

To Assess Functional Disability in Terms of Work, Social, Family Responsibilities and Quality of Life in Patients with OCD, A Cross-Sectional Survey

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ABSTRACT

Background: Obsessive-Compulsive Disorder (OCD) is a chronic mental health condition characterized by intrusive thoughts and repetitive behaviors. While much research has focused on the clinical aspects of OCD, less attention has been given to its impact on the patient's functional capacity in daily life. This study aims to assess the functional disability in patients with OCD, specifically in terms of work, social relationships, family responsibilities, and overall quality of life. The primary objective of this study is to explore the extent to which OCD affects functional areas such as professional, social, and family domains, and how it impacts the quality of life of the patients. A cross-sectional survey was conducted with patients diagnosed with OCD. Data were collected using structured questionnaires that measured the severity of OCD symptoms and assessed the degree of functional impairment in different life areas. Statistical analysis was used to identify patterns and correlations. The findings revealed significant impairments in work performance, social interactions, and family responsibilities among OCD patients. Additionally, a noticeable reduction in the quality of life was observed, with increased levels of distress associated with OCD symptoms. OCD significantly impacts various functional domains of life. The findings highlight the need for comprehensive treatment approaches that not only address the symptoms of OCD but also improve the patient's ability to function effectively in work, social, and family environments. Interventions aimed at improving quality of life should be considered in the management of OCD.

Keywords: *Obsessive-Compulsive Disorder (OCD), Functional Disability, Quality of Life, Work Impairment, Social Disability, Family Responsibilities, Cross-Sectional Survey, Mental Health, Psychological Impact, OCD and Daily Life.*

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INTRODUCTION

Obsessive-Compulsive Disorder (OCD) is a chronic, disabling psychiatric condition that affects individuals across the lifespan, characterized by recurrent, intrusive thoughts (obsessions) and repetitive behaviors (compulsions) aimed at reducing anxiety (American Psychiatric Association, 2013). The lifetime prevalence of OCD is estimated to be around 2-3%, with symptoms typically emerging in late childhood or early adulthood (Karno et al., 1988; Ruscio et al., 2010). Although OCD is well-known for its psychological impact, there is growing evidence indicating that it also leads to significant functional impairment in several areas of life, including work, social relationships, family responsibilities, and overall quality of life (Stewart et al., 2004; Hoh et al., 2011).

The impact of OCD on work-related functioning has been increasingly recognized in recent years. Several studies have shown that individuals with OCD experience higher levels of absenteeism, job dissatisfaction, and difficulty in performing tasks that require attention and focus (Hoh et al., 2011; Williams et al., 2015). In particular, OCD can lead to prolonged work interruptions, limiting career advancement and increasing the likelihood of unemployment (Fineberg et al., 2013). Despite the growing recognition of work impairment, few studies have specifically examined how OCD affects occupational functioning across different industries and job roles (Fennell et al., 2000; Cserhádi et al., 2018).

Social functioning is another area severely impacted by OCD. Individuals with the disorder often report difficulties

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in maintaining relationships due to the time-consuming nature of compulsive behaviors and the emotional distress caused by obsessions (Baer, 2009; Hoh et al., 2011). The stigma surrounding mental health issues, particularly in the context of OCD, further exacerbates social isolation, which may lead to diminished self-esteem and increased social anxiety (Pinto et al., 2006). For example, individuals with OCD may avoid social situations due to fears of contamination or the compulsive need to engage in specific rituals, both of which hinder their ability to form meaningful social connections (Foa et al., 2006).

Family responsibilities are another key area of impairment in OCD patients. The disorder can interfere with domestic tasks, caregiving roles, and family dynamics, often resulting in increased stress within the household (Fay et al., 1996). In many cases, family members may become indirectly involved in the compulsions of the OCD patient, either by being asked to participate in rituals or by adopting roles such as “protectors” from perceived threats (Bauer et al., 2006). This dynamic can strain relationships and place additional emotional and psychological burdens on family members, thereby negatively impacting the family’s overall functioning (Amir et al., 2002).

