

Research Paper

Thwarted Belongingness and Perceived Burdensomeness on Anxiety among Corporate Employees: Moderating Role of Workplace Trauma

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ABSTRACT

This research examines how Thwarted Belongingness and Perceived Burdensomeness affect corporate employee anxiety and the role of Workplace Trauma as a moderating factor. A correlational study collected data from 150 corporate employees aged 21–50. The research utilized standardized tools which included the Interpersonal Needs Questionnaire, Trauma Screening Questionnaire and Generalized Anxiety Disorder Scale. The regression and moderation analysis showed that Perceived Burdensomeness acted as a significant predictor of anxiety. The results showed workplace trauma acted as an independent anxiety predictor and it weakened the impact of both interpersonal variables on anxiety but only at high trauma levels. The findings also showed that single employees and entry-level staff members experienced higher anxiety levels. The research supports the requirement for workplace trauma-informed policies together with specific mental health intervention programs.

Keywords: *Thwarted Belongingness, Perceived Burdensomeness, Anxiety, Workplace Trauma, Corporate employees*

The workplace serves as a fundamental element of our daily existence beyond its role as a source of financial compensation. Most individuals dedicate a substantial portion of their daily schedule to their professional duties. Wage workers dedicate approximately half of their active time to their employment duties (Lee et al.,2022). The International Labour Organization (ILO) developed International Labour Standards which function as worldwide standards for workplace conditions that must be acceptable and equitable. The ILO recommends employees work no more than 40 hours per week spread across five equal days. Employees need to work eight hours per day on average to receive proper rest and personal time (Co,2025).

The specific labor laws in India, where the legal maximum workweek is 48 hours, conflict with these international standards (Co, 2025). India's rapid economic expansion has several advantages. However, it also creates new issues. The speed of development is not yet

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enough to overcome the long-standing social prejudices that exist in the country. People find it challenging to receive mental health care because they view these conditions as signs of weakness and taboo (Gautham et al., 2016 and Poddar & Chhajer, 2024).

The Associated Chambers of Commerce and Industry of India released a report titled “Preventive Healthcare: Impact on Corporate Sector,” which revealed disturbing statistics. The most common mental health issue affecting business employees was depression, according to the study. The survey revealed that depression or other emotional issues affected 42.5% of workers. The research data showed that emotional problems, including depression and anxiety, increased by almost 50% throughout the previous eight years (Mahishi, 2018). The rising numbers indicate that mental health issues continue to spread while becoming more severe despite increased awareness.

Workplace Anxiety

The Bureau of Labor Statistics (2001) reports that anxiety-related absences last four times longer than other nonfatal illnesses or injuries which creates substantial problems (*Survey of Occupational Injuries and Illnesses Data*). Workers experience difficulties because this situation might increase their work-life balance gap and job dissatisfaction levels according to Schieman et al. (2003) and Boyd et al. (2009). Organizations face comparable difficulties because elevated anxiety levels negatively impact ethical conduct (Kouchaki & Desai, 2014) and reduce organizational effectiveness (Boyd et al., 2009) and financial performance (Forsyth, Kelly, Fusé, & Karekla, 2004). The term workplace anxiety describes the fear and nervousness employees feel about their work responsibilities (Eysenck et al., 2007; Muschalla & Linden, 2012).

Rao and Ramesh (2015) assessed the levels of stress, anxiety, and depression among industrial workers and looked into how these factors affected the firm's production. The study was carried out among 90 firm's employees and used a cross-sectional design. It revealed that approximately 36% of the employees scored well on the anxiety scale and 18% on the stress scale. According to the survey, the prevalence of stress and anxiety among manufacturing workers ranged from 18 to 36%.

Khare et al, 2023 investigated how common anxiety is among corporate workers using a prospective cross-sectional questionnaire-based study that also looked at the impact of age on anxiety (n=150). 76.6% of the respondents were between the ages of 21 and 40. The health sector accounts for 41.33%, followed by the IT sector at 40% and banking at 18.66%. The majority of participants (n = 55, 36.66%) had mild anxiety, while young people were far more likely than adults to have severe anxiety. Young adults were 1.205 times more likely than adults to experience anxiety, and women were 1.952 times more likely to experience anxiety than men.

