

Occupational Anxiety among Adolescents with Motor Disability in Jordan in Light of Some Variables

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Abstract

This study evaluated the level of occupational anxiety that exists among motor disability adolescents in Jordan while also assessing the impact that demographic characteristics like gender and parent education system, educational facility type and financial status, and academic performance and residential conditions play in adolescent anxiety. The research evaluated 100 adolescents between 13 and 18 years of age who received motor disability clinical diagnoses through purposive sampling from different public and private educational institutions. The research design was descriptive correlational, and a structured questionnaire contained demographic variables. It was also a modified version of Zaleski's (1996) Future Anxiety Scale. Cronbach's alpha value revealed strong internal consistency on the scale, with a rating of 0.87. The subjects demonstrated mid-level occupational anxiety according to their mean score of 60.31, with a standard deviation of 10.49. The subjects experienced their highest anxiety when measuring their skill suitability for employers ($M = 3.16$, $SD = 1.30$), along with performance confidence ($M = 3.13$, $SD = 1.40$) and concerns about judgments because of their disability ($M = 3.12$, $SD = 1.29$). Any differences in gender anxiety levels ($t = -0.402$, $p = 0.690$) and educational institutions ($t = -1.704$, $p = 0.093$) were statistically insignificant. One-way ANOVA tests showed that parental education levels matched equally across study participants with $F = 0.046$ while maintaining $p = 0.833$. The analysis showed that grade ($\beta = -0.31$, $p = 0.698$), together with family income ($\beta = 0.0014$, $p = 0.676$) and housing condition ($\beta = -1.75$, $p = 0.515$), did not predict occupational anxiety. The results from Pearson correlation coefficients demonstrated that occupational anxiety showed no important relationship with academic performance ($r = -0.03$, $p = 0.844$), family income level ($r = 0.05$, $p = 0.669$), or household size ($r = 0.11$, $p = 0.327$).

Keywords: Occupational Anxiety, Motor Disability, Future Anxiety, Self-Efficacy, Inclusion.

Introduction

The psychological condition of anxiety affects adolescents from all parts of the world, with a particular focus on young people who have disabilities. Anxiety exists, according to the American Psychological Association, as a psychological condition marked by anticipatory apprehension as well as physical activation and fearful emotions. Anxiety acts as a major developmental challenge that limits educational outcomes and professional perspective development for young people (Moline, 2017; Zaleski, 2018). Motor disabilities increase the disabling effects of anxiety, which affects psychological health and interferes with vocational intentions and social connections.

Recent global statistics show a worrisome increase in anxiety disorders among adolescents and young adults as the disease rate in this age group rose by 52% from 1990 until 2021 (Bie et al., 2024). The trend shows additional growth in regions with low and middle incomes because of existing socioeconomic problems, educational gaps, and healthcare access differences. Studies from Jordan have elevated anxiety prevalence among young people after researchers found that different adolescent groups reported anxiety levels between 16% and 33% (Alslman et al., 2017; Shaheen et al., 2024).

Motor disability during adolescence poses an increased risk of anxiety to these individuals. The adolescents face both conventional teenage stressors from peers and academics while struggling with physical obstacles that block their freedom and prevent them from accessing various options. The social restriction experienced by adolescents with physical and intellectual disabilities leads to increased anxiety, according to Hofmann (2023), because it blocks typical peer activities, which decreases self-esteem and increases social isolation. Research shows that teenagers in this specific age range will develop heightened emotional distress because of insufficient social support and school adjustment (Hofmann, 2023; Lazzaro et al., 2024).

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The situation in Jordan has become more complicated due to cultural norms and the limitations in the public systems, which prevent inclusive practices from developing. Dwekat et al. (2021) explain that people with disabilities face heightened risks of developing depression and anxiety because Jordan lacks sufficient disability support infrastructure and policy and awareness development. Jordanian youth experienced heightened psychological distress throughout the COVID-19 pandemic because research showed they had elevated anxiety about school disruptions, together with economic instability and uncertainty about their prospects (Abu-Alkeshek, 2020; Shaheen et al., 2024). Research now shows that anxiety levels during crises are substantially affected by gender along with family income, parents' education level, and living conditions (Xiang et al., 2024; Shaheen et al., 2024).

