, ultimately offering valuable insights for tailored interventions and support systems for individuals dealing with health-related anxieties.

### *Gender Differences*

In a series of three experimental investigations conducted by Niederle and Vesterlund in 2008, it was observed that men consistently outperformed women in mixed-sex competitive settings. These findings revealed a gender disparity in competitive behaviors, with men displaying a higher propensity for competition despite similar performance levels and decision-making capabilities. Intriguingly, the studies also demonstrated that the introduction of an affirmative action environment, equivalent to quotas, had a significant impact. It encouraged a greater number of women to participate in competitive scenarios, highlighting the role of policy and structural interventions in mitigating gender imbalances and promoting greater gender equity in competitive domains, even when inherent performance differences were absent.

In the research conducted by Gail D. Anderson in 2008, it was established that being female constitutes a risk factor for experiencing adverse drug reactions. This increased susceptibility can be attributed to variations in pharmacokinetics, pharmacodynamics, and dosage requirements between genders. Females, on average, have higher levels of body fat, lower renal clearance rates, and reduced enzyme activity, factors that collectively contribute to a heightened risk of adverse drug reactions. Notably, these gender-related differences make females more vulnerable to drug-induced conditions such as long QT syndrome, liver toxicity, and adverse gastrointestinal events. Anderson's study underscores the importance of considering sex-specific factors in drug treatment protocols to enhance medication safety and effectiveness.

In M. Afifi's 2007 study, it becomes evident that gender differences play a substantial role in shaping mental health prevention strategies. Health-seeking behavior, in particular, emerged as a crucial determinant of these differences. The research highlights how gender-related societal norms and expectations influence individuals' attitudes toward seeking help for mental health issues. This has far-reaching consequences, particularly concerning common disorders like depression, anxiety, and schizophrenia. As a result, tailored prevention and intervention approaches that consider these gender-specific nuances are essential for promoting mental well-being and reducing the prevalence and impact of mental health disorders, ensuring that individuals of all genders receive appropriate support and care.

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In the 2000 study by Blau et al., it was revealed that the gender pay gap in the United States is notably influenced by gender-specific factors. The research identified several key determinants, including qualifications, workplace discrimination, wage structure, and skill rewards. These factors played a substantial role in shaping the extent of the gender pay gap. Importantly, the study indicated that these gender-specific disparities were contributing to a rapid closing of the wage gap between men and women. This finding underscored the importance of addressing these factors to promote greater gender pay equity, emphasizing the need for policy initiatives and workplace reforms to further reduce gender-based wage disparities.

In their 2000 review, Piccinelli and Wilkinson emphasized the authenticity of gender differences in depressive disorders, shedding light on various contributing factors. The research underscored that these disparities are shaped by a complex interplay of elements. Adverse childhood experiences, sociocultural roles, and psychological attributes, such as coping strategies, significantly impact the prevalence of depressive disorders in both genders. Notably, the review highlighted that genetic and biological factors, along with poor social support, played relatively less substantial roles as determinants. These insights are instrumental in understanding and addressing the gender-based variations in depressive disorders, providing a foundation for more targeted prevention and treatment strategies.

The interplay between job anxiety and health anxiety is a topic of significant interest in the field of psychology and mental health. These two related concepts share a common origin in the anxious mindset, and the literature reviews indeed provide substantial support for the hypotheses about their connection.

Health anxiety is characterized by an individual's heightened concerns and worries about their physical well-being. It often leads to excessive preoccupation with the possibility of having a severe illness, despite having no or minimal medical evidence to support these fears. On the other hand, job anxiety is the result of excessive stress and apprehension experienced in a work-related context. Both conditions stem from a shared source, which is the overall tendency towards general anxiety.

Research has consistently shown that individuals with health anxiety tend to exhibit elevated levels of general anxiety. This generalized anxiety propensity can significantly influence an individual's functioning and well-being in various aspects of life, including their performance in the workplace. Health anxiety, if not effectively managed, may spill over into work-related settings, where it manifests as workplace anxiety.

However, it is essential to recognize that the relationship between health anxiety and job anxiety is not one-dimensional. Several complex factors come into play, and one of the most significant considerations is the impact of gender.

The influence of gender on health and work-related anxiety cannot be overstated. Men and women often experience and express their anxieties differently due to a combination of biological, societal, and cultural factors. These differences have profound implications for understanding and addressing both health and workplace anxiety in diverse populations.

Men, for instance, may be more inclined to internalize their stress. Societal norms often encourage men to be stoic and unemotional, which can lead them to keep their health concerns or workplace anxieties to themselves. This may result in them suffering silently,

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without seeking appropriate help or support. Workplace anxiety, in this context, could manifest as increased pressure to perform, fear of job loss, and a reluctance to express feelings of distress.