Interpersonal Factors

The Conservation of Resources Theory by Hobfoll (1989) states that maintaining several tasks throughout extended periods is essential to achieve normal job performance levels. High job performance depends on the conservation and enhancement of cognitive and personal resources. One essential resource which helps in conservation and enhancement of resources among others is social support. Social support has multiple benefits for managing resource drain because it expands resource availability (Hobfoll, 1989) and promotes

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beneficial coping behaviors (Dunahoo et al., 1998) and reduces work task requirements (Ray & Miller, 1994).

Professional environments depend heavily on social support as an essential element. According to Ng and Sorensen (2008), employees receive beneficial resources from their social interactions. Relationships between coworkers and employees require trust and social reciprocity as their core components (Cole et al., 2002). Research indicates that workplace emotional events occur in about 80% of cases through employee interactions with their colleagues (Hadley, 2014).

The main psychological causes of workplace anxiety stem from two elements: perceived burdensomeness and thwarted belongingness. The Interpersonal Theory of Suicide by Joiner (2005) describes how people who feel burdened and socially isolated tend to develop psychological distress including anxiety. The unmet interpersonal needs result in anxiety because perceived burdensomeness emerges from unfulfilled social competence needs (Ryan & Deci, 2000) and thwarted belongingness emerges from unmet belonging desires (Baumeister & Leary, 1995; Cacioppo & Patrick, 2008).

LeRoy, Lu, Zvolensky, Ramirez, & Fagundes (2018) studied how anxiety sensitivity moderates the painful effects of feeling burdensome to others. 262 undergraduate volunteers were randomized to relive an experience in which they either contributed equally to a group (control condition) or were a burden to others (burdensome condition). After manipulation, self-reported pain was measured on both a social and physical level. Individuals with high AS rated their pain considerably greater than in the control condition; for people with low AS, pain was constant across situations. More physical pain was specifically linked to feeling burdensome to others and being afraid of the physical effects of anxiety.

Ooi et al., (2022) conducted a cross sectional to assess the relationship between depression, anxiety, stress and satisfaction with life with perceived burdensomeness and thwarted belongingness as moderators on 430 Malaysian private university students. Results showed students who experienced lower depression and anxiety reported higher satisfaction with life under the influence of low perceived burdensomeness. Perceived burdensomeness, when coupled with depression and anxiety contributed 15.8% of variance in satisfaction with life. Students who experienced stress reported higher satisfaction with life under the influence of high thwarted belongingness, contributing 17.3% of the variance in satisfaction with life.

Workplace Trauma

The rising importance of psychosocial risks in work environments stems from the growing concern about workers' mental health among occupational sector participants (Chirico et al., 2023). The workplace contains multiple types of psychosocial risks. Trauma stands as a critical workplace issue because it develops from an event or sequence of events or combination of circumstances which an individual perceives as dangerous or threatening to their life (Barrie, 2024). Nottrodt, 2025 defines workplace trauma as the negative impact where physical and mental and emotional well-being suffers when employees experience a harmful and toxic work environment in their workplace. Workplace trauma develops through both isolated traumatic events and prolonged work-related stress (Barrie, 2024).

Choi, Jung, Kim, and Park (2010) investigated how workplace violence affected Korean employees' experiences with anxiety and depression at work of 9,094 Korean employees,

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aged between 15 to 64 years. According to the findings, the prevalence of workplace violence, work-related depression, and work-related anxiety was 1.8%, 3.5%, and 4.5%, respectively. Workplace violence was substantially linked to work-related anxiety and depression when occupational and personal risk factors were taken into account.

Presti, Pappone, & Landolfi (2019) studied the associations between workplace bullying and physical or psychological negative symptoms: anxiety and depression as mediators on 151 Italian employees. Results showed that only anxiety mediated the association of workplace bullying with negative physical symptoms while both anxiety and depression mediated its association with negative psychological symptoms.