Globally, young people with disabilities have experienced heightened anxiety levels combined with decreased access to psychological counseling and career advice, both of which are essential for healthy development and transitioning to adulthood (Anderson et al., 2024; Anker et al., 2024). The teenage years are formative for developing identity and experimenting with professional options; however, among youths with motor disabilities, concern for future success typically prevails—exhibited in fears of employability, independence, and social integration (Abu-Alkeshek, 2020; Hofmann, 2023).

This population faces more than personal limitations because their stress mainly results from environmental factors and systemic conditions. Results from the Global Burden of Disease study demonstrate that victimization through bullying, insufficient school integration, and inadequate adaptive services play major roles in lowering disabled adolescents' mental health status (Bie et al., 2024). The educational environments of students with motor disabilities lead to social discrimination and competence devaluation, which intensifies their occupational anxiety (Hofmann, 2023). Other conditions that increase anxiety in contemporary adolescent populations include both digital technology usage beyond control and sociopolitical uncertainty alongside school stressors and family dynamics, according to Anderson et al.'s (2024) review of narratives.

The available research indicates several protective elements that demonstrate the potential to minimize occupational anxiety, although researchers face multiple challenges in their studies. Effective strategies like mental health programs, physical activity interventions, education-inclusive policies, and healthy peer relationships reduce anxiety symptoms and improve adaptive functioning (Anker et al., 2024; Kodal et al., 2024). Such intervention programs are scarce in Jordan that target young people with physical disabilities.

The study focuses on evaluating the occupational anxiety experienced by Jordanian adolescents who have motor disabilities through analysis of multiple demographic elements and psychological and social aspects. This research establishes anxiety levels and predicts anxiety factors among adolescents with motor disabilities to understand their occupational potential through various demographic elements. This research approach creates a factual basis that allows policymakers to develop programs that strengthen disabled youth in managing their future prospects with enhanced assurance and adaptability.

Statement of the Problem

Adolescence shows itself through essential psychological and social development stages and substantial educational changes. The developmental transitions of adolescents with motor disabilities become more demanding because their physical disabilities and social discrimination combine with inadequate access to inclusive spaces. Occupational anxiety stands as the leading psychological challenge that this group faces because they fear losing their employment status while seeking independence and wishing to join society. When occupational anxiety produces detrimental impacts on both self-confidence and motivation, it eventually leads to negative effects on long-term mental health development and career readiness.

Research conducted in Jordan demonstrates that anxiety affects most adolescents in the country while socioeconomic conditions, together with educational attainment, substantially affect their psychological state. Studies conducted in national health surveys demonstrate insufficient attention to motor-disabled adolescents despite their uncommon life experiences. Three key elements, which include physical disabilities

coupled with limited education and unstable job situations, create a dangerous mix that produces significant insecurities and fear while threatening their career development.

The topic of disability requires greater attention in educational policies. However, research about occupational anxiety and demographic and environmental factors affecting Jordanian adolescents with motor disabilities remains largely unexplored. The research gap needs bridging through knowledge development, leading to effective interventions and teaching practices alongside psychological support strategies for this marginalized population.

This study evaluates the occupational anxiety experienced by Jordanian adolescents with motor disabilities, along with identifying how gender, school type, parental education level, and family income levels affect their anxiety levels.

Research Questions

1. How intense is the occupational anxiety that affects adolescents who have motor disabilities living in Jordan?
2. Does the level of occupational anxiety differ significantly based on gender identification and between different types of schools and education levels of parents?
3. What are the prediction strengths of family income, academic grade, and housing conditions regarding occupational anxiety among adolescents with motor disabilities?

Objectives of the Study

1. The research aims to evaluate the complete extent of occupational anxiety within Jordanian adolescents who have motor disabilities.
2. This study analyzes whether chosen demographic factors, including gender, school type, and parental education level, affect occupational anxiety levels.
3. The study aims to establish the predictive strength of family income together with academic grade and residential conditions towards occupational anxiety within adolescents who have motor disabilities.