In contrast, women, who frequently navigate societal demands while balancing caring responsibilities, may be more prone to experiencing heightened stress in both their job and health domains. The juggling of multiple roles and the societal expectation of emotional expressiveness can contribute to elevated levels of anxiety. Women may find themselves worrying not only about their health but also about their job performance, job security, and the balance between work and family life.

The literature reviews emphasize the intricate and interrelated nature of the relationship between gender, workplace anxiety, and health anxiety. This complexity underscores the importance of taking a nuanced approach to understanding and addressing anxiety-related issues in the workplace and health domains.

To develop targeted treatments and support techniques, it is crucial to consider the specific needs and challenges faced by individuals in different employment settings and social situations. Acknowledging these subtleties enables the design of interventions that are more effective and tailored to the unique experiences of individuals, ultimately promoting better mental health and well-being.

In conclusion, the literature reviews validate the hypotheses connecting job anxiety and health anxiety while highlighting the crucial role of gender in shaping how these anxieties manifest and are experienced. This comprehensive understanding is instrumental in developing strategies and support systems that effectively address the mental health needs of diverse populations in various work and social contexts.

## METHODS

### **Aim**

To find the relationship between workplace anxiety and health anxiety and the difference in their levels between men and women.

### **Objectives**

- To find the relationship between health anxiety and workplace anxiety.
- To find if these levels differ between men and women.

### **Hypotheses**

- H1: There is a significant difference between the gender in their Health anxiety.
- H2: There is a significant difference between the gender in their workplace anxiety.
- H3: There is a significant relationship between the health anxiety and workplace anxiety in men.
- H4: There is a significant relationship between the health anxiety and workplace anxiety in women.

### **Variables**

- Independent variable: Gender
- Dependent variable: Workplace anxiety  
Health anxiety

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### *Operational definitions*

- Gender: The state of identifying either as a man or a woman.
- Health anxiety: Having anxiety regarding one's health, and/or being overly conscious about bodily sensations and their potential to indicate disease or disorder.
- Workplace anxiety: Having anxiety regarding one's career and/or place of work.

### *Research Questions*

- Is there a correlation between health anxiety and workplace anxiety?
- Do these levels differ between men and women?

### *Sampling*

Sample collection will be done via convenience sampling and snowball sampling. The study aims to have a sample of 120 working individuals who identify with the gender binary: 60 male and 60 female.

### *Sample inclusion criteria*

- 18 years and above
- Working professional
- Identifies as either male or female

### *Sample exclusion criteria*

- Below 18 years of age
- Retired or otherwise unemployed
- Identifies outside of the male-female gender binary

### *Tools*

- Short Health Anxiety Questionnaire (Salkovkis, et al, 2002)– Internal consistency=.76 to .96, test-retest reliability=.87
- Workplace Anxiety Questionnaire (Sharma & Singh, 2020)– Chronbach's alpha=0.826, Guttman's reliability=0.848

### *Procedure*

The primary objective of this research is to employ convenience sampling to effectively capture data from the working population while maintaining a balanced representation of both males and females. This sampling method, though non-random, allows for a practical and accessible approach to data collection.

To address the research goals, two essential questionnaires will be utilized: the Short Health Anxiety Inventory and the Workplace Anxiety Questionnaire. These instruments are specifically chosen for their relevance to the study's focus on anxiety within the working population.

Once the data is collected, the research will apply correlational statistical analysis techniques. This analytical approach aims to unveil potential relationships between the selected variables, shedding light on the complex dynamics of health and workplace-related anxiety. The findings derived from this study will be instrumental in better understanding the factors that contribute to anxiety in the workplace, providing valuable insights for future research and practical applications in managing workplace-related anxiety.

**Statistical analysis**

In this study, correlational statistical analysis will serve as a crucial tool to test and validate the research hypotheses. By examining the relationships between variables, the study aims to draw meaningful conclusions from the graphical representations of data. To facilitate this analysis, the JAMOVI software will be employed. JAMOVI provides a user-friendly and powerful platform for conducting statistical analyses, ensuring the accuracy and reliability of the study's findings. This software enables researchers to effectively explore and interpret the data, making it an essential component of the research process, ultimately contributing to the study's ability to discern significant patterns and insights in the collected data.

**Ethical considerations**

Ethical considerations for my study encompass obtaining informed consent from participants, ensuring confidentiality of their data, minimizing potential harm or distress, and maintaining transparency in reporting findings. I have also adhered to ethical guidelines in data collection, analysis, and dissemination, while being mindful of any biases or conflicts of interest.