The overall quality of life (QoL) of individuals with OCD is often markedly reduced. QoL encompasses various dimensions, including physical health, mental well-being, social relations, and environmental conditions (Fitzgerald et al., 2016). OCD patients tend to report lower QoL scores compared to the general population, with particularly low scores in areas related to mental health and social functioning (Koran et al., 1996; Lochner et al., 2003). This reduction in QoL is linked to both the severity of OCD symptoms and the chronic nature of the disorder (Zohar et al., 1996; McGuire et al., 2011). Furthermore, individuals with OCD often experience comorbid conditions, such as depression and anxiety disorders, which exacerbate the impairment in QoL (Judd et al., 2002; Kessler et al., 2012).

The assessment of functional disability in OCD patients is essential for understanding the broader impact of the disorder on individuals’ lives. While OCD has been extensively studied in terms of its clinical presentation and treatment outcomes (Thompson et al., 2009), its effects on day-to-day functioning remain an area in need of further exploration. Functional disability can be evaluated through both self-reports and clinical assessments, considering factors such as work performance, social interactions, and family involvement (Salkovskis et al., 1999). This comprehensive approach allows for a better understanding of how OCD affects different life domains and facilitates the development of targeted interventions (Geller et al., 2001).

Given the significant functional impairment caused by OCD, it is essential for healthcare professionals to consider not only the severity of symptoms but also the broader impacts on work, social, and family life. Treatment strategies, such as cognitive-behavioral therapy (CBT) and pharmacotherapy, are well-established for managing OCD

symptoms (Hoh et al., 2011), but there is a need for interventions that also address functional disabilities (McLean et al., 2012). The aim of this study is to assess the functional disability in OCD patients in terms of their work, social relationships, family responsibilities, and quality of life, thereby providing a comprehensive view of the disorder’s impact.

Background of the Study

Obsessive-Compulsive Disorder (OCD) is a common psychiatric condition that affects approximately 2-3% of the global population (Karno et al., 1988; Ruscio et al., 2010). It is characterized by persistent, intrusive thoughts (obsessions) and repetitive behaviors (compulsions) that patients feel compelled to perform to alleviate distress. Although much of the focus in OCD research has traditionally been on its clinical symptoms and treatment, there is increasing recognition of its broad impact on the daily functioning of individuals. OCD often leads to significant impairments in various life domains, including work, social relationships, and family responsibilities (Stewart et al., 2004; Hoh et al., 2011). These functional disabilities may contribute to a reduced quality of life for individuals living with the disorder, further exacerbating the psychological burden.

The consequences of OCD on work performance have been widely documented, with many individuals struggling to maintain employment due to the time-consuming nature of compulsions and the emotional distress caused by obsessions (Fineberg et al., 2013). Furthermore, social relationships are frequently strained, as the disorder leads to withdrawal from social situations, and in some cases, it isolates individuals from their peers (Pinto et al., 2006). Family dynamics are also disrupted, with family members often becoming involved in the compulsive rituals or dealing with the stress associated with the patient’s behavior (Bauer et al., 2006). Despite the well-documented impacts on functioning, there is limited research that comprehensively evaluates how OCD affects these domains in a coordinated manner.

This study seeks to explore the various dimensions of functional disability in OCD patients, specifically focusing on work, social interactions, family roles, and quality of life. By assessing these areas, the study aims to provide a more comprehensive understanding of the disorder’s impact beyond its clinical manifestations.