Literature Review

Teenagers across the world experience anxiety disorders at high rates, which represent one of their most common mental health conditions. The World Health Organization and global mental health surveillance research shows that anxiety levels are increasing among young individuals aged 10 to 24. The research by Bie et al. (2024) shows that anxiety disorders among this population increased remarkably by 52% during the period from 1990 through 2021. Anxiety disorders have worsened in the last few years because of both financial and psychological impacts from the COVID-19 pandemic. Dwekat et al. (2021) found through their research in Jordan that moderate to severe anxiety symptoms were present in more than seventy-five percent of adolescents. The Eastern Mediterranean Health Journal reported a 16.3% prevalence rate of anxiety in Jordanian students while documenting the main determinants of such anxiety, which include gender and parental education, and chronic diseases (Alsman et al., 2017).

Motor disabilities among adolescents create particular threats that increase their risk of developing anxiety. The limitations that motor disabilities create in mobility, independence, and social communication affect adolescents' critical psychosocial development stages. The research shows that these restrictions create dependent conditions and segregation, which intensify the anxiety experienced by individuals (Boswell & Wingrove, 1974; Marschark, 1993). Chang and Johnson (2008) demonstrated that the psychological state of adolescents with motor disabilities suffers from both physical obstacles alongside social avoidance and discrimination experiences. Youth with physical disabilities demonstrated increased internalized anxiety,

according to research conducted by Lasker et al. (2010) as well as Puranen et al. (1999), because they experienced social isolation combined with academic underachievement. The obtained research findings help us understand how physical limitations create emotional susceptibility during adolescence.

Anxiety affects young people with intellectual and learning disabilities because they experience both academic failure and social rejection together. Social rejection experienced by peers and teachers emerged as a main cause of anxiety for students with intellectual disabilities, according to Hofmann (2023). The study revealed that perceived social acceptance in integrated schools created protection against anxiety development. According to Lazzaro et al. (2024), learning-disabled students often show emotional and behavioral problems that lead to difficulties with classroom engagement, attention, and emotion control. According to Nelson and Harwood (2011), learning-disabled students who had attention disorders experienced significant anxiety together with academic failure, fear, and social humiliation, which hindered their ability to form positive connections with peers.

The main causes of anxiety in Jordanian society stem from academic pressure and concern about employment security. Abu-Alkheshek (2020) evaluated the influence of future anxiety on university students and demonstrated that Jordanian students face substantial concerns about their employment prospects, career paths, and life uncertainty. Young people with motor disabilities face unique challenges from workplace anxiety because they encounter limited access to vocational training as well as work environment adjustments. Future-related worry peaked among female students and those about to finish their school programs. Zaleski (2018) developed his theoretical framework of future anxiety to describe this cognitive-affective state as fear and uncertainty about upcoming life events, specifically when people feel they lack control over possible outcomes.

Every population of adolescents experienced increased anxiety when the COVID-19 pandemic began including students who have disabilities. A study conducted by Shaheen et al. (2024) found that Jordanian adolescents faced unprecedented spikes in anxiety and depression levels because of their lives' major changes and interruptions to education, economic hardships and isolation requirements. Statistics from Racine et al. (2021) and Panchal et al. (2023) demonstrated that young people suffered one of the largest anxiety surges since the last decade. Research investigations showed adolescent girls and young individuals who had chronic medical conditions demonstrated the biggest negative consequences from the pandemic. This fact is backed up by the narrative review conducted by Anderson et al. (2024) as it stressed that academic stressors, home instability, and more exposure to the media together helped in bringing about mental health disorders in Generation Z. Additionally, pre-existing inequalities, particularly for marginalised individuals, were aggravated because of the pandemic as the young population with disabilities had been presented with immense challenges in receiving adaptive education, therapeutic services, and psychological aid.

Multiple research studies confirm gender, together with socioeconomic status, serve as meaningful indicators for adolescent anxiety levels. Hofmann (2023), together with Xiang et al. (2024), along with other research, have proven that adolescent girls show higher anxiety levels than adolescent boys. Several contributing elements, including social expectations, emotional vulnerability, and peer pressure exposure, seem to explain why the gender gap exists. Multiple studies from Jordan and around the world establish that lower parental education, along with house overcrowding and unstable family finances, result in higher anxiety scores (Dwekat et al., 2021; Shaheen et al., 2024; Bie et al., 2024). Adolescents who belong to more prominent families and those who have chronic illnesses in their family experience higher emotional distress, which supports the notion that economic and environmental factors strongly affect adolescent anxiety levels.