Lee, Kim, Joo, Lee, Lee, Lee (2022) conducted a cross-sectional study to investigate the relationship between workplace violence and work-related depression and anxiety, separating the types of perpetrators: workplace violence by co-workers and clients. Results found that both female and male workers with experience of workplace violence by co-workers were found to be at a higher risk of work-related depression/anxiety.

The impact of traumatic situations can differ because each person responds to them differently (Barrie, 2024). Employees who have experienced work-related trauma often exhibit behavioral, cognitive, and emotional symptoms that impair their ability to operate in their jobs. Restlessness, anxiety, insomnia, detachment, intrusive images, difficulty concentrating, social disengagement, or hypervigilance are some of the symptoms (DeFraia, 2016). Emotional functioning is hampered by anger, fear, panic, shock, horror, betrayal, grief, sadness, regret, shame, and self-blame, disorientation, hypervigilance, and memory loss, disconnected from and indifferent to all emotions, including joyous ones (Barrie, 2024).

Absenteeism, poor presenteeism (being at work but in a highly distracted state), task avoidance, employee conflicts, accidents, or a lack of enthusiasm are some of the symptoms that manifest in the workplace (DeFraia, 2016). In order to avoid discussing the incident, employees may socially isolate themselves. Cognitive functioning and occupational abilities are hampered by symptoms of anxiety, fear, melancholy, and dissociation. Sleep issues brought on by arousal feelings lead to poor focus, anger toward coworkers, and tardiness or absence. An employee may experience anxiety just thinking about going to work because of reminders of the incident (Bolton et al., 2004). Sick leave, missed deadlines, poor job quality, employee disputes, and decreased productivity are some of the ways in which these symptoms interfere with employees' operations. Additionally, the organization faces financial risk from a rise in worker compensation, disability, health, and mental health claims, as well as legal liabilities (DeFraia, 2016).

The research conducted by Davidson et al. (2011) and Ooi et al. (2022) demonstrates that thwarted belongingness (TB) and perceived burdensomeness (PB) act as major factors which lead to anxiety development. Workplace trauma including bullying and chronic stress functions independently as a risk factor for anxiety development (Einarsen & Nielsen, 2014). Research has not investigated how workplace trauma affects the relationship between TB/PB and anxiety among corporate employees. This knowledge gap prevents us from understanding whether trauma makes these interpersonal effects stronger or weaker.

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The majority of existing research investigates clinical or student populations instead of corporate settings (Joiner, 2005). This research combines workplace trauma research with interpersonal theory to determine if trauma increases the connection between TB/PB and anxiety. The research will analyze how these dynamics change between different organizational levels (entry, mid, and senior) and diverse corporate environments to address previous biases toward predominantly Western samples.

METHODOLOGY

Aim of the study the relationship between thwarted belongingness & perceived burdensomeness and anxiety in corporate sector employees and the moderating role of workplace trauma on this relationship. The main objective of the research is to investigate how Thwarted Belongingness and Perceived Burdensomeness affect Anxiety levels in Corporate sector employees. The research also examined the occurrence of Workplace Trauma among this population and how it affects the relationship between Thwarted Belongingness and Perceived Burdensomeness and Anxiety. The study is a correlational design with 150 participants. Inclusion criteria included aged between 21-50 years, working for a minimum 1 year in a corporate setting. Participants who had prior history of other traumatic events, pre-existing mental health conditions, and temporary or contractual workers.

Hypothesis of the study,

H1a: Thwarted belongingness will not be a significant predictor of anxiety among employees in the corporate sector.

H1b: Perceived burdensomeness will be a significant predictor of anxiety among employees in the corporate sector.

H2a: Workplace Trauma will moderate the relationship between thwarted belongingness and anxiety in the corporate sector.

H2b: Workplace Trauma will moderate the relationship between Perceived burdensomeness and anxiety in the corporate sector.

Tools used

Workplace Trauma: TSQ, a 10-item tool answered by 'yes' or 'no'; the minimum score is zero and the maximum score is 10. The Cronbach's Alpha of the test is 0.85. The optimum TSQ cut-off score was found to be 6, with a sensitivity of 87%, a specificity of 69% and an overall accuracy of 76%.