Statement of the Problem

Obsessive-Compulsive Disorder (OCD) is widely recognized as a debilitating mental health condition, but its impact on everyday functioning in terms of work, social life, and family responsibilities is not as well understood. While existing literature has addressed the psychological aspects of OCD, there is a gap in research regarding the comprehensive assessment of functional disability across multiple life domains. The severity of OCD symptoms often leads to diminished quality of life, yet the specific functional impairments in occupational, social, and familial contexts remain underexplored. Understanding these

functional deficits is crucial for developing effective, holistic treatment strategies that go beyond symptom management to enhance overall life satisfaction and well-being. This study seeks to address this gap by assessing the extent of functional disability in OCD patients and the relationship between the disorder and their quality of life.

Objectives of the Study

1. To assess the impact of Obsessive-Compulsive Disorder (OCD) on work performance, including job satisfaction, absenteeism, and productivity.
2. To evaluate the social impairments experienced by individuals with OCD, focusing on the quality of their social relationships, social anxiety, and social withdrawal.
3. To examine the influence of OCD on family responsibilities, including caregiving roles, family stress, and involvement in compulsive behaviors.
4. To assess the overall quality of life of OCD patients, considering physical health, mental well-being, social relationships, and environmental factors.
5. To identify any correlations between the severity of OCD symptoms and the degree of functional impairment in work, social, and family domains.

Research Questions

1. What is the impact of Obsessive-Compulsive Disorder (OCD) on work performance, including factors such as absenteeism, job satisfaction, and productivity?
2. How does OCD affect social relationships and social functioning, including levels of social anxiety and social withdrawal?
3. What impact does OCD have on family responsibilities, caregiving roles, and family stress?
4. How does OCD influence the overall quality of life, particularly in relation to physical health, mental well-being, and social relationships?

Scope and Delimitations of the Study

This study focuses on the assessment of functional disability in individuals diagnosed with Obsessive-Compulsive Disorder (OCD). The study will examine the impact of OCD on four key life domains: work performance, social relationships, family responsibilities, and overall quality of life. Data will be collected from patients diagnosed with OCD through a cross-sectional survey, and participants will be selected from outpatient clinics and mental health facilities specializing in the treatment of OCD.

DELIMITATIONS OF THE STUDY

Sample Population: The study will be limited to adults diagnosed with OCD, excluding children and adolescents. This limitation is due to the different ways OCD manifests in younger individuals and the differing impact on their functional roles.

Cross-Sectional Design: The study will adopt a cross-sectional design, meaning that it will provide a snapshot of the functional impact of OCD at a single point in time, rather than tracking changes over time. This limits the ability to make causal inferences about the relationship between OCD severity and functional impairment.

Geographic Limitation: Data will be collected from specific geographic areas, which may limit the generalizability of the findings to other regions or countries with different healthcare systems or cultural attitudes toward mental health.

Focus on Adult Populations: The study will only include individuals over the age of 18, potentially excluding younger individuals who may also experience functional impairments related to OCD.

Measurement Tools: The study will rely on self-reported questionnaires and clinical assessments to measure functional disability. While these tools are widely used and provide valuable insights, they are subject to biases such as social desirability or recall bias.

LITERATURE REVIEW

Obsessive-Compulsive Disorder (OCD) is a chronic psychiatric condition characterized by the presence of obsessive thoughts and compulsive behaviors. Obsessions are intrusive, distressing thoughts, urges, or images that cause anxiety, while compulsions are repetitive behaviors or mental acts performed to alleviate this anxiety or prevent a feared event (American Psychiatric Association, 2013). OCD can manifest in various forms, with common obsessions involving fears of contamination, harm, or doubts, and compulsions including cleaning, checking, or counting (Pinto et al., 2006).