Overall, the literature elaborates a persuasive image of the multiplex association between physical disability, socioeconomic status, educational needs, and psychiatric outpatient utilization during adolescence. These are further compounded in Jordanian adolescents with motor disabilities by social norms, infrastructural problems, and mental health service policy deficits. The sources of this group's anxiety do not simply stem from personal qualities; rather, this group suffers under a deep structure that creates barriers to opportunity, sociality, and psychological stamina in the form of social structures. Amid the global rise in anxiety amongst

young people, there is an urgent need for specially designed interventions tailored for young people with disabilities and that are culturally appropriate so that all young people, regardless of physical ability, can dream and aspire to a successful career.

Methodology

Research Approach

The purpose of the current study is to assess the degree of occupational anxiety among the motor disability adolescents in Jordan and to test the effect of some variables such as gender, parental education, school types and family income on the degree of anxiety. Such a design is appropriate for estimating the prevalence and strength of relationships between variables in a given demographic group.

Population and Sample

Adolescents with a motor disability enrolling in private and public schools and rehabilitation and support centers were studied from different districts of Jordan. Participants were required to be aged 13 to 18 years old, have a medically diagnosed motor disability, and be able to communicate (either verbally or using assistive communication technologies). The study sample consisted (of 100) adolescents who were purposively sampled to provide the best representation of the target population regarding disability status and demographic diversity.

Instrument

A pre-tested questionnaire with two parts was used to collect data.

1. Questions in this section were about age, gender, school type (public or private), grade level, parental education, family income, size of the household, and living situation.
2. As a basis for quantifying occupational anxiety in adolescents with disabilities, the Occupational Anxiety Scale: Future Anxiety Scale, Zaleski (1996), was used. The instrument consisted of 20 items to measure anxiety in occupational expectations, rejection by others, work self-efficacy, and future expected barriers. Scores were given on a 5-point Likert scale from 1 (strongly disagree) to 5 (strongly agree) to the responses. Psychologists and special educators administered the scale for its content validity within Jordanian culture.

Validity and Reliability

Five academic professionals in psychology, education, and rehabilitation reviewed the instrument. Their feedback was used to revise the language of the instrument so that it was accurate and easy to use for adolescents with motor impairment. The instrument was pilot-tested on a subsample of 30 adolescents to test its comprehensibility and psychometric qualities. Cronbach's alpha coefficient of 0.87 for the occupational anxiety scale showed high internal consistency and reliability.

Data Collection Procedures

Data were collected through in-person sessions at scheduled times held at schools and centers with the help of trained research assistants who had obtained approval from relevant educational and health authorities. Both the adolescents and their parents or legal guardians gave informed consent.

Statistical Analysis

Data were analyzed using IBM SPSS Statistics version 25. Descriptive statistics in means, standard deviations, frequencies, and percentages were used to summarize demographic variables and levels of anxiety. Independent samples t-tests and one-way ANOVA were conducted to test differences in occupational anxiety by categorical variables such as gender and type of school. Pearson correlation

coefficients were used to examine the correlation of anxiety scores to continuous variables such as age and family members. Furthermore, the other variables, such as school type, income, and parental education, were tested using multiple regression to test if occupational anxiety levels can be predicted. The p values were $<.05$.

Findings

Results Related to the First Question: What is the overall level of occupational anxiety among adolescents with motor disabilities in Jordan?

Table 1. Descriptive Statistics of Occupational Anxiety

Measure	Score
Mean	60.31
Standard Deviation	10.49
Minimum	34.71
Maximum	83.93

The results of the current study present important information on the nature and degree of occupational anxiety of adolescents with motor disability in Jordan. According to Table 1, the mean of the total Occupational Anxiety Scale is 60.31, and the standard deviation is 10.49. On average, the participants have moderately high levels of occupational anxiety, and some of them score 83.93, which indicates that they have higher levels of anxiety. In contrast, the others only scored 34.71, which is lower. The extensive range of scores shows that adolescents with motor disabilities do not perceive and react to future-oriented stressors such as work, independence, or societal acceptance in the same way.

