ORIGINAL RESEARCH PAPER

Psychiatry

EMPLOYABILITY AND SCHIZOPHRENIA: A CROSS-SECTIONAL STUDY

KEY WORDS:

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INTRODUCTION

Schizophrenia has a lifetime prevalence of approximately 1% which is a significant global health concern and economic burden due to its early onset in adolescence or early adulthood and its long-term impact on social and occupational functioning. It is also associated with reduced life expectancy. Historically termed dementia praecox by Kraepelin and later redefined by Bleuler with key symptoms of loosening of associations, blunt affect, ambivalence, and autism, schizophrenia often leads to early educational disruption and poor employment outcomes. Compared with men, women typically experience a later onset by 3-4 years, though core clinical features remain similar across sexes.

Employment rates among individuals living with schizophrenia remain below 25% even in developed countries. Several factors contribute to this outcome. Cognitive difficulties, particularly in areas like cognitive control and memory, often interfere with job performance and adaptability in the workplace. Negative symptoms of the illness, including reduced motivation and social withdrawal, further limit opportunities for job employment. In addition, stigma and discrimination continue to shape employer attitudes, with many holding misconceptions about reliability and safety, which restricts hiring.

Schizophrenia carries a significant economic burden, with the cost estimate ranging from $2.4 to $3.2 billion annually in countries like the U.S. and U.K. Employment plays a critical role in recovery, providing structure, identity, financial independence, and psychological benefits. Despite these advantages, many patients face systemic barriers, often living in marginalised settings that further limit job opportunities.

While many individuals with schizophrenia desire employment, research on employment outcomes in this population remains limited. This study aims to examine employment profiles among individuals with schizophrenia and assess their association with clinical and demographic variables, thereby highlighting the importance of vocational integration in recovery.\

MATERIAL AND METHODS

The study was conducted on 144 clinically stable patients with schizophrenia attending the Psychiatry Outpatient Department of a tertiary care hospital, following approval from the Institutional Ethics Committee and written informed consent. Patients aged 18 years and above, of either gender, who were behaviourally stable and on regular treatment were included, while those refusing consent, with comorbid neurological disorders, behavioural instability, or a history of head injury/neurosurgery were excluded. DSM-5 criteria for schizophrenia were used to confirm diagnosis, Kuppuswamy's socioeconomic status scale (2019) to classify socioeconomic status, PANSS to assess symptom severity, GAF (Global assessment of Functioning) to evaluate overall functioning and a structured pro-forma to record employment details.

Statistical Analysis

Socio-demographic and clinical information was collected and analysed using SPSS 11.5 and Microsoft Excel 2007 with descriptive statistics, unpaired t-tests and ANOVA applied. A p-value of <0.05 was considered statistically significant.

RESULTS

The study included 144 patients with schizophrenia aged 18-67 years (mean age 38). Most participants were male (59.03%) and of Hindu religion (75.69%). Education levels varied: 32.9% were illiterate, 27.3% had primary, 25.9% secondary, and 14% graduate-level education. Among them, 55.7% were employed, with 43.4% in unskilled, 10.5% in semi-skilled, and 2.1% in skilled jobs, while 44.3% were unemployed. The majority belonged to the upper-lower class (71.3%). Schizophrenia duration was <10 years in 58%, with fewer in higher-duration groups. The mean GAF score was higher in nuclear families (6.74) vs. joint families (6.21, p<0.05) and in employed (7.01) vs. unemployed (6.11, p<0.05). Higher education correlated with better GAF scores (p<0.05). PANSS scores were significantly higher in unemployed individuals (p<0.05) but showed no significant differences by gender, family type or education. This highlights the impact of employment and education on functioning levels in schizophrenia.