Interpersonal Needs: The INQ is a 15-item assessment of TB (9 items; scores range from 9 to 63) and PB (6 items; scores range from 6 to 42). Individuals provide a self-report response to each item on a 7-point response metric. The appropriate items are reverse coded, and items are summed to calculate the TB and PB subscale scores with higher scores indicating greater TB and PB. The Cronbach's alpha coefficients were strong for TB (.91) and PB (.94).

Anxiety: GAD-7 consists of seven items measuring worry and anxiety symptoms. Each item is scored on a four-point Likert scale (0–3) with total scores ranging from 0 to 21 with higher scores reflecting greater anxiety severity. Scores above 10 are considered to be in the clinical range. Cronbach's alpha of GAD-7 is 0.85.

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Procedure

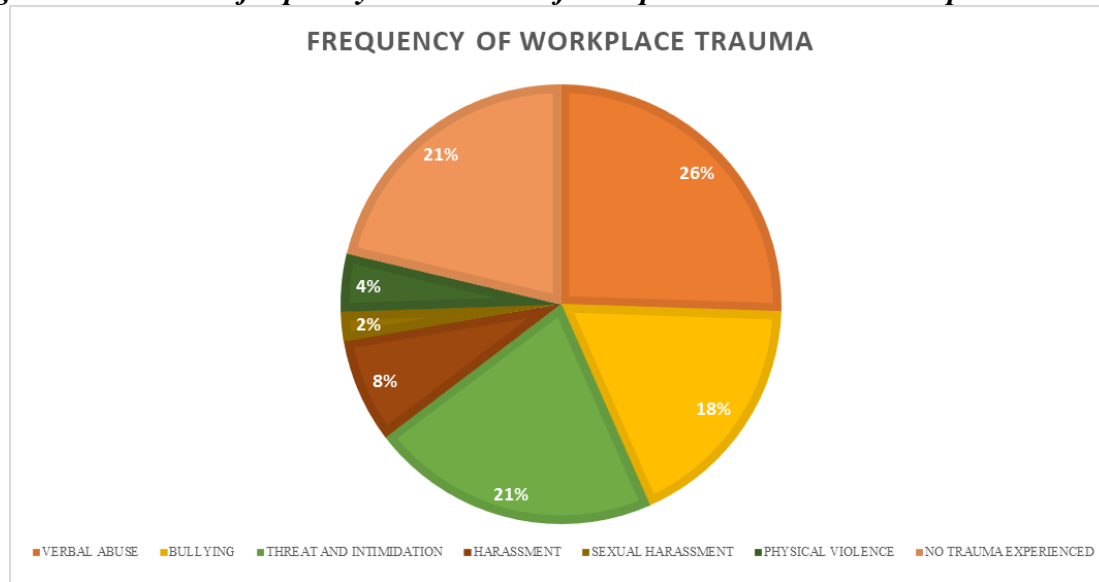
The ethical clearance was taken from the Faculty of Social Sciences, SGT University. Participants were informed about the purpose and objectives of the study. All participants were informed that the information shared by them shall be kept confidential and they have the right to withdraw from the study at any moment. Written informed consent from the participants were taken. The ones fulfilling the inclusion criteria were selected. Trauma Screening Questionnaire (TSQ), GAD-7, and Interpersonal Need Questionnaire (INQ) were then administered on the participants.

Statistical Analysis

SPSS 26 was used for statistical analysis. Normality was assessed using the Shapiro Wilk test. Descriptive statistics were used to understand the prevalence and frequency of the variables in the sample. Linear Regression Analysis was used to examine the direct relationship between thwarted belongingness and perceived burdensomeness and anxiety. Moderated Analysis was used to test the moderating effect of workplace trauma on the relationship between thwarted belongingness and perceived burdensomeness and anxiety.

RESULTS

Figure 1: Shows the frequency distribution of workplace trauma in the corporate setting.