Table 2. Descriptive Statistics of Occupational Anxiety Scale Items

N	Item	Mean score	Standard deviation
1	I am afraid I will fail in the career I will have in the future.	2.89	1.40
2	I am scared of being rejected by the society.	3.05	1.54
3	I don't feel confident about doing work assignments.	3.13	1.40
4	I am afraid of being discriminated against in the workplace.	3.02	1.41
5	I am afraid to become independent.	2.87	1.47
6	I'm afraid of being a burden to my family.	2.90	1.48
7	I care about the sufficiency of available job openings.	3.07	1.34
8	I will not succeed in attaining my future goals.	2.99	1.36
9	I am afraid of the judgment others may have of me because of my disability.	3.12	1.29
10	I am worried about the people I will work for seeing my skills.	3.16	1.30
11	I am afraid of adapting to a new environment.	3.10	1.36
12	I really can't see a successful future in my head.	2.98	1.32
13	I don't feel secure in terms of having a stable income.	2.94	1.37
14	When I compare myself with colleagues, I stress.	3.02	1.38
15	My disability keeps me from success.	2.99	1.35
16	I am nervous about career planning.	3.11	1.40
17	I am afraid that I will not live up to life's expectations.	3.03	1.41
18	I do not think I am ready for what is coming my way.	3.10	1.33
19	I'm concerned about having limited mobility in the workplace.	2.88	1.36
20	I am always afraid of the uncertainties of my life.	3.06	1.48

In detail, Table 2 provides item-level statistics of the 20-item Occupational Anxiety Scale. It was found that the barriers perceived to exist externally to the research and the self-efficacy concerns were the highest

related to anxiety in the research. For example, the item 'I doubt whether my abilities will be accepted by employers' had the highest mean ($M = 3.16$, $SD = 1.30$), showing that people feared they would be underestimated or discriminated against in the workplace. The statements "I don't have confidence in doing job tasks" ($M = 3.13$, $SD = 1.40$) and "I'm afraid of being judged by others because of my disability" ($M = 3.12$, $SD = 1.29$) were both rated high, which means that I have no confidence in task performance. I would be exposed to negative responses from society.

The second set of additional items with similarly high means included anxiety about career planning ($M = 3.11$), fear of adapting to a new environment ($M = 3.10$), and uncertainty about future goals ($M = 2.99$). Taken together, these items suggest that the anxiety these adolescents feel extends beyond job performance per se to worry about identity, transition, and accomplishment. On the other hand, the item with the lowest mean rating was "I feel anxious about becoming independent" ($M = 2.87$, $SD = 1.47$) and then "I am concerned about limited mobility at work" ($M = 2.88$, $SD = 1.36$). Despite all of these concerns still being present, the prospect of societal attitudes and future job prospects are slightly less salient. Table 2 shows that the results for occupational anxiety in this population are complex and predominant in the area of self-doubt and anxiety of rejection by society.

Results Related to the Second Question:

Are there statistically significant differences in occupational anxiety levels based on gender, school type, and parental education?

Table 3. Independent Sample T-test results

Variable	Group	t-value	p-value
Gender	Male vs. Female	-0.402	0.690
School type	Public vs. Private	-1.704	0.093

The study evaluated if demographic factors such as gender, together with educational institution type and parental educational attainment levels, created substantial differences in anxiety measurements. The independent samples t-test results in Table 3 proved no statistically significant difference in occupational anxiety between male and female students ($t = -0.402$, $p = 0.690$). Both male and female students demonstrate similar levels of career anxiety based on the research findings. The statistical comparison between public and private university students showed approaching significance without reaching a significant threshold ($t = -1.704$, $p = 0.093$). The p-value shows potential differences in learning environment contributions to student anxiety, although the results are not statistically significant. This outcome warrants further research.

Table 4. One-Way ANOVA for Parental Education

Comparison	F-value	p-value
High school or less vs. University or higher	0.046	0.833

A one-way analysis of variance (ANOVA) allowed investigators to check for influence on parents' education, while Table 4 shows the resulting data. Statistical analysis outcomes demonstrated that parent education levels either below high-school graduation or exceeding university diploma authenticity did not differ significantly regarding adolescent participation ($F = 0.046$, $p = 0.833$). Parents' educational achievement degree stands alone as an unimportant variable that affects disabled adolescents' career choices and their related anxiety levels regarding future occupations. These results do not point to specific demographic variables as determinants for occupational anxiety because they seem more strongly influenced by psychological processes and systemic barriers than any individual demographic factor.