DISCUSSION

Several studies have explored the employment profiles of individuals with schizophrenia, revealing consistently lower employment rates and opportunities compared to those with other psychotic disorders. Both Indian and international epidemiological studies have highlighted a steady decline in employment among individuals with schizophrenia, often compounded by methodological challenges in research. The lower employment rate in schizophrenia is closely associated with the severe social disability experienced by these individuals, whether recently diagnosed or living with the chronic form of the illness. Barriers to employment include stigma, workplace discrimination, limited access to supportive services, and concerns about job benefits, all of which make it difficult for patients to either secure work or reintegrate into the workforce after illness-related interruptions. Studies have suggested that employment provides several benefits, including improved social outcomes, reduced symptom severity, and fewer hospitalisations. Indian studies report greater socioeconomic impairment and higher levels of stigma and discrimination compared to developed countries. While patients in developed countries often secure skilled jobs, most individuals with schizophrenia in India are limited to unskilled labor positions, further highlighting the disparity.

The present study aimed to evaluate the employment profiles of patients with schizophrenia and examine their relationship with sociodemographic characteristics, symptom severity, and overall functioning. The study population included 144 patients aged 18 to 67 years, with a mean age of 38 years. Of these, 4.9% were below 20 years, 23.1% between 21–30 years, 25.2% between 31–40 years, 18.9% between 41–50 years, another 18.9% between 51–60 years and 9.1% above 60

years. The majority of the participants were male (59.03%), while females constituted 40.97%. Regarding religion, most were Hindu (75.69%), followed by Muslims (21.53%), Christians (2.08%) and Sikhs (0.69%). In terms of educational attainment, 32.64% were illiterate, 27.78% had completed primary education, 25.69% secondary education and 13.86% were graduates. Employment status revealed that 56.25% of patients were engaged in some form of gainful work, whereas 43.75% were unemployed. Among the employed, 43.4% were in unskilled jobs such as daily wage laborers and security guards, 10.5% held semi-skilled jobs and only 2.1% were in skilled or highly skilled positions. According to Kuppuswamy's socioeconomic classification, 71.53% of the patients belonged to the upper-lower class, 23.61% to the lower-middle class and 4.9% to the lower class.

The duration of illness varied among participants with 58.33% having schizophrenia for less than 10 years, 24.31% for 11–20 years, 9.03% for 21–30 years, 6.25% for 31–40 years and 2.08% for more than 40 years. Symptom severity was measured using the Positive and Negative Syndrome Scale (PANSS). Positive symptom scores ranged from 7 to 15, with a mean of 8.27. Negative symptom scores ranged from 7 to 16, with a mean of 7.80, while general symptom scores ranged from 15 to 33, with a mean of 17.97. When analyzed by gender, the mean positive PANSS score was 8.31 for males and 8.20 for females; negative PANSS scores were 7.96 for males and 7.56 for females; and general PANSS scores were 18.15 for males and 17.69 for females. There was no statistically significant difference between genders. However, when comparing employed and unemployed groups, PANSS scores were significantly higher among the unemployed across all three domains ($p<0.05$), indicating that unemployment was associated with greater symptom severity.

Educational level was also analyzed in relation to PANSS scores. Although individuals with higher education tended to have slightly lower PANSS scores, the difference was not statistically significant. PANSS scores were also compared among different employment types. Patients holding unskilled jobs had higher symptom scores than those in skilled or semi-skilled roles, but these differences were not statistically significant.

Global functioning was assessed using the Global Assessment of Functioning (GAF) scale, which ranged from 3 (inability to function in most activities) to 8 (no more than slight impairment). The mean GAF score for the study population was 7, suggesting mild symptoms with generally adequate functioning. Males had a slightly higher average GAF score (6.63) compared to females (6.59), though this difference was not statistically significant. Employment status significantly influenced GAF scores: those who were employed had a higher mean GAF score of 7.01 compared to 6.11 among the unemployed ($p<0.05$), indicating better overall functioning among working individuals. Education also influenced functioning, with GAF scores increasing progressively with educational level: illiterate patients had a mean score of 6.40, primary-educated 6.46, secondary-educated 6.81, and graduates 7.05. Although this trend suggested that higher education was linked to better functioning, the differences were not statistically significant.