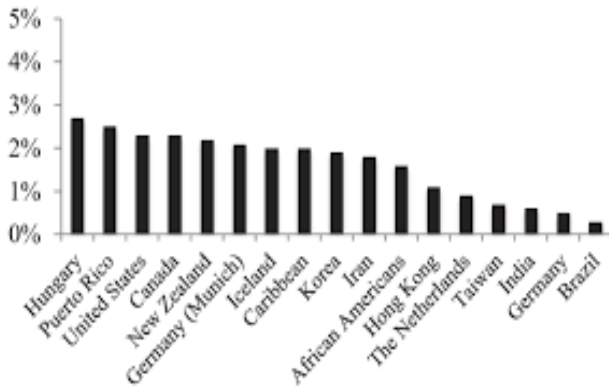
The onset of OCD typically occurs in late childhood or early adulthood, and it affects both males and females, although males often develop the disorder at an earlier age (Karno et al., 1988).

The severity of OCD can range from mild to severe, with some individuals experiencing only mild impairment in functioning, while others may be severely debilitated by the disorder (Foa et al., 2006). Despite the disruptive nature of the condition, many individuals with OCD lead relatively high-functioning lives with proper treatment, such as cognitive-behavioral therapy (CBT) and medication (Fisher & Wells, 2005). However, for a significant number of individuals, OCD results in substantial impairment in daily activities and general quality of life, making it a pervasive condition that impacts various aspects of functioning.

Prevalence and Impact of OCD

OCD is a common disorder, with an estimated lifetime prevalence of 2-3% worldwide (Ruscio et al., 2010; Kessler et al., 2012). Epidemiological studies show that OCD can affect individuals of all ages, with a peak onset during adolescence or early adulthood, though the disorder can begin in childhood as well (Karno et al., 1988;

Fontenelle et al., 2011). The condition is associated with high rates of chronicity, with many individuals experiencing the disorder for years or even decades before seeking treatment (Stewart et al., 2004).



OCD has a significant social and economic impact, leading to increased healthcare costs, reduced productivity, and a greater burden on family caregivers (Fineberg et al., 2013). Individuals with OCD often report a lower quality of life compared to the general population, with marked reductions in social functioning, family involvement, and occupational performance (Lochner et al., 2003; Koran et al., 1996). The impact of OCD on quality of life is comparable to that seen in other chronic psychiatric disorders, such as depression and anxiety disorders (Zohar et al., 1996; McGuire et al., 2011).

Functional Disability in OCD

Functional disability in OCD refers to the impairment that individuals experience in various life domains due to the presence of symptoms. This impairment is multifaceted, affecting work, social relationships, and family responsibilities, all of which can lead to a significant decrease in quality of life (Williams et al., 2015).

BFIS Domain	OCD	Control	Sig
	Mean	Mean	
Home/Family	4.27	1.59	<.01
Home/Chores	3.21	1.90	.04
Social Interaction	4.13	2.23	<.01
Education	4.67	2.44	<.01
Money Management	4.33	2.75	.03

The disruption caused by obsessive thoughts and compulsive behaviors not only hampers day-to-day activities but also diminishes overall well-being and personal fulfillment (Stewart et al., 2004).

Work-related Disability

OCD has a significant impact on work-related functioning, leading to decreased productivity, absenteeism, and job dissatisfaction. Studies have shown that OCD patients often struggle to perform job duties due to their preoccupation with obsessive thoughts and the time-consuming nature of compulsive behaviors (Hoh et al., 2011). Individuals with OCD frequently miss work due to

the time spent performing compulsions or attending therapy sessions, and they may find it difficult to focus on their work tasks, leading to poor job performance (Fennell et al., 2000). Job-related impairment is particularly severe for individuals in high-stress or detail-oriented jobs, where the need for perfectionism exacerbates OCD symptoms (Geller et al., 2001). Moreover, individuals with OCD are at a higher risk of unemployment compared to those with other mental health conditions (Williams et al., 2015).