**RESULTS AND DISCUSSION**

In this study, we investigated the relationships between gender, health anxiety (HA), and workplace anxiety (WPA). The data does not follow a normality curve. The following hypotheses were tested:

**Hypothesis 1 (H1): There is a significant difference between gender in their Health Anxiety.**

The Mann Whitney U test conducted to compare Health Anxiety scores between genders yielded a non-significant result (S=1592, p=0.27). Therefore, we reject the hypothesis. This implies that, in our sample, there is no evidence of a significant difference in Health Anxiety levels between males and females, thus proving H1 incorrect.

*Table 1. Health anxiety males vs females: Mann Whitney U test*

Mann Whitney U test	Statistic	P value
HA scores	1592	0.27

**Hypothesis 2 (H2): There is a significant difference between gender in their Workplace Anxiety.**

Similarly, a Mann Whitney U test was performed to assess the differences in Workplace Anxiety scores between genders. The results indicated a non-significant difference (S=1670, p=0.49). Thus, we accept the null hypothesis, suggesting non-significant disparity in Workplace Anxiety levels between males and females within our study cohort, which consequently falsifies H2.

*Table 2. Workplace anxiety males vs females: Mann Whitney U test*

Mann Whitney U test	Statistic	P value
WPA scores	1670	0.49

**Hypothesis 3 (H3): There is a significant relationship between Health Anxiety and Workplace Anxiety in men.**

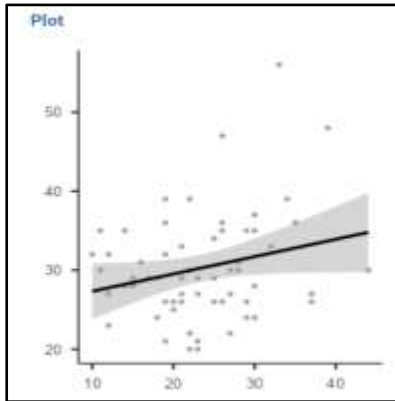
To examine the relationship between Health Anxiety and Workplace Anxiety in men, Spearman's correlation coefficient was computed. The analysis did not reveal a significant

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correlation, leading to the acceptance of the null hypothesis. Consequently, in men, no significant linear relationship was observed between Health Anxiety and Workplace Anxiety, rejecting H3.

**Table 3. Correlation between health anxiety and workplace anxiety in men: Spearman’s Rho**

		WPA scores
HA scores	Spearman’s Rho	0.14
	P value	0.26



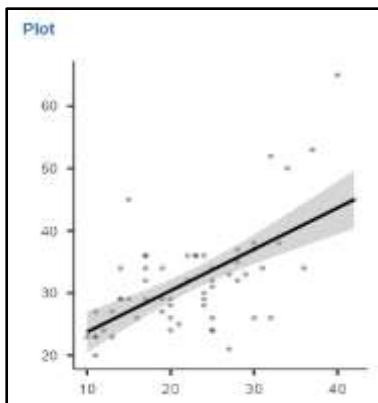
**Figure 1. Correlation matrix: health anxiety and workplace anxiety in men**

**Hypothesis 4 (H4): There is a significant relationship between Health Anxiety and Workplace Anxiety in women.**

Contrary to the results for H3, the analysis for women uncovered a statistically significant relationship between Health Anxiety and Workplace Anxiety ( $r=0.52$ ,  $p<0.001$ ). Hence, we reject the null hypothesis and accept H4. This finding suggests that, among women, there exists a significant positive linear relationship between Health Anxiety and Workplace Anxiety, indicating that higher levels of Health Anxiety are associated with higher levels of Workplace Anxiety.

**Table 4. Correlation between health anxiety and workplace anxiety in women: Spearman’s Rho**

		WPA scores
HA scores	Spearman’s Rho	0.52
	P value	<0.001



**Figure 2. Correlation matrix: health anxiety and workplace anxiety in women**

## DISCUSSION

The results of this study contribute valuable insights into the complex interplay between gender, health anxiety (HA), and workplace anxiety (WPA). The hypotheses were carefully crafted to explore potential differences and relationships, leading to nuanced findings that shed light on the intricate dynamics within the studied parameters.

