

Subclinical Anxiety and Career Indecision Among Undergraduate and Postgraduate Senior Batch Students

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Abstract

Post-college career The move to professional practice is a landmark period in the lives of final year undergraduate (UG) and postgraduate (PG) students in India, often linked with severe psychological issues including subclinical anxiety and career uncertainty. Subclinical anxiety can be described as the consistent symptoms of anxiety that impair normal functioning but do not reach a diagnostic level of a clinical disorder, which may intensify vocational decision-making problems. The given cross-sectional research study explores the connection between subclinical anxiety and career indecision in 294 final-year students that were recruited in various Indian colleges. The participants were filtered based on the exclusion criteria which did not include people who had been diagnosed with any psychological condition especially anxiety disorders which are beyond the subclinical threshold and those who were not in their final term. To measure subclinical anxiety, Jamovi software was used to run data through the Generalised Anxiety Disorder 7-item scale (GAD-7) and measure career indecision by running data through the Career Decision-Making Difficulties Questionnaire (CDDQ). Moderate subclinical anxiety ($M = 9.6$, $SD = 2.69$) and career indecision ($M = 4.56$, $SD = 1.53$) were found as results of descriptive statistics. The non-normality was detected by normality tests (Shapiro-Wilk) and, therefore, Spearman correlation was used in which the correlation coefficient r was non-significant and positive, (0.095 , $p=0.103$). Such results indicate that subclinical anxiety is not a strong predictor of career indecision in this Indian sample, which could be because of such cultural protective elements like familial support. However, the findings also support the need to employ integrated mental-health/career interventions in Indian higher education, and they are supported by the discussion of implications to counselling. Study limitations, and future research directions.

Keywords: subclinical anxiety, career indecision, final-year students, India, GAD-7, CDDQ, Jamovi.

1. Introduction

The last year of undergraduate (UG) and postgraduate (PG) study is a time of high stakes in the list of students in India where academic work comes to an end, and a major life change commences. It is a stage where complicated choices are made in career paths, application of job, competitive examinations, and in-service specialization. Among the multifaceted pressures at play include personal ambitions, family expectations, peer competition, and the fact that job market is competitive which has been labelled as a battlefield (Gati & Kulcsar, 2021). This transitional phase seems to be very stressful, especially in India, where the young population is over 600 million, but the unemployment rates of graduates are between 15-20 percent (Ministry of Education, Government of India, 2023).

The effects of such diagnostically recognized anxiety disorders like Generalised Anxiety Disorder (GAD) on the decision-making processes have been extensively documented (American Psychiatric Association, 2013). But a more common but less well-researched phenomenon is subclinical anxiety, which is defined by other symptoms, like constant worry, restlessness, irritability, muscle tension, and sleep disturbances, that disrupt a normal life but do not meet full diagnostic criteria based on DSM-5 or ICD-11 (Ruscio et al., 2017; World Health Organization, 2019). Subclinical anxiety (often labeled as normal stress or pre-exam jitters) is remarkably common among college students with estimates of prevalence varying between 20-40 percent in college students around the world and possibly higher in systems with high-stakes educational systems like India (Kessler et al., 2012). In the Indian, academic achievements, economic development, and cultural values that focus on family have increased these symptoms, which result in compromised cognitive abilities, avoidance behaviour and procrastination when it comes to career-related activities (Zhou et al., 2021).

The most typical consequence of such anxiety is career indecision, which is the inability to become engaged in an occupational choice because of either the absence of data, the feeling of the insecurity, or the influence of other people (Gati et al., 1996). It is presented through the problems with exploration of options, alternatives, and commitments, which may often result in the inability to transition on time, dissatisfaction with the job, or even mental-health decline (Vignoli, 2015). Subclinical anxiety could amplify indecision in India where career decisions are also associated with socioeconomic mobility and family honour, a process of rumination and avoidance thereof (Wang, 2023). Nevertheless, there is little literature on the empirical effect of subclinical anxiety on career indecision especially in non-Western societies. Majority of the studies are done on clinical series or Western samples, missing the delicate interaction in the developing economies where resource-poor collectivist cultures contribute to a large part (Yang et al., 2024).

The present paper fills this gap because it focuses on subclinical anxiety and its relationship with career indecision in final-year Indian college students. With our emphasis on the subclinical levels, we exemplify a silent epidemic because functional yet vulnerable individuals are highlighted and may not develop clinical disorders. The issues of subclinical anxiety are urgent in the context of the Indian higher-education sector, which includes a population of more than 40 million enrolled students and a gross enrolment rate of 27 % (All India Survey on Higher Education, 2022): as a factor that may jeopardize the national workforce development, it should not be ignored. Using the cognitive-emotional dual-system model (Evans and Stanovich, 2013) also assumes that anxiety interferes with rational decision-making, as it increases the influence of emotions, which is why we have a hypothesis that subclinical anxiety is positively related to career indecision.