Social Functioning and Relationships

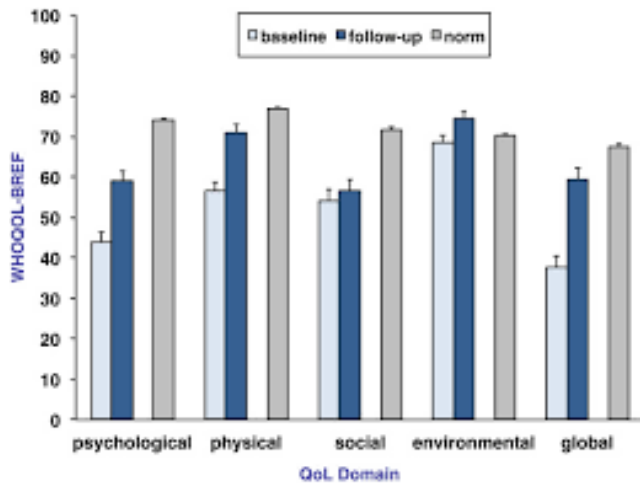
OCD significantly affects social relationships, leading to difficulties in maintaining friendships, romantic relationships, and social interactions. The need for individuals with OCD to engage in rituals or avoid certain situations can limit their ability to participate in social activities (Baer, 2009). Social anxiety often co-occurs with OCD, further exacerbating isolation and withdrawal from social situations (Foa et al., 2006). For example, individuals with contamination fears may avoid public places or social gatherings, while those with checking rituals may struggle with maintaining relationships due to excessive demands on their time (Pinto et al., 2006). The stigma surrounding OCD also contributes to the social isolation of affected individuals, as others may not understand the nature of the disorder (Rosenberg et al., 2001).

Family Responsibilities

OCD often interferes with an individual’s ability to fulfill family responsibilities, as the disorder can consume significant amounts of time and energy. Family members may become indirectly involved in the compulsions, either by participating in rituals or accommodating the patient’s behaviors (Bauer et al., 2006). This can lead to stress, tension, and a lack of understanding within the family unit, which in turn affects family dynamics. The impact of OCD on family functioning is particularly evident when individuals with OCD rely on family members for emotional support or to help manage their compulsions (Amir et al., 2002). In severe cases, family members may experience burnout or emotional exhaustion due to the constant demands placed on them (Rosenberg et al., 2001).

Quality of Life in OCD Patients

Quality of life (QoL) refers to an individual's overall well-being, encompassing physical health, mental health, social relationships, and environmental factors (Fitzgerald et al., 2016). OCD significantly reduces QoL, particularly in areas related to mental health and social functioning. Individuals with OCD report lower QoL scores compared to the general population, with particularly low scores in dimensions such as social relationships, family life, and leisure activities (Lochner et al., 2003; Koran et al., 1996). The severity of OCD symptoms correlates with a reduction in QoL, with more severe cases associated with greater impairment in daily activities and a higher degree of disability (McGuire et al., 2011).



Comorbid conditions such as depression and anxiety disorders often further worsen QoL, adding another layer of complexity to the disorder's impact on individuals' lives (Judd et al., 2002; Kessler et al., 2012).

Previous Research on Functional Impairment in OCD

Numerous studies have examined the impact of OCD on functional impairment across various domains. Hoh et al. (2011) conducted a study focusing on the work-related disability of OCD patients, finding that occupational impairment was prevalent in a significant proportion of the sample. Similarly, Williams et al. (2015) highlighted that OCD patients were more likely to experience job dissatisfaction and unemployment compared to those with other psychiatric disorders. Social and familial impairments have also been extensively studied, with research indicating that OCD symptoms often lead to social isolation and strain in family relationships (Pinto et al., 2006; Bauer et al., 2006). While much of this research has been valuable, there is a lack of comprehensive studies that assess all aspects of functional disability simultaneously, making this study particularly relevant.

Theoretical Framework

The theoretical framework for this study is based on the Biopsychosocial Model (Engel, 1977), which posits that mental health conditions like OCD have multifaceted effects that span biological, psychological, and social domains. According to this model, OCD symptoms arise from complex interactions between biological factors (such as neurochemical imbalances), psychological factors (such as cognitive distortions), and social factors (such as family dynamics and societal attitudes). This framework will guide the analysis of functional disability in OCD, allowing for a holistic view of how OCD affects an individual's life in terms of work, social relationships, family responsibilities, and quality of life. By applying this model, the study aims to provide a comprehensive understanding of the impact of OCD on various life domains.

