

Factors Influencing Job-seeking Efficacy of Alcohol Use Disorder Patients

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Abstract

Background/Objectives: The purpose of this study is to identify the level of job-seeking efficacy and the related influencing factors of patients with alcohol use disorder.

Methods/Statistical analysis: The subjects of this study consisted of 180 people who had been diagnosed with alcohol use disorder but were recovering at a mental health institution in G Metropolitan City, excluding those who were under the age of 19 or a dual diagnosis of intellectual disability or psychosis. Data were analyzed using the SAS 9.4 program, including t-test, ANOVA, Pearson's Correlation Coefficients, and multiple regression analysis.

Findings: The results showed that the characteristics revealing statistically significant differences in the level of job-seeking efficacy among the general characteristics were education level ($p=.003$), marital status ($p=.003$), economic status ($p=.039$), health status ($p=.01$), employment experience ($p<.001$), and employment aspiration ($p=.003$). It was found that those who were religious, kept good economic status and health, had employment experience, and wanted to be reemployed had high job-seeking efficacy, at the level of 17.8 out of a 30-point scale. Job-seeking efficacy showed a significant inverse correlation with depression ($r=-.195$, $p<.001$) but a strong correlation with social support ($r=.300$, $p<.001$) and abstinence self-efficacy ($r=.222$, $p<.001$). The influencing factors on job-seeking efficacy included employment experience ($\beta=-0.245$, $p=.001$), social support ($\beta=0.231$, $p=.001$), and education level (high school graduate vs. middle school graduate: $\beta=0.203$, $p=.017$, college graduate vs. middle school graduate: $\beta=0.202$, $p=.019$), and the explanatory power of these factors was 20.0%.

Improvements/Applications: To improve the job-seeking efficacy of alcoholics, it is necessary to consider the level of education but also needs to improve job experience and social support.

Keywords: Alcohol Use Disorder, Depression, Social support, Abstinence self-efficacy, Job-seeking efficacy

1. Introduction

According to the World Health Organization, approximately 400 million people worldwide are suffering from alcohol use disorders¹. In Korea, due to the permissiveness and high accessibility to drinking, the lifetime prevalence rate of alcohol use disorders was 11.6% according to the 2021 Mental Health Survey Report by the Ministry of Health and Welfare². Alcohol use disorder is a concept that includes alcohol abuse and alcohol dependence. Alcohol use disorder is one of the most serious health problems caused by alcohol and is a type of mental and behavioral disorder with a great significance in public health³. People with alcohol use disorders suffer from various types of physical, mental, and social problems as a result of excessive drinking, and many of them fall into the low-income unemployed class or become socially isolated^{4, 5}. For those with alcohol use disorders, employment has an important meaning such as opportunities for economic independence, independence from family, and integration into the community⁶. Finding a job means not only making a living, but also restoring a normal life and improving the quality of life⁷. For the recovery of alcoholics, it is required for them to restore the

social role as a member of the society by establishing their identity and recovering self-esteem, happiness, and psychological health, rather than merely quitting drinking⁸.

Although work is recognized as an important part of the recovery and rehabilitation process for patients with alcohol use disorders, being considered as the beginning and completion of recovery, it is very difficult for those with alcohol use disorders to find a job and maintain it⁹. For job seekers feeling worried and anxious about employment for various reasons, job-seeking efficacy is an important and essential factor for successful employment^{10,11}. Job-seeking efficacy refers to the confidence in oneself that one can successfully carry out job-seeking activities. The higher the job-seeking efficacy of a job seeker is, the more active the job-seeking activities are and the lower the perception to barriers to employment¹³. In addition, several previous studies reported that job-seeking efficacy has a positive effect on the possibility of actual employment^{10, 14}.

One of the factors that affect job-seeking efficacy is depression¹⁵. Alcohol use disorder is often accompanied by depression¹, and the degree of depression may vary depending on the duration of alcohol use disorder treatment, whether medication is being taken, etc. It is known that as the level of depression is high, job-seeking efficacy is becoming lowered¹⁶. Social support which refers to all types of positive help that an individual can receive from various interpersonal relationships was also reported to affect job-seeking efficacy¹⁷. It is also reported that abstinence self-efficacy can strengthen the motivation for treatment and affect behavioral changes of the patients, and thus is useful as a prevention and intervention strategy for alcohol use disorders^{18,19}.

The studies on job-seeking efficacy up to now are mostly targeted at young job seekers or college students^{10,20,21,22}. There is a lack of research targeting job seekers of other groups. Particularly, for the group of alcohol use disorders, although there exist studies for work experience⁸, intention for employment of the recovering alcohol users⁹, and employment issues, there has been little research on job-seeking efficacy.