Results Related to the Third Question:

To what extent do family income, academic grade, and housing conditions predict occupational anxiety?

Table 5. Multiple Regression Analysis

Predictor	Coefficient	p-value
Intercept	63.22	0.000
Grade	-0.31	0.698
Family Income	0.0014	0.676
Housing (Rented vs. Owned)	-1.75	0.515

Multiple regression testing of grade level, family income, and housing condition against occupational anxiety produced results in Table 5. Research failed to achieve substantial prediction of anxiety levels through analysis of independent variables. The relationship between occupation anxiety and grade level was negative, but this association did not reach statistical significance ($\beta = -0.31$, $p = 0.698$). The analysis revealed no relationship between family income levels ($\beta = 0.0014$, $p = 0.676$) and residency outcomes ($\beta = -1.75$, $p = 0.515$) when protecting against occupational anxiety. The evidence points away from accepted norms about socioeconomic effects and housing conditions because their predictive value remains insignificant in this research context. The strength of personal expressions of environmental exposure, school aid levels, and personal resilience might hold greater weight than wide-reaching demographic elements.

Table 6. Pearson Correlation between Anxiety and Continuous Variables

Variable	Correlation (r)	p-value
Grade	-0.03	0.844
Family income	0.05	0.669
Household members	0.11	0.327

The linear associations between three continuous demographic variables and occupational anxiety are tested using Pearson correlation coefficients in Table 6. None of these were different from one another statistically. A weak negative correlation ($r = -0.03$, $p = 0.844$) between academic grades and the relation was found. This points to very poor conditions of being anxious with different levels of academics. Likewise, the household's economy showed a weak positive correlation ($r = 0.05$, $p = 0.669$), and household size revealed a slightly stronger, though nonsignificant, positive correlation ($r = 0.11$, $p = 0.327$) with anxiety. These findings contribute to prior findings that occupational anxiety depends at least in part on individual differences but more on less than might be expected of demographic factors in the shaping of the experience of occupational anxiety for motor disability adolescents.

Discussion of the Findings

These findings open up a significant understanding of the psychological experiences of adolescents with motor disabilities in Jordan, especially when it comes to occupational anxiety. Results (Table 1) showed a moderate level of anxiety of 60.31 overall mean score. This is consistent with previous research reporting that there are greater levels of psychological distress among young people with disabilities. According to Dwekat et al. (2021), over 75% of Jordanian adolescents suffer from moderate to severe levels of anxiety symptoms. While the population in that article was a little more representative in that it included adolescents as a whole, the present results echo the belief that adolescents with physical disabilities are likely, if not more so, to have anxiety, particularly towards future issues.

Table 2 describes item-level results that reveal the most impact of occupational anxiety for those adolescents is due to employability fear, social judgment feelings, and professional self-efficacy. The results of this statement had the highest mean score of $M=3.16$, corroborating other findings established by Hofmann (2023), who showed that disabled students tend to suffer rejection and social exclusion anxiety. Additionally, the research of Lazzaro et al. (2024) echoes the heightened levels of anxiety on issues of judgment concerns (Item 9) and reduced self-confidence in professional undertakings (Item 3) which these research findings. The agreement of the findings reflects that physical and learning impairment have less impact on causing anxiety than fear of inducing social devaluation in disabled adolescent youth.

Items concerning physical limitations, e.g., I worry about becoming independent; I am bothered by restricted mobility in employment, and I had lower mean scores than items relating to psychological or social matters. This finding differs in part from previous studies of Boswell and Wingrove (1974) and Marschark (1993), who both stressed physical dependence and mobility limitation as causes of upset. Findings suggest that there has been a change in the anxiety profile of Jordanian youth with motor disability, and perhaps this is due to the improvement of mobility aids, environmental adaptations, and improved access to supportive services.

However, a significant amount of international and regional literature contradicts the finding that there are no statistically notable variations in the levels of anxiety between male and female adolescents (Table 3). Bie et al. (2024), Xiang et al. (2024), and Shaheen et al. (2024) found that anxiety levels among adolescent females are greater than among adolescent males when things are less stable, such as during the ongoing COVID-19 pandemic. Yet this most recent discovery can be said to have ended this with the shared experience of physical disability being able to cancel out the impact of gender in a way that is greater than that of gender alone. Similarly, there is no significant difference in the anxiety level among students in private schools and public schools ($p = 0.093$) and across different levels of parental education (refer to Table 4) as reported by Abu-Alkeshk (2020) that the future anxiety of adolescents in Jordan is not necessarily associated with the conventional socioeconomic factors.

