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Research Article

The Influence of Social Support on the Levels of Anxiety among Patients with Anxiety Disorder: A Cross-Sectional Study at King Fahad University Hospital

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Abstract

Objectives: This study seeks to examine the influence of perceived social support on patients with anxiety disorders. The study also seeks to explore whether there are significant differences in the level of perceived social support concerning some demographic variables and whether there are significant differences in the source of perceived social support from family, friends, or significant others.

Materials and Methods: The researcher used descriptive-correlational methods. Participants consisted of 40 patients: 43% men and 57% women with anxiety disorders at King Fahad University Hospital (KFUH). Purposive sampling was used to draw the sample. Data were collected by a questionnaire of socio-demographic information and individual self-report assessment instruments, the Multidimensional Scale of Perceived Social Support (MSPSS) and Taylor's Manifest Anxiety Scale (TMAS).

Outcomes of the Study: The results suggest that social support is significantly and negatively associated with levels of anxiety. This finding indicates that the more perceived support patients receive, the lower their reported levels of anxiety. The finding also indicates that none of the differences were significant in the level of perceived social support among patients with anxiety due to some demographic variables, and none of the differences were significant in the source of perceived social support among patients with anxiety, except one significant difference between male and female in perceived social support from significant others with male patients.

Conclusion: This study implies that efforts should be put in place to offer social support to patients. Therefore, social support is vital in determining levels of anxiety.

Keywords: *Social Support; Family; Anxiety Disorder; Mental Disorders; Saudi Arabia*

Introduction

Social support can play an important role in addressing the effects of anxiety. It acts as a buffer against life stressors, as well as an agent promoting health and wellness.

Social support refers to the experience of being valued, respected, cared about, and loved by others who are present in one's life [1]. It may come from different sources, such as family, friends, community, or any social groups to which one is affiliated [2]. On the other hand, anxiety refers to the anticipation of a future concern and is associated more with muscle tension and avoidance behavior. Job performance, schoolwork, and personal relationships can be affected. Therefore, people with anxiety disorders try to avoid situations that trigger or worsen their symptoms [3]. About 12 percent of people are affected by anxiety disorders in a single year, and between 5 and 30 percent are affected over a lifetime [4]. Researchers have examined the impact of several factors on both healthy and sick people. One of these factors is the level of perceived social support. For example, Roohafza., *et al*. (2014) show active coping styles and perceived social support are protective factors for depression and anxiety [5]; Hughes., *et al*. (2004) found that religiosity and social support provide a buffer against anxiety [6]. To the best of the researcher's knowledge, few of these studies were in the Arab environment. This study aims to explore the influence of perceived social support on patients with anxiety disorders. The study also seeks to explore differences in the level and source of perceived social support among patients with anxiety and how some demographic variables might be related to these differences. The results of the study would help the mental health field to identify one of the resources for the prevention of anxiety disorders and provide new insight into perceived social support.

Anxiety disorder

Anxiety disorders are a group of mental disorders characterized by significant feelings of anxiety and fear. Anxiety is a worry about future events, and fear is a reaction to current events. These feelings may cause physical symptoms, such as a fast heart rate and shakiness. There are several anxiety disorders, including generalized anxiety disorder, specific phobia, social anxiety disorder, separation anxiety disorder, agoraphobia, panic disorder, and selective mutism. The disorder differs according to the symptoms exhibited. People often have more than one anxiety disorder [7].

According to the APA Dictionary of PsychologyTop of FormBottom of Form, anxiety disorder is defined as follows: 'any of a group of disorders that have as their central organizing theme the emotional state of fear, worry, or excessive apprehension. This category includes, for example, panic disorder, various phobias (e.g. specific phobia, social phobia), and generalized anxiety disorder. Anxiety disorders have a chronic course, albeit waxing and waning in intensity, and are among the most common mental health problems in the United States. They may also occur as a result of the physiological effects of a medical condition, such as endocrine disorders (e.g. hyperthyroidism), respiratory disorders (e.g. chronic obstructive pulmonary disease), cardiovascular disorders (e.g., arrhythmia), metabolic disorders (e.g. vitamin B_{12} deficiency), and neurological disorders (e.g., Parkinson's disease) [3]".

Anxiety disorders appear about twice as often in females as in males and commonly start before age 25 [7]. Tanios., *et al*. found various levels of anxiety disorders in Arab communities, with 28.2% in Jordan, 16% in Saudi Arabia, 16.7% in Lebanon and 10% in the United Arab Emirates [8].