In this work, we aim to find out the factors that affect the job-seeking efficacy of the patients with alcohol use disorders and the method to enhance their job-seeking efficacy, which can be used for the development of employment-related programs for patients with alcohol use disorders.

2. Methods

2.1. Study design and sample

This study is a descriptive research to identify the factors affecting the job-seeking efficacy of patients with alcohol use disorders. The subjects consisted of the patients who had been diagnosed with alcohol use disorder at a mental health institution in G Metropolitan City but were recovering, excluding those who were in the early stage of hospitalization showing withdrawal symptoms too severe to participate in the survey, under 19 years of age, and under a dual diagnosis of intellectual disability or psychosis. The sample size was calculated by the statistical test method used for research analysis using the G*power 3.1.9 program. The results showed that the minimum sample size required for regression analysis was 184 under the conditions of significance level α of 0.05, power of 95%, medium effect size of 0.15, and 12 predictors. Thus, among the coded data of 211 research subjects in 2021, the data of 180 patients were used for analysis, excluding questionnaires that were insincere or did not answer the job-seeking efficacy question.

2.2. Research tools

Depression

The Korean version of Center for Epidemiology Studies Depression Scale (CES-D) developed by Radloff (1977)²³ and translated by Jeon Gyeom-gu et al. (1992)²⁴ was used as the tool for depression measurement. Each item was given a score of 0 to 3 based on how often the symptoms were experienced in the past month, and the total score ranged from 0 to 60. The depression cutoff point was set to 16 or higher points, and a higher score indicates a higher level of depression. The reliability in this study was Cronbach's $\alpha = .91$.

Social support

The social support measurement tool was the Multidimensional Scale of Perceived Social Support (MSPSS) developed by Zimet et al(1988)²⁵ and translated by Shin Jun-seop and Lee Young-bun(1999)²⁶. It consists of 12 items and each item is on a 5-point scale. A higher score indicates a higher level of social support. The reliability in this study was Cronbach's $\alpha = .92$.

Abstinence self-efficacy

For the measurement of abstinence self-efficacy, the DTCQ-8 was used, which is an 8-item shortened scale developed by Sklar and Turner and translated by Yoon Myeong-sook et al. (2012)²⁸ based on the original Drug Taking Confidence Questionnaire (DTCQ)-50 developed by Annis and Martin (1985)²⁷. A higher score indicates a higher abstinence self-efficacy. The reliability in this study was Cronbach's $\alpha = .91$.

Job seeking efficacy

Job-seeking efficacy was measured using the JobII Survey developed by Vinokur and Price (1991) which was also used by Kim Myeong-eon, Jang Jae-yoon, Jo Seong-ho, and Noh Yeon-hee (2003)²⁹. This measurement tool consists of six items measuring self-efficacy for job-seeking activities, such as "I am confident that I can persuade a recruiter that I am a suitable person." Responses are on a 5-point Likert scale from "not at all (1 point)" to "very much (5 points)" with a higher score indicating a higher level of job-seeking efficacy. The reliability in this study was Cronbach's $\alpha = .90$.

2.3. Data analysis method

The data of this study were analyzed using the SAS 9.4 program. The general characteristics of the subjects were analyzed using frequency, percentage, mean, and standard deviation. The level of abstinence self-efficacy, depression, social support, and job-seeking efficacy were analyzed using mean and standard deviation. The differences in job-seeking efficacy with respect to general characteristics were analyzed using ANOVA and t-test. The correlations between abstinence self-efficacy, depression, social support and job-seeking efficacy were analyzed using the Pearson correlation coefficient. In order to identify the factors affecting job-seeking efficacy, a model was built by adding or removing variables stepwise, and the statistically significant variables were identified using Stepwise multiple regression. The significance level of $p < .05$ was adopted for verification of each statistic.

2.4. Ethical considerations

The data used in this study are 180 data of the hospitalized alcohol use disorder patients collected during the project 'Survey on the Current Status of Occupational Rehabilitation and Service Needs of Alcoholics' conducted by the author with the support of G Metropolitan City B District Addiction Management Integrated Support Center in 2021. The study was conducted after receiving approval (1041485-202007-HR-001-27) from the K University Bioethics Committee.