The chart results show that 79% of employees have faced workplace trauma with verbal abuse being the most prevalent form. The survey results show that 21% of employees have not experienced trauma yet the data demonstrates a major requirement for enhanced workplace safety measures and mental health education and anti-abuse regulations.

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Table 1: Sample characteristics (Mean, SD) of the variables Perceived Belongingness (PB), Thwarted Belongingness (TB), Anxiety and Workplace Trauma (WTP).

Baseline Characteristics	Full Sample	
	n	SD
Perceived Burdensomeness	11.47	6.213
Thwarted Belongingness	34.96	10.580
Anxiety	5.63	5.310
Workplace Trauma	2.86	2.634

Table 2: Represents the Hierarchical Regression Model Summary

Model	R	R ²	Adjusted R ²	Std. Error of the Estimate	R ² Change	Change Statistics			Sig. F Change
						F Change	df1	df2	
1	.522 ^a	0.272	0.267	4.545	0.272	55.35	1	148	.000
2	.524 ^b	0.275	0.265	4.553	0.003	0.517	1	147	.473
3	.711 ^c	0.505	0.495	3.774	0.23	67.943	1	146	.000
4	.738 ^d	0.545	0.529	3.644	0.04	6.276	2	144	.002

- a. Predictors: (Constant), PB
- b. Predictors: (Constant), PB, TB
- c. Predictors: (Constant), PB, TB, WPT
- d. Predictors: (Constant), PB, TB, WPT, WPTxTB, WPTxPB

Table 3: T-test for anxiety and marital status (df=148)

		Levene's Test							
		F	Sig.	t	Sig. (2-tailed)	Mean Difference	Std. Error Difference	95% Confidence Interval of the Difference	
								Lower	Upper
Anxiety	Equal variances assumed	2	0.118	2	0.019	2.072	0.871	0.350	3.794
		.		.					
		4		3					
		6		7					
				8					
	Equal variances not assumed			2	0.016	2.072	0.853	0.385	3.760
				.					
				4					
				2					
				8					

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Table 4: Shows the post hoc comparisons of anxiety and 3 groups of workplace hierarchy using Tukey HSD

Multiple Comparisons						
Dependent Variable: ANXIETY						
Tukey HSD						
(I) WORKPLACE HIERARCHY LEVEL	(J) WORKPLACE HIERARCHY LEVEL	Mean Difference (I-J)	Std. Error	Sig.	95% Confidence Interval	
					Lower Bound	Upper Bound
1	2	2.361	1.076	0.075	-0.19	4.91
	3	3.287*	1.107	0.010	0.67	5.91
2	1	-2.361	1.076	0.075	-4.91	0.19
	3	0.927	0.983	0.614	-1.40	3.25
3	1	-3.287*	1.107	0.010	-5.91	-0.67
	2	-0.927	0.983	0.614	-3.25	1.40

*. The mean difference is significant at the 0.05 level.

DISCUSSION

The research examined initial relationships between the central study variables. The study confirmed that Perceived Burdensomeness (PB) demonstrated a strong positive association with Anxiety ($r = .522, p < .001$). According to Davidson et al. (2011) and LeRoy et al. (2018) studies indicate that anxious people are especially sensitive to feelings of burden when they believe they are burdens to others. Performance-driven work environments that operate in high-stakes industries such as finance and consulting or automobile or tech create evaluation pressures and isolation which lead employees to feel inadequate. The self-critical mindset becomes more pronounced when people experience imposter syndrome together with toxic competition and receive inadequate feedback in their work environment.

TB failed to show a significant relationship with anxiety ($r = .009, p = .914$) which indicates that employees in corporate environments do not experience anxiety based on workplace social isolation. The study results differ from Shochet and Cockshaw (2010) because they reported a negative connection between workplace belonging and psychological distress but the current findings may result from workplace environmental changes. Workers in remote and hybrid work arrangements establish personal connections through activities beyond their professional roles which diminishes the psychological importance of workplace connections. Some roles where performance targets surpass team relationships lead employees to become detached from their work environment while maintaining a healthy detachment instead of an unhealthy detachment.