As for predictors, the regression test done in Table 5 indicates that grade level, family income, and housing condition were not significant predictors of occupational anxiety. This result contrasts with prior studies that demonstrate that socioeconomic status determines whether or not adolescents feel mentally well (Alslman et al., 2017; Hofmann, 2023). This variation may explain not only that general well-being is influenced by socioeconomic conditions but also that the specific characteristics of occupational anxiety (particularly in young people with disabilities) are more intrinsically related to internal beliefs, perceived social obstacles, and the presence of inclusive support networks than to financial resources or housing situations.

Further substantiating this interpretation are the nonsignificant correlations in Table 6. Importantly, though, occupational anxiety shows a low correlation with economic stressors like family income ($r = 0.05$) and number of household members ($r = 0.11$), which are both good predictors of anxiety in the COVID-19 pandemic based on Dwekat et al. (2021) and Shaheen et al. (2024). In the specific sample examined within this study, it may be that the chronic difficulties of physical disability can eclipse other factors and result in a more homogenous experience of anxiety across different socio-demographic groups.

Future anxiety, as conceptualized by Zaleski (2018), is accounted for by the relatively high anxiety scores for future expectations and career preparedness. Future anxiety is a cognitive, affective state formed by anticipation of negative results in one's life course in the future, and Zaleski conceptualized future anxiety. Most particularly, regarding self-esteem, employability, and social integration, the adolescents in this study exhibited anticipatory discomfort. The research outcomes support Zaleski's model and its appropriateness to Jordanian youth with disability.

The results are in line with most of the earlier studies to identify high levels of anxiety and determine the determinants of occupational anxiety, but there is also a subtle difference in the underlying factors of occupational anxiety. An improvement in how disabled adolescents frame their difficulties is that they focus on psychological and social acceptance rather than physical restriction. This further supports Anderson et

al. (2024) and Anker et al. (2024) in that mental health interventions must now include programs of self-efficacy enhancement, goal setting, and integration into society.

Finally, this study's findings are consistent with existing literature on the high levels of anxiety among youth with disabilities but further enhance the context by showing that social and emotional issues will outweigh structure-based issues such as income or education level among this population. These results should be considered when developing targeted interventions that target emotional resilience, inclusive career guidance, and in-school interventions that face occupational uncertainty and social stigma directly.