Anxiety conditions continue living without intervention. Treatment can require behavioral changes, counseling, and medications. Usually, counseling is a sort of cognitive behavioral therapy. Symptoms can be relieved by medications, such as antidepressants, benzodiazepines, or beta blockers [9].

Social support

Social support was defined as "the provision of assistance or comfort to others, typically to help them cope with biological, psychological, and social stressors. Support may arise from any interpersonal relationship in an individual's social network involving family members, friends, neighbors, religious institutions, colleagues, caregivers, or support groups. It may take the form of practical help (e.g.

doing chores, offering advice), tangible support that involves giving money or other direct material assistance, and emotional support that allows the individual to feel valued, accepted, and understood [3]".

Researchers have found distinct differences between perceived and received support. Perceived support refers to a recipient's subjective judgment that providers will offer (or have offered) effective help during times of need. On the other hand, received support (also called enacted support) refers to specific supportive actions (e.g. advice or reassurance) offered by providers during times of need. These different types of social support have different patterns of correlation with health, personality, and personal relationships. For example, perceived support is consistently linked to better mental health, whereas received support and social integration are not. Social support is studied through a broad range of fields, including psychology, psychiatry, sociology, nursing, public health, education, rehabilitation, and social work. Social support has been associated with numerous benefits for both physical and mental health. Social support can be measured in terms of the perception that one has assistance, the real assistance received, or the degree to which a person is integrated in a social network [10].

Social support and mental health

In stressful times, social support helps reduce psychological distress. A lack of social support has been associated with a risk for individuals' mental health [11]. Recent evidence indicates that social support acts as a buffer to protect individuals from different aspects concerning their mental and physical health, such as helping against certain life stressors [12].

Several studies investigating the impact of social support on psychological distress have been conducted. A series of studies published in the mid-1970s sparked interest in the effects of social support, each reviewing literature exploring the connection between psychological conditions and factors such as marital status transition, geographic mobility, and social disintegration. Researchers realized that the pattern present in both of these cases is a lack of sufficient social support and social network disruption. This relationship has given rise to several studies on the impact of social support on mental health [13].

Hypotheses

First: There would be a statistically significant correlation between perceived social support and the severity of anxiety disorder.

Second: There would be statistically significant differences in the level of perceived social support among patients with anxiety related to demographic variables (gender, age, marital status, educational level, and occupation).

Third: There would be statistically significant differences in the source of perceived social support (from family, friends, or significant others) among patients with anxiety related to demographic variables (gender, age, marital status, educational level, and occupation).

Settings and Participants

The population of this study consisted of 40 patients (43%) men and (57%) women, who were diagnosed with anxiety disorders using DSM-5 criteria and recruited from the outpatient department of psychiatry at King Fahad University Hospital, Al-Khobar (KFUH). The samples for this study were collected between March and October 2020 (excluding the quarantine period due to the COVID-19 pandemic).

Study design

A cross-sectional research design was used to assess the influence of social support on the levels of anxiety among patients with anxiety disorders. The researcher used the descriptive-correlational method due to its suitability for the study.

Instruments and materials

To collect the necessary information for this study, two tools were used.

Multidimensional scale of perceived social support (MSPSS)

This scale is a 12-item self-report assessment instrument designed to measure levels of perceived social support from three perspectives: family, friends, and significant other. The three subscales of family, friends and significant other perceived social support consist of four items, rated on a seven-point Likert scale ranging from "very strongly disagree" to "very strongly agree" [14]. A total score was obtained by summing all of the items, and scores ranged from 12 to 84. Higher scores indicated higher perceptions of social support, and lower scores indicated lower perceptions of social support [15]. The subscales' discriminant validity is satisfactory, and the instrument has good psychometric properties in terms of validity and reliability index for all three subscales, ranging from 0.85 to -0.92 and 0.87 to 0.93 for the whole scale [14].

The Arabic version of MSPSS was used in this study. It was already translated by Al-Rashidi in 2018. To ensure the reliability of the scale for the Saudi environment, the test-retest method was verified by applying the scale, and it was re-applied after two weeks to a group consisting of 44 students. The Pearson correlation coefficient was then calculated by the Split-Half reliability method, and the reliability coefficient was (0.88) [16].