Workplace trauma (WPT) is positively correlated to anxiety ($r = .553, p < .001$) which confirmed that hostile work environments create significant mental health problems. Employees experience major mental health deterioration when they experience bullying or harassment along with excessive workloads and psychological violence according to Einarsen and Nielsen (2014) and Choi et al. (2009).

Regression analysis showed that interpersonal variables (PB, TB) explained 27.5% of anxiety variance ($R^2 = .275, \text{Adjusted } R^2 = .265$) with perceived burdensomeness serving as

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the only significant predictor ($\beta = .526, p < .001$). The addition of interaction terms WPT \times PB and WPT \times TB enhanced the predictive ability of the model ($\Delta R^2 = .040, p = .002$). The interaction terms demonstrated negative statistical significance in the analysis.

WPT \times TB: $B = -.029, p = .008$

WPT \times PB: $B = -.054, p = .008$

High workplace trauma levels reduce the connection between PB/TB and anxiety according to these findings. This can be interpreted in several ways. High levels of trauma create emotional overload which reduces the importance of PB and TB in causing anxiety. Situational Dominance: In extremely toxic environments, anxiety may stem more from external threats (e.g., harassment, job loss) than from internal cognitions. Defense Mechanisms: Employees facing chronic trauma may develop emotional numbing, buffering them against other psychosocial stressors. The research supports Taylor et al.'s (2000) stress-buffering hypothesis which shows that severe environmental stress can block or reduce the effects of less severe psychological stressors.

The independent t-test showed that single people experienced more anxiety than married people ($t(148) = 2.378, p = .019$). The findings confirm previous research which demonstrates that being married provides protection against mental health problems. The emotional support and stability and instrumental help that spouses provide to each other functions as protective mechanisms against work-related stressors (House et al., 1988; Kamp Dush & Amato, 2005). Single employees face higher workplace anxiety because they do not have dependable support systems.

The one-way ANOVA test revealed that anxiety levels differed significantly between hierarchical levels ($F(2, 147) = 4.551, p = .012$) with entry-level employees (Level 1) showing higher anxiety than senior-level staff (Level 3). The post hoc analysis (Tukey HSD) confirmed this gap (mean difference = 3.287, $p = .010$). The Job Demand–Control Model developed by Karasek and Theorell (1990) explains that employees with lower status experience greater psychological strain because they have limited decision-making power and face more supervision and job insecurity. Higher-ranking employees tend to experience less anxiety because they possess better coping resources and greater autonomy and control over their work responsibilities.

The study relies on self-report data which produces response biases. Workplace trauma and psychological distress may have been underreported by participants because high-performance occupational cultures typically view emotional vulnerability as unacceptable. Some participants might have reported excessive distress because they either experienced heightened emotional sensitivity or were under significant situational stress. The study investigates anxiety predictors through workplace trauma and interpersonal factors as its primary theoretical focus. The study follows the Interpersonal Theory of Suicide (Joiner, 2005) and organizational stress models but it didn't take into account individual-level variables such as trait anxiety and neuroticism and resilience and coping style.

The research implications extend across clinical practice and organizational policy areas. Mental health practitioners working with corporate clients need to focus specifically on perceived burdensomeness because it emerges as an important clinical construct. The strong relationship between PB and anxiety indicates therapeutic programs should focus on modifying cognitive distortions which affect self-worth and self-perceived inefficacy and the

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fear of becoming harmful to others. Cognitive-behavioral therapy (CBT) together with schema-focused therapy work to change dysfunctional beliefs that lead to imposter syndrome and self-criticism.

The study demonstrates that workplace settings need to establish trauma-informed care as a necessary practice. Organizations need to create trauma-aware policies together with procedures because workplace trauma shows a major correlation with anxiety. Organizations need to create formal harassment reporting procedures along with training for managers to detect psychological distress and employee assistance programs (EAPs) for confidential emotional harm support. A trauma-informed organizational culture understands the broad effects of adversity while preventing re-traumatization and works to establish safety along with empowerment and healing practices.

A combination of individual clinical interventions with systemic organizational reforms provides the most effective method to reduce workplace anxiety while creating mentally healthy work environments.

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