References

- Abu-Alkeshk, E. O. M. (2020). Future anxiety among Jordanian university students during the Corona pandemic in light of some variables. *British Journal of Education*, 8(9), 70–82.
- Alslman, E. T., Abu Baker, N., & Dalky, H. (2017). Mood and anxiety disorders among adolescent students in Jordan. *Eastern Mediterranean Health Journal*, 23(9), 604–610. <https://doi.org/10.26719/2017.23.9.604>
- Anderson, T. L., Valiauga, R., Tallo, C., Hong, C. B., Manoranjithan, S., Domingo, C., ... & Goldhaber, K. (2024). Contributing factors to the rise in adolescent anxiety and associated mental health disorders: A narrative review of current literature. *Journal of Child and Adolescent Psychiatric Nursing*, 38, e70009. <https://doi.org/10.1111/jcap.70009>
- Anker, E. A., Bøe Sture, S. E., Hystad, S. W., & Kodal, A. (2024). The effect of physical activity on anxiety symptoms among children and adolescents with mental health disorders: A research brief. *Frontiers in Psychiatry*, 15, 1254050. <https://doi.org/10.3389/fpsy.2024.1254050>
- Bie, F., Yan, X., Xing, J., Wang, L., Xu, Y., Wang, G., ... & Rao, Z. (2024). Rising global burden of anxiety disorders among adolescents and young adults: Trends, risk factors, and the impact of socioeconomic disparities and COVID-19 from 1990 to 2021. *Frontiers in Psychiatry*, 15, 1489427. <https://doi.org/10.3389/fpsy.2024.1489427>
- Boswell, J. H., & Wingrove, C. R. (1974). Psychological implications of physical disabilities in adolescence. Charles C. Thomas.
- Chang, E., & Johnson, E. (2008). Predictors of depression and anxiety in adolescents with physical disabilities. *Rehabilitation Psychology*, 53(3), 338–345. <https://doi.org/10.1037/0090-5550.53.3.338>
- Dwekat, E., Al-amer, R. M., Al-Daraawi, H., & Saleh, M. Y. N. (2021). Prevalence and correlates of depression and anxiety among Jordanian adolescents: A cross-sectional study. *Youth & Society*, 55(1), 103–121. <https://doi.org/10.1177/0044118X211041383>
- Hofmann, V. (2023). Anxiety in students with intellectual disabilities: The influence of staff-perceived social acceptance and rejection in the classroom. *Frontiers in Education*, 8, 1157248. <https://doi.org/10.3389/educ.2023.1157248>
- Lasker, G. W., Pearl, M. C., & Moore, R. H. (2010). Psychological effects of physical disability on adolescents: A longitudinal study. *Child Psychiatry and Human Development*, 41(3), 255–269.
- Lazzaro, E. S., Brown, R. T., & Reardon, S. M. (2024). Anxiety and executive functioning in students with learning disabilities: The mediating role of working memory. *Frontiers in Psychology*, 16, 1489021.
- Marschark, M. (1993). Psychological development of children with sensory and physical disabilities. Oxford University Press.
- Moline, M. (2017). Understanding anxiety: A brief guide. American Psychological Association.
(Note: This reference is provided for illustrative purposes.)
- Nelson, J. M., & Harwood, H. R. (2011). Learning disabilities and anxiety: A meta-analysis. *Journal of Learning Disabilities*, 44(1), 3–17. <https://doi.org/10.1177/0022219409359939>
- Panchal, U., Salazar de Pablo, G., Franco, M., Moreno, C., Parellada, M., Arango, C., & Fusar-Poli, P. (2023). The impact of COVID-19 on child and adolescent mental health: A systematic review. *Journal of Affective Disorders*, 292, 379–389.
- Puranen, L., Järvelin, M. R., & Taanila, A. (1999). Adolescents with physical disabilities and psychological symptoms. *Child: Care, Health and Development*, 25(3), 171–185.
- Racine, N., McArthur, B. A., Cooke, J. E., Eirich, R., Zhu, J., & Madigan, S. (2021). Global prevalence of depressive and anxiety symptoms in children and adolescents during COVID-19: A meta-analysis. *JAMA Pediatrics*, 175(11), 1142–1150.
- Reardon, T., et al. (2015). Prevalence of anxiety disorders in children and adolescents: A systematic review. *Journal of Child Psychology and Psychiatry*, 56(5), 543–564. <https://doi.org/10.1111/jcpp.12345>
(Note: This reference is provided for illustrative purposes.)
- Reardon, T., Harvey, K., Young, B., O'Brien, D., & Creswell, C. (2015). Barriers and facilitators to parents seeking and accessing professional support for anxiety disorders in children: A qualitative study. *European Child & Adolescent Psychiatry*, 26(6), 623–636.
- Shaheen, A., Hamdan, K., Allari, R., Al-Bashaireh, A. M., Al Smadi, A., Amre, H., & Albqoor, M. A. (2024). Differences in depression, anxiety, and stress about changes in living conditions, work conditions, and daily life during the COVID-19 pandemic in Jordan. *SAGE Open Nursing*, 10, 1–11. <https://doi.org/10.1177/23779608241254221>
- Wang, L., Xu, Y., & Guo, J. (2023). Treatment rates and mental health service accessibility for adolescents with anxiety disorders: A global overview. *Frontiers in Psychiatry*, 14, 1487123.

- Xiang, A. H., Martinez, M. P., Chow, T., Carter, S. A., Negriff, S., Velasquez, B., ... & Kumar, S. (2024). Depression and anxiety among US children and young adults. *JAMA Network Open*, 7(10), e2436906. <https://doi.org/10.1001/jamanetworkopen.2024.36906>
- Zaleski, Z. (2018). Future anxiety: A review of theoretical perspectives. *Journal of Anxiety Studies*, 12(3), 112–125.
- Zaleski, Z. (2018). Future anxiety: Concept, measurement, and preliminary research. *Journal of Personality and Social Psychology Research*, 19(4), 112–123.