Taylor's manifest anxiety scale (TMAS)

Taylor's Manifest Anxiety Scale is a test of anxiety as a personality trait that was created by Taylor in 1953 to identify subjects that would be useful in the study of anxiety disorders. The TMAS originally consisted of 50 true or false questions a person answers by reflecting on themselves to determine their anxiety level. True-false responses are used for each item, and the replies indicating anxiety are counted, giving a score from 0 to 50 with the higher the score representing a higher level of anxiety. It is up to the discretion of the psychiatrist to decide where they fit in the "manifest anxiety" interpretation [17].

In 1993, Taylor's Manifest Anxiety Scale was standardized on Egyptian society by Fahmy and Ghaly. In 1998, El-Sayed modified the terms of the scale from colloquial to classical Arabic, and he standardized it to Sudanese society as well. The reliability coefficient was 0.85 [18].

Procedure

All ethical guidelines regarding the use of human beings in research were followed. Ethics of confidentiality, anonymity, voluntary participation, and the right to withdraw were observed in the data collection process. Before starting, the purpose of the study was explained to the participants. They were assured that the data collection would only be used for the purpose of the study. The participants were given clear instructions and informed of their right to withdraw from the study at any time. They were also informed that all questionnaires would be completed anonymously. Explanations were provided for words in the items that the participants had difficulty understanding. The participants completed two questionnaires in the psychiatry department. All participants gave their informed consent. Prior permission was granted to carry out the study by both the hospital and university authorities.

Data analysis

Statistical analysis was performed using the Statistical Package of the Social Sciences (SPSS) version 22.0. Descriptive statistics were used to summarize the sociodemographic characteristics. Pearson's correlation was used to examine the relationship between overall

social support and levels of anxiety. Mann-Whitney U was used to test for gender, marital status, and occupation differences in the levels of perceived social support, while Kruskal-Wallis H was used to test differences in levels of perceived social support due to age range and academic levels.

Results

Descriptive statistics were completed on sociodemographic characteristics. The results are shown in table 1.

Characteristics		N	%
Gender	Male	17	42.5
	Female	23	57.5
Age range	18 - 28	10	25.0
	29 - 39	12	30.0
	40 - 49	9	22.5
	50 or more	9	22.5
Marital status	Married	22	55.0
	Single, divorced, or widowed	18	45.0
Occupation	Employed	20	50.0
	Unemployed	20	50.0
Education	Under high-school	5	12.5
	High-school	20	50.0
	Bachelor's degree or more	15	37.5

Table 1: *Sociodemographic characteristics.*

Analyses focus on participants with perceived social support were 40 adults with diagnoses of anxiety disorder. Less than half of them (43%) were males, while 57% were females. The mean age of the study population was 38.2 years, and the standard deviation was 11.6 years. A quarter of participants were aged 18 to 28 and 30% were aged 29 to 39. Around 23% were aged 40 to 49 and 22% were aged 50 or more. More than half of the participants (55%) were married, while 45% were either single, divorced, or widowed. As many as half of the participants were either employed or unemployed. In education, almost 13% had under high school, 50% had high school, and 37% had a bachelor's degree or more.

Measures of central tendency were computed to summarize the data for the study variables. Measures of dispersion were computed to understand the variability of the scores for the study variables. The following are the results of this analysis in table 2.

Variable	N	Mean	Std. Deviation
Severity of Anxiety	40	30.6250	9.14187
Perceived social support	40	60.5250	18.03414
Perceived social support from family	40	21.73	6.42
Perceived social support from friends	40	21.00	7.01
Perceived social support from significant others	40	17.80	7.88

Table 2: *Descriptive statistics.*

Table 2 shows the central tendency results of study variables. The mean severity of anxiety disorder is 30.6250, while the standard deviation is 9.14187. The mean of perceived social support is 60.5250, while the standard deviation is 18.03414. The mean of perceived social support from family is 21.73, while the standard deviation is 6.42. The mean of perceived social support from friends is 21.00, while the standard deviation is 7.01. The mean of perceived social support from significant others 17.80, while the standard deviation is 7.88.

The first research hypothesis stated that there would be a statistically significant correlation between perceived social support and the severity of anxiety disorder. Results are shown in table 3.

Variables	Pearson Correlation	Sig.
Perceived social support and the severity of anxiety disorder	-.473**	.002

Table 3: *Pearson correlation of the relationship between perceived social support and severity of anxiety disorder.*

As table 3 shows, the relationship between perceived social support and the severity of anxiety disorders was assessed. A Pearson correlation test showed that the two were significantly related, r = -.473, p = 0.002. It is apparent from this result that there is a significant negative correlation between perceived social support and the severity of anxiety disorder. Participants who reported low levels of social support reported significantly high levels of anxiety.