Hypothesis 1 (H1) aimed to investigate whether there is a significant difference in Health Anxiety between genders. The subsequent Mann Whitney U test produced a non-significant result, indicating that, within the sample, there is no discernible disparity in Health Anxiety levels between males and females. This finding disagrees with the assumption that gender plays a significant role in the existence of health anxiety, as was found by Kirmizi et al (2021). Such results suggest a need for a more nuanced exploration of contributing factors to health anxiety beyond gender, such as socio-cultural influences, individual experiences, or psychological predispositions. Similarly, Hypothesis 2 (H2) delved into the potential gender differences in Workplace Anxiety. The Mann Whitney U test revealed no significant distinction in Workplace Anxiety levels between males and females. This implies that, at least within the scope of the studied population, gender is not a determining factor in the manifestation of workplace anxiety, opposing the results obtained by Magee, W. (2013). These results encourage researchers and practitioners to look beyond gender stereotypes when addressing workplace anxiety and consider a broader range of factors influencing individuals' experiences in a professional setting. Moving to Hypotheses 3 (H3) and 4 (H4), which focused on the relationships between Health Anxiety and Workplace Anxiety in men and women, respectively, distinct patterns emerged. For men, the analysis did not identify a significant correlation between health anxiety and workplace anxiety. These findings challenge assumptions that health anxiety universally influences workplace anxiety in men. The absence of a significant relationship underscores the need for a nuanced understanding of individual variations and the factors contributing to workplace anxiety among men. In contrast, for women, Hypothesis 4 (H4) revealed a statistically significant positive linear relationship between health anxiety and workplace anxiety. This suggests that higher levels of health anxiety are associated with elevated levels of workplace anxiety among women. Such a finding has practical implications for interventions and support mechanisms targeted specifically at women in the workplace. Employers and mental health professionals may need to tailor their strategies to address the unique challenges faced by women with high health anxiety, recognizing the interconnectedness of health and workplace anxieties for this demographic.

### *Implications*

The study's findings emphasize the importance of considering contextual factors and individual differences in understanding anxiety phenomena. By acknowledging the complex interplay between gender, health anxiety, and workplace anxiety, researchers and practitioners can develop more effective interventions that address the diverse needs of employees.

Overall, the implications of the study extend beyond academia to inform organizational practices, policy decisions, and individual well-being initiatives. By recognizing and addressing the nuanced dynamics of anxiety in the workplace, stakeholders can strive towards creating healthier and more supportive work environments for all employees.



***Limitations and scope for further research***

In interpreting these results, it is essential to acknowledge the limitations of our study. The sample size and composition may influence the generalizability of our findings. Additionally, the cross-sectional nature of the study limits our ability to establish causation.

Future research could also look into longitudinal designs to unravel the temporal dynamics of gender, health anxiety, and workplace anxiety relationships. In conclusion, the results and discussions presented in this study provide a nuanced understanding of the relationships between gender, health anxiety, and workplace anxiety. The findings challenge simplistic assumptions about the role of gender in shaping anxiety levels and emphasize the importance of considering individual differences and contextual factors. Future research in this area should continue to explore the multifaceted nature of these relationships, taking into account a broader range of variables to inform targeted interventions and support systems in diverse workplace settings.

**CONCLUSION**

In conclusion, our investigation into the relationships between gender, health anxiety (HA), and workplace anxiety (WPA) has yielded intriguing findings that challenge conventional assumptions and underscore the complexity of these interconnections. The non-significant differences in Health Anxiety between genders (H1) and Workplace Anxiety (H2) suggest that, within our specific sample, gender is not a determining factor in influencing anxiety levels. This disagreement with established literature emphasizes the importance of considering context-specific factors that may overshadow gender distinctions.

The exploration of the relationship between Health Anxiety and Workplace Anxiety in men (H3) revealed a lack of significant correlation, hinting at the multifaceted nature of workplace anxiety in males. This suggests that factors beyond health-related concerns may play a more prominent role in shaping workplace anxiety among men. On the other hand, the significant positive linear relationship observed in women (H4) highlights a noteworthy association between Health Anxiety and Workplace Anxiety in the female cohort. This finding reinforces the need for gender-sensitive approaches in understanding and addressing workplace well-being.

While our study provides valuable insights, it is essential to acknowledge its limitations. The sample size and composition, as well as the cross-sectional nature of the study, temper the generalizability and ability to establish causation. These limitations point to avenues for future research, advocating for longitudinal designs and more comprehensive sampling strategies to unravel the dynamic nature of these relationships.

In practical terms, our findings prompt a reevaluation of traditional approaches to workplace well-being interventions. Tailoring strategies to consider the nuanced influences of gender, health anxiety, and their interplay may lead to more effective and targeted initiatives. Acknowledging the absence of gender-based differences in anxiety levels in our study challenges preconceived notions, encouraging a more inclusive and holistic perspective on workplace mental health.

In essence, our study contributes to the evolving understanding of anxiety in the workplace, urging researchers and practitioners to delve deeper into the intricate dynamics of gender, health anxiety, and workplace anxiety. By embracing a nuanced and context-specific approach, we can develop more tailored interventions that address the diverse needs of

individuals in different gender groups, fostering a healthier and more supportive work environment.

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### ***Conflict of Interest***

The author(s) declared no conflict of interest.

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