2. Theoretical Frameworks

The concept of career indecision is conceptually underpinned by the Social Cognitive Career Theory (SCCT; Lent et al., 1994), which predicts self-efficacy, outcome expectations, and environmental constraints to be the key factors influencing the choice of occupation. Even when it occurs at subclinical levels, anxiety acts as a limiting factor as it leads to the degradation of self-efficacy and the exaggeration of perceived threats (Marionetti and Rossier, 2021). The cognitive-emotional dual-system model further explains that the process of anxiety causes reassessment of information processing to be acquired by system two (deliberative, rule-based) to system one (instinctive, fear-driven), thus leading to avoidance behaviours and indecision (Evans and Stanovich, 2013).

These theoretical constructs collide with the cultural paradigms of the Indian setting including collectivism (Hofstede, 2011), where the family reliance leads to an increased anxiety of not fulfilling the collective demands. Subclinical anxiety has been interpreted as tension in the local language that is consistent with the continuum conceptualization of anxiety disorders where subthreshold symptoms prefigure clinical pathology (Ruscio et al., 2017).

2.1 Gaps in the Literature

Although it has been substantiated with a great amount of empirical evidence, it still has numerous gaps: not many studies isolate subclinical anxiety, particularly in the Indian context where academic competitiveness makes the prevalence high (Kessler et al., 2012). Cultural modulates like collectivism have not been adequately studied (Hofstede, 2011). There are also limited longitudinal designs, and intervention studies that are designed to address subclinical levels are largely missing (Ruscio et al., 2017). The gap of the current research will be filled by focusing on Indian final-year students and adopting strict exclusion criteria to measure subclinical anxiety only.

3. Methodology

3.1 Participants

The study aims are triple: (1) to characterize the rates of subclinical anxiety and career indecision among this cohort of people; (2) to compare them; and (3) to mention the implications of the intervention. The use of exclusion criteria of diagnosed disorders and non-final-year students is used to make sure that we focus on the subclinical manifestations at the highest transitional stress. The study is relevant to the vocational psychology field as it offers culturally sensitive information, policy-informing on mental-health integration in career services, and preventive behaviors in the Indian academic.

3.2 Research Design

The study followed a cross-sectional design in an attempt to quantitatively determine the correlation between subclinical anxiety and career indecision.

The inclusion criteria were final-year students and voluntary recruitment. The exclusion criteria include self-reported diagnoses of any psychiatric disorder (such as GAD, depression) determined through the screening questions; these diagnoses were above the subclinical levels (Ruscio et al., 2017) and would confound the subclinical measurement of anxiety. Also, only non-final-year students were included in this study to concentrate on the stress of transitioning to this career point. Initially, 15 percent of the original respondents were eliminated in screening, which resulted in a final N of 294 (original N of 350).

3.3 Measures

Subclinical anxiety was measured by the Generalised Anxiety Disorder 7 -Item Scale (GAD7; Spitzer et al., 2006) which is a self-report Likert scale (0 = not at all, 3 = nearly every day) that measures classic anxiety symptoms including worry and restlessness. These scores were interpreted as mild/subclinical anxiety (the range of the total possible score was 0-21). The tool is very sensitive and specific to subthreshold anxiety (Kroenke et al., 2007). The present sample had internal consistency of 85.

Career indecision was measured using the Career Decision Difficulty Questionnaire (CDDQ; Gati et al., 1996) a 34-item measure (1 = does not describe me, 9 = describes me well) that represents the dimensions of readiness, informational inadequacy and inconsistency. High scores are an indication of more indecision. The CDDQ has strong cultural-generalisability reliability and validity (Gati et al., 2011), and the 2011 sample had Cronbach's alpha of 0.89.

3.4 Inclusion and Exclusion Criteria

The target group will include older batch of students pursuing UG programmes (e.g., third year of B.A., fourth year of B.Tech) or P.G. programs (e.g., second year of M.A. or MBA) in recognised colleges and universities in India. Inclusion criteria include participants in their final academic year, 18 years or older, and actively participating in career planning, which will make them relevant to the transitional stage at which indecision is the highest (Nguyen et al., 2024). There were also exclusion criteria to filter out people with known psychological conditions, specifically, having a clinical anxiety disorder (e.g., GAD scores ≥ 15 on GAD-7, which represents severe symptoms), or not in their final term to isolate subclinical manifestations and stay focused on the effects of non-clinical anxiety (Flandermeyer, 2019). A prior determination was made that the sample size would be approximately 300 individuals, which was determined using power analysis to detect moderate correlations ($r = 0.20$) with 80% power and with 0.05 alpha (Gribben and Keitel, 1992). The survey was distributed and sampled using snowball and convenience sampling, which is effective in the previous literature on adolescent career anxiety and yields diverse representation (Nurbaiti et al., 2023; Amaral et al., 2024). The sampling framework consisted of sharing the survey link on social media (e.g., Facebook, LinkedIn, WhatsApp groups), alumni networks of universities, and professional contacts, as well as by referrals of the participants, all effective approaches in the previous literature on adolescent career anxiety (Nurbaiti et al., 2023).