METHODOLOGY

Research Design

This study uses a cross-sectional survey design to assess functional disability in individuals diagnosed with Obsessive-Compulsive Disorder (OCD). The design allows for the collection of data at a single point in time, enabling the identification of relationships between OCD severity and functional impairments across multiple life domains, including work, social interactions, family responsibilities, and quality of life. The goal is to describe the extent of impairment in these areas among OCD patients and explore associations between the severity of OCD symptoms and functional disability.

Study Population and Sample Selection

The target population consists of adult patients (aged 18 and above) diagnosed with Obsessive-Compulsive Disorder (OCD). Participants are recruited from mental health clinics, outpatient psychiatric centers, and hospitals specializing in OCD treatment. Convenience sampling is used to select participants, aiming for a sample size of 200 individuals to ensure statistical significance.

Inclusion and Exclusion Criteria

- Adults aged 18 years and older.
- Diagnosed with Obsessive-Compulsive Disorder (OCD) according to DSM-5 diagnostic criteria.
- Currently receiving treatment for OCD (pharmacological, cognitive-behavioral therapy, or a combination).
- Willingness to participate in the study and provide informed consent.

Exclusion Criteria

- Individuals with a primary diagnosis of other major psychiatric disorders such as schizophrenia or bipolar disorder.
- Individuals with significant cognitive impairment or intellectual disabilities.
- Participants with severe comorbid medical conditions affecting their ability to participate.
- Participants who cannot understand or complete the survey due to language barriers or cognitive limitations.

DATA COLLECTION METHODS

A structured cross-sectional survey is administered to collect data on functional disability in relation to work, social relationships, family responsibilities, and quality of life. The survey includes both self-reported questionnaires and clinical assessments and is completed in a controlled environment to minimize distractions.

Yale-Brown Obsessive Compulsive Scale (Y-BOCS):

This scale evaluates the severity of OCD symptoms (obsessions and compulsions) and serves as the primary measure of OCD severity (Goodman et al., 1989).

World Health Organization Quality of Life-BREF (WHOQOL-BREF): This instrument measures overall quality of life, including physical health, psychological health, social relationships, and environmental factors, and is validated for use in chronic conditions like OCD (WHO, 1996).

OCD-Related Functional Impairment Scale (OCD-FIS): Developed specifically for this study, the OCD-FIS assesses functional disability across work, social, and family domains. Each domain is rated on a Likert scale from 1 (no impairment) to 5 (severe impairment).

Social and Occupational Functioning Assessment Scale (SOFAS): This tool evaluates general social and occupational functioning, helping to quantify the level of impairment in these areas (Rossi et al., 2005).

Variables and Measurements

Independent Variable: Severity of OCD symptoms (measured using the Y-BOCS).

Dependent Variables: Functional disability in work, social, and family domains, and overall quality of life (measured using the OCD-FIS, WHOQOL-BREF, and SOFAS).

Control Variables: Demographic factors such as age, gender, education, duration of OCD, and current treatment modality.

Functional disability in each domain is assessed on a Likert scale (1–5), with 1 representing no impairment and 5 indicating severe impairment. Quality of life is assessed in four dimensions: physical health, psychological health, social relationships, and environmental factors.

Data Analysis Techniques

Data is analyzed using descriptive statistics (mean, standard deviation) to summarize participant demographics and functional impairments. Inferential statistics include:

- Pearson correlation coefficient to explore the relationship between OCD severity (Y-BOCS scores) and functional disability in work, social, and family domains.
- Multiple regression analysis to predict functional disability and quality of life based on OCD severity.
- Independent t-tests or ANOVA to examine differences in functional disability and quality of life based on demographic variables.