GAF scores were also analysed according to job type. Patients in skilled jobs had the highest mean score (7.67), followed by semi-skilled jobs (7.47) and unskilled jobs (6.97), whereas unemployed patients had the lowest score (6.02). This relationship was statistically significant, emphasising the positive impact of meaningful employment on global functioning.

Overall, the study demonstrated that employment plays a critical role in improving functioning and quality of life among individuals with schizophrenia. While gender differences were not significant in either PANSS or GAF scores, employment status and job type were strongly associated with better outcomes. Education also showed a positive, though not statistically significant, trend toward improved functioning. These findings suggest the need for targeted vocational rehabilitation programs, supportive employment policies and stigma reduction strategies to enhance the employment prospects and overall well-being of individuals with schizophrenia. By addressing systemic barriers and providing structured support, patients can achieve better recovery, greater social participation and a meaningful role within society.

Limitations And Future Directions
This study highlights the need for customised interventions to improve employment outcomes for individuals with schizophrenia. It emphasises reducing stigma, providing job acquisition support and creating supportive workplaces with flexible schedules and supervision. Identifying key employment sectors can guide targeted rehabilitation programs. Such efforts can enhance social participation, minimise work-related stress and improve both personal and professional lives of patients with schizophrenia. This single-centre study, conducted over a limited period during the COVID-19 pandemic, may not fully represent the broader population of individuals with schizophrenia. Various patient-related and external factors influencing employment were not extensively explored. Larger, multi-centric studies with extended timelines are needed for more comprehensive and generalisable findings.

CONCLUSIONS

Employment Profile In Study Sample
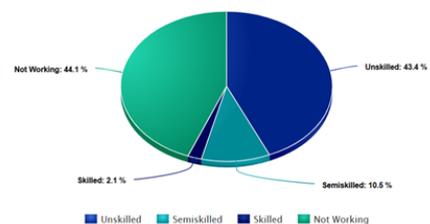
The study provides valuable insights for planning customised interventions aimed at improving employment outcomes. It highlights the importance of professional inclusion, reducing stigma and understanding how schizophrenia affects both personal and professional aspects of life. Supportive measures such as job acquisition training, flexible work schedules, teleworking options, stress management strategies and adequate supervision can help patients maintain employment and prevent symptom exacerbation. Creating supportive workplaces and addressing occupational risks are essential to improve functioning and quality of life. Rehabilitation facilities focusing on employability and skill development should be established to support vocational integration. Additionally, identifying the major employment sectors where patients are involved can guide the design of targeted intervention programs, enabling individuals with schizophrenia to excel in their chosen fields. These efforts can promote recovery, enhance social participation and reduce the societal and economic burden of schizophrenia.

| PANNS | Occupation | | | | p-value |
| | working (n=80) | | Not working (n=64) | | |
	Mean	SD	Mean	SD	
Positive	7.44	1.08	9.24	2.45	< 0.001
Negative	7.18	0.61	8.50	2.25	< 0.001
General	16.90	2.16	19.16	4.34	< 0.001

Mean PANNS score with Occupation
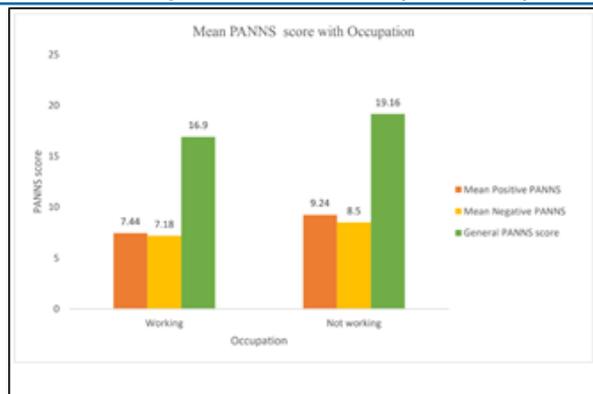
Financial Support And Sponsorship
Nil

Conflict Of Interest
There are no conflicts of interests