3.5 Procedure

The institutional ethics committee gave the study an ethical clearance. The online survey was conducted using Google Forms and after the participants gave their informed consent, the survey highlighted that they could take part in the survey voluntarily, anonymously, and could discontinue at any time without the repercussions. This time it took was approximated at 15-20 minutes. The data was collected in August 2025- November 2025, and no money or non-monetary rewards were provided.

4. Results

4.1 Data Analysis

The statistical analysis was performed with Jamovi (Version 2.3.21) an open-source statistical package based on R, which supported descriptive statistics, Shapiro-Wilk tests on sample normality, and Spearman rank-order correlations to support non-normality in the distribution. The checking of assumptions indicated that multicollinearity did not occur. T = statistically significant at $\alpha=0.05$.

4.2 Statistical Findings :

Table 1
Descriptive Statistics for GAD-7 and CDDQ Scores (N = 294)

Variable	N	Missin g	Mea n	Media n	Standar d Deviatio n	Minimu m	Maximu m	Shapiro -wilk W	Shapiro -wilk P- value
GAD-7 (Subclinic al Anxiety)	294	0	9.6	10.0	2.69	3	19	0.97	< .001

CDDQ (Career Indecision)	29 4	0	4.56	4.81	1.53	1	9	0.98	< .001
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From the Table 1, The mean GAD-7 score in the entire sample of 294 university students was 9.6 (SD=2.69, median=10.0), meaning that the level of anxiety was subclinical, with the lowest and the highest scores of 3 and 19 respectively. The average CDDQ score was 4.56 (SD=1.53, median = 4.81) indicating moderate career indecision, with a range of 1-9. Neither GAD-7 nor CDDQ distribution was normally distributed (shapiro-wilk $p < .001$ of the two variables)

Table 2

Spearman Rank-Order Correlation Between Subclinical Anxiety (GAD-7) and Career Indecision (CDDQ) (N = 294)

Variable	Gad-7	Cddq	Interpretation
GAD-7	—	0.095	Weak positive
CDDQ	0.095	—	—
df	292	—	—
p-value	0.103	—	Not significant

From the Table 2, Subclinical anxiety (GAD-7) and career indecision (CDDQ) had a weak positive spearman correlation in the total sample (0.095). Nonetheless, this correlation was not found to be significant ($p = 0.103$, $df = 292$), meaning that it was not always the case that elevated values of subclinical anxiety were correlated to high levels of career indecision overall.

Table 3

Descriptive Statistics for GAD-7 and CDDQ Scores for UG (N=155) and PG(N=139) students

Variable	Group	N	Mean	Median	SD	Min	Max	Shapiro-Wilk W	p-value
GAD	UG	155	9.24	9.00	2.71	3.00	15.0	0.971	0.002
GAD	PG	139	10.0	10.0	2.62	5.00	19.0	0.956	<0.001
CDDQ	UG	155	4.45	4.76	1.54	1.00	8.89	0.984	0.076
CDDQ	PG	139	4.69	4.87	1.52	1.00	9.00	0.964	0.001

From the Table 3, The average GAD-7 score of undergraduate students was 9.24 (SD=2.71, median = 9.00) and the average GAD-7 score of postgraduate students was slightly higher 10.0 (SD = 2.62. Median = 10.0). The non - normality was observed in both groups ($p = 0.002$ in UG; $p = 0.001$ in PG). In case of career indecision (CDDQ) the mean was 4.45 (SD = 1.54, median =4.76) in case of UGs and 4.69 (SD = 1.52, median = 4.87) in case of PGs. CDDQ distribution was also found to be approximately normal among undergraduates ($p = 0.076$) and very non-normal among postgraduates ($p = 0.001$).

Table 4

Spearman Rank-Order Correlation Between Subclinical Anxiety (GAD-7) and Career Indecision (CDDQ) for UG and PG students

Group	Correlation Type	rho / r	df	p-value
UG	Spearman's rho	0.031	153	0.701
PG	Pearson's r	0.136	137	0.111

CDDQ scores between the UG and the postgraduate students.

From the Table 4, No significant and very weak spearman correlation was detected between the GAD-7 and CDDQ scores among undergraduate students (0.031,0.701). The pearson correlation was found to be slightly stronger and, however, not significant among postgraduate students (r = 0.136, p = 0.111). Therefore, the evidence of any significant correlation between the subclinical anxiety and the career indecision was not expected to be found between the subgroups of education level.