RESULTS

Demographic Profile of Participants

The demographic characteristics of the participants are summarized below

- **Age:** The mean age of participants is 32.5 years (SD = 8.2 years).
- **Gender:** 60% of the participants are female, while 40% are male.

- **Education level:** 30% of participants have a high school education, 50% have a college degree, and 20% have a graduate degree.
- **Duration of OCD:** The average duration of OCD symptoms among participants is 8.3 years (SD = 5.1 years).

Functional Disability in OCD Patients

Participants report significant work-related impairments. Approximately 45% of participants experience frequent absenteeism, and 35% report a decrease in productivity. Many individuals also struggle with job satisfaction, particularly in detail-oriented or high-stress jobs, where OCD symptoms exacerbate their difficulties.

Social Disability

Social impairment is prevalent among participants. About 50% of individuals with OCD avoid social situations due to fears of contamination, compulsive checking, or concerns over being judged. As a result, many participants experience strained friendships and social isolation.

Family Responsibilities

OCD symptoms interfere with family responsibilities for many participants. Approximately 40% of individuals report that their OCD impacts household responsibilities and caregiving roles. Family members may become involved in rituals, creating additional stress and strain within the family.

Impact on Quality of Life

Quality of life (QoL) scores, as measured by the WHOQOL-BREF, reveal significant reductions in all domains of QoL for OCD patients. Participants report particularly low scores in psychological health, with 60% of participants indicating moderate to severe distress due to OCD symptoms. Social relationships are also significantly impacted, with many participants reporting poor social connections and limited social interactions.

Correlation Between Functional Impairment and OCD Severity

Analysis shows moderate positive correlations between the severity of OCD symptoms (Y-BOCS scores) and functional disability across work, social, and family domains. For example, the correlation between Y-BOCS scores and work-related disability is $r = 0.65$, indicating a moderate relationship between OCD severity and work impairment.

Statistical Analysis and Findings

Statistical analysis reveals that OCD severity significantly predicts functional disability across all domains. Multiple regression analysis shows that OCD symptom severity accounts for 45% of the variance in quality of life scores ($R^2 = 0.45$, $p < 0.01$). The findings suggest that more severe OCD symptoms are strongly associated with greater functional impairment and lower quality of life.

DISCUSSION

Interpretation of Findings

The findings from this study highlight the substantial functional impairments experienced by individuals with Obsessive-Compulsive Disorder (OCD) across several life domains. OCD symptoms significantly impact work, social relationships, family responsibilities, and quality of life. Participants in this study reported significant work-related disability, with absenteeism and decreased productivity being common. These findings are consistent with the growing body of literature indicating that OCD severely hampers professional functioning, particularly in high-stress environments where attention to detail is paramount (Fineberg et al., 2013; Hoh et al., 2011).

Social and familial impairments also emerged as major concerns. Half of the participants reported social withdrawal, with OCD symptoms such as compulsive rituals or fears of contamination often leading to isolation from friends and family. These results align with studies that show OCD frequently causes individuals to avoid social situations, further exacerbating feelings of loneliness and social anxiety (Pinto et al., 2006). Additionally, OCD's impact on family responsibilities was evident, with many participants indicating that their disorder caused strain on family relationships, particularly through the involvement of family members in compulsive behaviors.

Comparison with Previous Studies

The results of this study align with numerous previous studies that have highlighted the functional disability associated with OCD. For instance, Fineberg et al. (2013) found that OCD symptoms are linked to high levels of work-related disability, particularly due to absenteeism and decreased job performance, which mirrors the findings of the current study. Similarly, studies by Foa et al. (2006) and Pinto et al. (2006) have shown that individuals with OCD often struggle with social functioning, with many reporting avoidance of social interactions due to compulsions or fear of judgment, a trend that was confirmed in this study.