The second research hypothesis stated that there would be statistically significant differences in the level of perceived social support among patients with anxiety related to demographic variables (gender, age, marital status, educational level, and occupation). Results are shown in table 4.

Characteristics		Mean Rank	Kruskal-Wallis H	df	Sig.	
Age range	18-28	18.70	5.664	3	.129	
	29-39	19.08				
	40-49	16.44				
	50 or more	28.44				
Education	Under high-school	14.50	2.349	2	.309	
	High-school	22.93				
	Bachelor's degree or more	19.27				
Characteristics		**Mean Rank**	**Sum of Ranks**	**Mann-Whitney U**	**Z**	**Sig.**
Gender	Male	22.79	387.50	156.500	-1.068	.290
	Female	18.80	432.50			
Marital status	Married	23.39	514.50	134.500	-1.728	.084
	Single, divorced, or widowed	16.97	305.50			
Occupation	Employed	23.03	460.50	149.500	-1.367	.174
	Unemployed	17.98	359.50			

Table 4: *Summary of age range, education, gender, marital status, and occupation differences in the levels of perceived social support among anxiety patients.*

As shown in table 4, A Kruskal-Wallis H test showed that there were no statistically significant differences in the level of perceived social support between the different age range groups, H(3) = 5.664, p = 0.129, with a mean rank of 18.70 for 18 - 28 years, 19.08 for 29 - 39 years, 16.44 for 40 - 49 years, and 28.44 for 50 years or more. Also, there were no statistically significant differences between educational qualifications groups in level of perceived social support, H(2) = 2.349, p = 0.309, with a mean rank of 14.50 for under high school, 22.93 for high school, and 19.27 for bachelor's degree or more. A Mann-Whitney U test indicated that there were no statistically significant differences between gender identities in the level of perceived social support, U = 156.500, Z = -1.068, p = 0.290, with a mean rank of 22.79 for males and 18.80 for females. Moreover, there were no statistically significant differences between marital status in the level of perceived social support, U = 134.500, Z = -1.728, p = 0.084, with a mean rank of 23.39 for married participants and 16.97 for single, divorced, or widowed participants. Also, there were no statistically significant differences between occupational status in the level of perceived social support, U = 149.500, Z = -1.367, p = 0. 174, with a mean rank of 23.03 for employed participants and 17.98 for unemployed participants.

The third research hypothesis stated that there would be statistically significant differences in the source of perceived social support (from family, friends, or significant others) among patients with anxiety related to demographic variables (gender, age, marital status, educational level, and occupation). Results are shown in table 5-7.

Perceived family support						
Characteristics		**Mean Rank**	**Kruskal-Wallis H**	**df**	**Sig.**	
Age range	18 - 28	19.05	6.168	3	.104	
	29 - 39	20.21				
	40 - 49	14.89				
	50 or more	28.11				
Education	Under high-school	13.40	4.754	2	.093	
	High school	24.25				
	Bachelor's degree or more	17.87				
		Mean Rank	**Sum of Ranks**	**Mann-Whitney U**	**Z**	**Sig.**
Gender	Male	22.79	387.50	156.500	-1.068	.290
	Female	18.80	432.50			
Marital status	Married	22.30	490.50	158.500	-1.084	.286
	Single, divorced, or widowed	18.31	329.50			
Occupation	Employed	22.65	453.00	157.000	-1.367	.253
	Unemployed	18.35	367.00			

Table 5: *Summary of age range, education, gender, marital status, and occupation differences in the levels of perceived family support among anxiety patients.*

As shown in table 5, A Kruskal-Wallis H test presented that there were no statistically significant differences in the level of perceived social support from a family between the different age range groups, H(3)= 6.168, p = 0. 104, with a mean rank of 19.05 for 18 - 28 years, 20.21 for 29 - 39 years, 14.89 for 40 - 49 years and 28.11 for 50 years or more. Also, there were no statistically significant differences between educational qualifications groups in the level of perceived social support from family, H(2) = 4.754, p = 0.093, with a mean rank of 13.40 for under high school, 24.25 for high school, and 17.87 for bachelor's degree or more. A Mann-Whitney U test indicated that there

were no statistically significant differences between gender identities in the level of perceived social support from family, U = 156.500, Z = -1.068, p = 0.290, with a mean rank of 22.79 for males and 18.80 for females. Moreover, there were no statistically significant differences between marital status in the level of perceived social support from family, U = 158.500, Z=--1.084, p = 0. 286, with a mean rank of 22.30 for married participants and 18.31 for single, divorced, or widowed participants. In addition, there were no statistically significant differences between occupational status in the level of perceived social support from family, U = 157.000, Z = -1.367, p = 0.253, with a mean rank of 22.65 for employed participants and 18.35 for unemployed participants.