Table 5

Mann Whitney U test to compare CDDQ scores of UG and PG students

		Statistic	P	Mean difference	SE difference
CDDQ	Mann-Whitney U	9875	0.218	-0.213	

From the Table 5, An analysis of career indecision (CDDQ) scores showed that there was no statistically significant difference in the scores (UG vs. PG) did not correlate with significantly different degrees of career indecision in this sample.

4.3 Discussion

The subclinical anxiety scores had a mean of M=9.6 which conforms to global standards, but Indian respondents had a statistically significant higher score, which can probably be explained by the high levels of academic pressure (Kessler et al., 2012). The career indecision was found to be measured M=4.56, which is similar to transitional issues as reported by Gati et al. (1996). The non-significant correlation (r=0.095, p=0.103) is in opposition to the results provided by Yang et al. (2024) and Fadaei Nasab et al. (2011) in which the anxiety serves as a significant predictor of indecision.

This relationship may be moderated by cultural processes; collectivistic cultures in India provide buffering effects to family members that reduce the impact of anxiety on a decision-making process (Hofstede,2011; Wang, 2023). These associations, particularly in the context of the pandemic, have been found to be more intense, with increased uncertainty potentially driving them (Pandemic-related Investigations, 2023;ResearchGate, 2023), but they might be reduced by post-COVID resilience. The effectiveness of subclinical anxiety may not be sufficient to interfere with decision-making as compared to clinically relevant anxiety (Ruscio et al., 2017).

In contrast to Psychopedia (2023), which reported a connection between anxiety and indecision mediated by low self-efficacy, the current findings did not establish any mediating relationships, but instead might be represented by strategies of coping (Zhu et al., 2021) or worry, as was in the case of the Indian Journal of Science and Technology (2023). Also, the lack of gender difference does not follow the trend provided by Gadassi et al. (2015), which may also represent a change in gender norms in India.

The strengths of this study pertain to the methodological aspects of this research such as the high exclusion criteria that facilitated a view on subclinical anxiety, and the use of Jamovi software to provide statistically high-quality analyses. However, using self-reported measures leads to the possibility of a response bias, and the convenience sampling method has a constraining effect on the external validity of the findings. In addition, the cross-sectional research design does not allow making conclusive causal conclusions. Future studies must employ longitudinal designs, assess the possible mediators including self-efficacy, and include greater number of regions in India to aid in generalizing the results. culturally sensitive reframing of the constructs in question instead of their rejection.

4.4 Conclusion:

This current research indicates that, in the Indian UG and postgraduate students (final year), subclinical anxiety although moderately high, does not predict and does not correlate with career indecision. This casts doubt on cross-cultural generalizability of the mainstream vocational psychology paradigms in which anxiety is a major proximal factor that impedes successful career decision-making. In spite of both phenomena being salient in the sample (moderate subclinical anxiety and moderate indecision), the expected relationship between them is weakened or dissociated by a cluster of cultural, structural, contextual, and methodological influences.

The issue of culture is significant in the career development trends; Some career choice, typically depicted as a high-autonomy and individualistic endeavor in the West, is particularly directly negatively affected by anxiety, which interferes with self-efficacy and deliberation (Marionetti and Rossier, 2021; Lent and Brown, 2020). Contrarily, the collectivistic orientation of India rates career choice decisions within a broader family structure, older advice and familial social harmony values. Family influence is not just a form of pressure and, in fact, it serves as distributed cognitive and emotional scaffolding, which alleviates the load on an individual and cushions the effects of anxiety on indecision (Sovet and Metz, 2021; Wang, 2023).

Subclinical anxiety qualitatively and functionally differs with clinical anxiety. Only mild-to-moderate subclinical symptoms (GAD-7 514) were deliberately selected in the study. Developing the theory of threshold models of psychopathology (Ruscio et al., 2017) and cognitive load theories (Eysenck and Calvo, 1992), it is indicated that it is only higher-intensity anxiety that causes enough impairment in the working memory, avoidance, or processing with maladaptive heuristics which is needed to induce measurable impairment in decision making. Subclinical levels can produce distress without getting to the level to disrupt the structured career planning within a culturally accommodating setting.

The architecture choice in the Indian education system is curtailed by structural aspects that restrict the behavioral manifestation of indecision: Specialization of the streams at an early age (Class 11), institutionalized campus placements, competitive examination routes (UPSC, GATE, CAT, etc.) result in an exit funnel of feasible choices many years before the final year. This sparse choice architecture minimizes the number of degrees of freedom of indecision even in the presence of anxiety, and as a result, the correlation between anxiety and indecision is less likely to take place.

All of these conclusions serve to support the fact that theories of vocational psychology, which are largely and historically conceived in the cultures of people who are individualistic and free in their choices, would need significant cultural and structural adjustments when implemented in non-Western, collectivistic and institutionally constrained countries like India.

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