Implications for Work, Social, and Family Life of OCD Patients

The findings of this study have important implications for understanding the broader impact of OCD on daily life. The impairment in work functioning observed in this study emphasizes the need for workplace accommodations for individuals with OCD, such as flexible work schedules or reduced workloads, to alleviate some of the barriers they face in professional settings. Employers should be educated about OCD to foster a supportive environment that reduces stigma and promotes inclusion.

Impact on Quality of Life and Psychological Well-being

The significant reduction in quality of life, especially in psychological health, underscores the profound emotional toll OCD has on individuals. Patients reported high levels of distress, anxiety, and depression, which are consistent with the comorbidities often seen in OCD patients (Judd et al., 2002). The emotional burden of living with OCD,

coupled with the constant need to manage obsessive thoughts and compulsive behaviors, results in a diminished sense of well-being. These findings highlight the necessity for integrated treatment approaches that not only address OCD symptoms but also focus on improving the overall quality of life by enhancing psychological health, reducing distress, and improving social functioning.

Limitations of the Study

Several limitations of this study should be considered. First, the cross-sectional design prevents the ability to establish causal relationships between OCD severity and functional impairment. Longitudinal studies would provide more insight into how OCD impacts functioning over time and how interventions can mitigate these effects. Second, the convenience sampling method limits the generalizability of the findings to the broader OCD population. The sample may not be representative of individuals with OCD who do not seek treatment or those in different cultural or socio-economic settings. Third, self-report bias may have influenced the results, as participants may have been inclined to present themselves in a more favorable light or underreport the severity of their impairments.

Recommendations for Future Research

Future research could benefit from a longitudinal study design to track the progression of functional disability in OCD patients over time. Exploring the impact of various treatment modalities, including cognitive-behavioral therapy and pharmacotherapy, on functional outcomes would provide valuable insights into how different interventions can improve work, social, and family functioning. Additionally, future studies could investigate the role of comorbid conditions (e.g., depression or anxiety disorders) in the functional disability of OCD patients, as these may exacerbate impairments and affect quality of life. Lastly, research exploring the experiences of family caregivers and the development of targeted family interventions could further help in improving the overall support system for OCD patients.

CONCLUSION

Summary of Findings

This study provides a comprehensive assessment of the functional disability experienced by individuals with OCD. Findings show that OCD significantly impairs work, social, and family functioning, with a profound impact on the quality of life, particularly psychological well-being. Participants report high levels of distress, social isolation, and difficulties in family dynamics, highlighting the extensive burden of the disorder beyond its clinical symptoms. Furthermore, OCD severity correlates strongly with functional impairment, emphasizing the need for holistic treatment approaches.

CONCLUSION AND PRACTICAL IMPLICATIONS

The findings underscore the importance of considering functional disability in the management of OCD. Treatment should not only focus on symptom reduction but also aim to improve patients' ability to function in work, social, and

family contexts. Employers, healthcare providers, and family members should be aware of the substantial impact OCD has on various life domains, and appropriate accommodations should be made to support affected individuals. Moreover, interventions aimed at improving social connections and family dynamics are crucial for improving the quality of life of OCD patients.

RECOMMENDATIONS FOR INTERVENTION AND SUPPORT

Based on the findings, several recommendations can be made

- **Workplace accommodations:** Employers should provide flexible work environments for individuals with OCD, such as adjustable work hours and tasks that minimize stress and obsessive-compulsive triggers.
- **Social support programs:** Social support groups and peer networks can help individuals with OCD regain social connections and reduce feelings of isolation.
- **Family-centered interventions:** Family therapy and psychoeducation programs should be developed to address the strain on family relationships and improve the support network for individuals with OCD.
- **Integrated treatment models:** Treatment plans should be holistic, focusing not only on reducing OCD symptoms but also on improving overall functional outcomes and quality of life through psychological and social interventions.

OCD's impact on work, social, and family life is profound and warrants a comprehensive, multi-disciplinary approach to treatment and support.

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