Perceived friends support						
Characteristics		**Mean Rank**	**Kruskal-Wallis H**	**df**	**Sig.**	
Age range	18 - 28 29 - 39 40 - 49 50 or more	16.85 20.00 19.56 26.17	3.248	3	.355	
Education	Under high-school High-school Bachelor's degree or more	23.70 22.23 17.13	2.104	2	.349	
		Mean Rank	**Sum of Ranks**	**Mann-Whitney U**	**Z**	**Sig.**
Gender	Male Female	19.76 21.04	336.00 484.00	183.000	-.346	.745
Marital status	Married Single, divorced, or widowed	21.59 19.17	475.00 345.00	174.000	-.660	.527
Occupation	Employed Unemployed	20.27 20.73	405.50 414.50	195.500	-.123	.904

Table 6: *Summary of age range, education, gender, marital status, and occupation differences in the levels of perceived friends support among anxiety patients.*

As shown in table 6, A Kruskal-Wallis H test presented that there were no statistically significant differences in the level of perceived social support from friends between the different age range groups, H(3) = 3.248, p = 0.355, with a mean rank of 19.56 for 18 - 28 years, 20.00 for 29 - 39 years, 16.85 for 40 - 49 years and 26.17 for 50 years or more. Also, there were no statistically significant differences between educational qualification groups in the level of perceived social support from friends, H(2) = 2.104, p = 0.349, with a mean rank of 23.70 for under high school, 22.23 for high school, and 17.13 for bachelor's degree or more. A Mann-Whitney U test indicated that there were no statistically significant differences between gender identities in the level of perceived social support from friends, U = 183.000, Z = -.346, p = 0.745, with a mean rank of 19.76 for males and 21.04 for females. Moreover, there were no statistically significant differences between marital status in the level of perceived social support from friends, U = 174.000, Z = -.660, p = 0.527, with a mean rank of 21.59 for married participants and 19.17 for single, divorced, or widowed participants. In addition, there were no statistically significant differences between occupational status in the level of perceived social support from friends, U = 195.500, Z = -.123, p = 0.904, with a mean rank of 20.27 for employed participants and 20.73 for unemployed participants.

Perceived significant others support						
Characteristics		**Mean Rank**	**Kruskal-Wallis H**	**df**	**Sig.**	
Age range	18 - 28	20.25	5.010	3	.171	
	29 - 39	18.21				
	40 - 49	16.56				
	50 or more	27.78				
Education	Under high-school	14.10	1.743	2	.418	
	High-school	21.65				
	Bachelor's degree or more	21.10				
		Mean Rank	**Sum of Ranks**	**Mann-Whitney U**	**Z**	**Sig.**
Gender	Male	24.94	424.00	120.000	-2.072	.039
	Female	17.22	396.00			
Marital status	Married	23.39	514.00	135.000	-1.718	.089
	Single, divorced, or widowed	17.00	306.00			
Occupation	Employed	23.80	476.00	134.000	-1.791	.076
	Unemployed	17.20	344.00			

Table 7: *Summary of age range, education, gender, marital status, and occupation differences in the levels of perceived significant others support among anxiety patients.*

As shown in table 7, A Kruskal-Wallis H test presented that there were no statistically significant differences in the level of perceived social support from significant others between the different age range groups, H(3)= 5.010, p = 0.171, with a mean rank of 20.25 for 18-28 years, 18.21 for 29 - 39 years, 16.56 for 40 - 49 years and 27.78 for 50 years or more. Also, there were no statistically significant differences between educational qualification groups in level of perceived social support from significant others, H(2) = 1.743, p = 0.418, with a mean rank of 14.10 for under high school, 21.65 for high school, and 21.10 for bachelor's degree or more. A Mann-Whitney U test indicated that there were statistically significant differences between gender identities in the level of perceived social support from significant others, U = 120.000, Z = -2.072, p = 0.039, with a mean rank of 24.94 for males and 17.22 for females. On the other hand, there were no statistically significant differences between marital status in the level of perceived social support from significant others, U = 135.000, Z = -1.718, p = 0.089, with a mean rank of 23.39 for married participants and 17.00 for single, divorced, or widowed participants. Also, there were no statistically significant differences between occupational status in the level of perceived social support from significant others, U = 134.000, Z = 1.791, p = 0. 076, with a mean rank of 23.80 for employed participants and 17.20 for unemployed participants.

Discussion

This study examined the influence of perceived social support on patients with anxiety disorders. The results suggest that social support is significantly and negatively associated with the levels of anxiety. This finding indicates that the more support patients receive, the lower their reported levels of anxiety. This finding is due to social support serving as a buffer against psychological distress outcomes in stressful times. The current findings are consistent with prior studies that found social support as a protective factor for anxiety or other mental disorders, such as a study by Dour., *et al*. (2014) that indicated perceived social support may be central to anxiety and depressive symptom changes over time with evidence-based intervention in the primary care setting [19]. Some published studies are describing the importance of social support with other disorders, such as the study by Al-Mashaan (2011), which showed that there was a negative relationship between social support and neuroticism and depression and aggression [20]. Another study by Bravo., *et al*. (2019) found that

social support acted as a buffer against depressive symptoms at pre-and postemployment, as well as 6-month reintegration [21]. On the other hand, a study by Kugbey, Osei-Boadi, and Atefoe (2015) found that the level of anxiety was not significantly predicted by any form of social support [22]. Whereas Roohafza., *et al*. (2014) explain that perceived social support has a protective role for psychological problems by decreasing perception situations as a threat and increasing the belief that resources are available [5]. In other words, social support could decrease the use of avoidance because individuals believe that their social network includes someone willing to listen. There is some evidence to suggest that increases in support perception may arise from changes in resources or cognitions. Thus, strategies to change perception may include increasing recognition of already available resources, problem-solving around support generation, or developing more social skills that may lead to improvements in depressive and anxious symptomatology [19]. The study examined whether significant differences exist in anxiety patients' reported perceived social support levels, gender, age, marital status, educational level, and occupation. The results indicated that none of the variables were significant. Furthermore, the current study tested whether gender, age, marital status, educational level, and occupation statistically differ in the source of perceived social support among anxiety patients. None of the sources were significant except one significant difference was found between males and females in sources of social support, with male patients reporting higher levels of perceived social support from significant others than were higher than friends and family. These findings are consistent with a previous study by Al-Rashedi (2018), which indicated that there were no statistically significant differences in the level of perceived social support in light of some demographical variables [16]. A possible explanation is that perception of perceived social support equally exhibited on patients irrespective of gender, age, marital status, educational level, and occupation.

Limitations and Strengths

Nevertheless, sensitive subjects like social support in a conservative society could make patients not honest; they could make the more socially acceptable answer rather than being truthful. Another possibility is due to the limited sample size. Tests of differences may warrant much larger samples than the current sample. However, collecting information through self-reporting has limitations. As a result of these objective limitations, many patients were either consciously or unconsciously influenced by social desirability. On the other hand, some patients had exaggerated symptoms to make their situation seem worse, or they may under-report the severity or frequency of symptoms to minimize their problems. On the other hand, subjective limitations include the fact that the wording of the questions may be confusing or have different meanings to different subjects. Moreover, rating something yes or no can be too restrictive, and numerical scales can be inexact and subject to patient inclination to give an extreme or middle response to all questions [23].

The findings of this study have some important implications for future practice. This study implies that efforts should be put in place to offer social support to patients. Therefore, social support is vital in determining levels of anxiety. Collaboration between the psychological department and social workers in the clinical environment is important to enhance the mental health of patients. Patients should be taught social support-seeking skills such that they will not lose out on the needed support. In future studies, it should be considered that symptoms are measured before pharmacological intervention to obtain more accurate results. Furthermore, convenient sampling and relatively small sample size for this study serve as major shortfalls that future studies should address.

Conclusion

In conclusion, this study examined the influence of perceived social support on patients with anxiety disorders. The findings suggest that social support is significantly and negatively associated with levels of anxiety. The study also examined whether significant differences exist in anxiety patients' reported perceived social support levels, gender, age, marital status, educational level, and occupation. The results indicated that none of the variables were significant. These findings were consistent with most prior studies. Additionally, the results should be explained with caution since correlation, which does not imply causation, was used and while these results highlight perceived social support as a protective factor for anxiety, they do not suggest that social support is a treatment mechanism.

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Declaration of Authorship

The first and second authors (Samar Basalama, Dr. Maan A Bari Qasem) designed and directed the study.

Conflict of Interest

The authors declare that they have no competing interests.

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