3. Results

Differences in job-seeking efficacy by general characteristics

For general characteristics, the characteristics that showed statistically significant differences in the level of job-seeking efficacy were education level ($p = .003$), marital status ($p = .003$), economic status ($p = .039$), health status ($p = .01$), employment experience ($p < .001$), and employment desire ($p = .003$). It was found that those who had religion, were in good economic status and health, had employment experience, and wanted to be reemployed had high job-seeking efficacy [Table 1].

Table 1. Differences in job-seeking efficacy according to general characteristics of the subjects (N=180)

	Categories	N(%)	M±SD	F/t	p
Gender	Male	158(87.8)	17.687.8)	1.05	0.302
	Female	22(12.2)	19.12.2))		
Age(yr)	≤40	17(9.4)	17.6.4))	0.62	0.541
	50~59	55(30.6)	18.50.6))		
	60~69	108(60.0)	17.560.0)		
Religion	Yes	101(56.1)	18.556.1)	1.95	0.053
	No	79(43.9)	16.93.9))		
Education	Middle school or below ^a	45(25.0)	15.35.0)c	5.88	0.003 (a<b,c)
	High school ^b	79(43.9)	18.53.9)o		
	Collegec or higher ^c	56(31.1)	18.81.1)r		
Marital status	Single ^a	69(38.3)	17.78.3)s	5.77	0.003 (b>c)
	Married ^b	38(21.1)	20.41.1)s		
	Divorce, separation, etc. ^c	73(40.6)	16.50.6)		
Economic status	Wealthy ^a	7(3.9)	21.99)yc	3.30	0.039 (a>c)
	Middle class ^b	66(36.7)	18.66.7)l		
	Poor ^c	107(59.4)	17.059.4)		
Health status	Good ^a	60(33.3)	19.63.3)t	4.71	0.01 (a>c)
	Average ^b	58(32.2)	17.12.2)t		
	Poor ^c	62(34.4)	16.64.4)t		
Employment experience	Yes	154(85.6)	18.685.6)	5.84	<.001
	No	26(14.4)	13.04.4))		
Hope for employment	Yes	141(78.3)	18.578.3)	3.07	0.003
	No	39(21.7)	15.31.7))		

Depression, social support, abstinence self-efficacy, and job-seeking efficacy

The subjects' depression was 18 out of 60, their average social support was 38.7 out of 60, their abstinence self-efficacy was 55.04 out of 100, and their job-seeking efficacy was 17.8 out of 30 [Table 2].

Table 2. Depression, social support, abstinence self-efficacy, and job-seeking efficacy (N=180)

Variables	Range	Min-Max	M±SD	Mean of each item
Depression	0-60	0-57	18.0±12.32	0.90±0.62
Social support	12-60	12-60	38.7±10.69	3.22±0.89
Abstinence self-efficacy	0-800	0-800	440.3±84.72	55.04±23.09
Job-seeking efficacy	6-30	6-30	17.8±5.85	2.97±0.98

Correlation between depression, social support, abstinence self-efficacy, and job-seeking efficacy

The level of job-seeking efficacy of the subjects appeared to be significantly inversely correlated with depression ($r=-.195, p<.001$), while being significantly correlated with social support ($r=.300, p<.001$) and abstinence self-

efficacy ($r=.222, p<.001$). In other words, the lower the depression but the higher the social support and abstinence self-efficacy, the higher the job-seeking efficacy [Table 3].

Table 3. Correlations between Job seeking efficacy and variables (N=180)

Variables	1	2	3	4
	$r(p)$	$r(p)$	$r(p)$	$r(p)$
1. Depression	1			
2. Social support	-.251(.001)	1		
3. Abstinence self-efficacy	-.298(<.001)	.274(<.001)	1	
4. Job seeking efficacy	-.195(.009)	.300(<.001)	.222(.003)	1

Factors affecting job-seeking efficacy

In order to find out the factors affecting the subjects' job-seeking efficacy, a stepwise regression analysis was carried out using the variables that were significantly correlated with job-seeking efficacy (depression, social support, and abstinence self-efficacy) and the general characteristics which showed a significant difference in job-seeking efficacy as the independent variables. The minimum tolerance value of the independent variables was 0.62, which was greater than 0.1, and the maximum VIF value was 1.61, which was significantly smaller than 10, implying that the final model had no multicollinearity problems. From the influence analysis using Cook's Distance statistic, no individual was found to have a value greater than 1.0. Also, the results of residual analysis confirmed the linearity and homoscedasticity of the model through the scatter plot as well as the normality of the error term through the P-P plot. The results showed that the factors affecting job-seeking efficacy in the order of higher point were employment experience ($\beta=-0.245, p=.001$), social support ($\beta=0.231, p=.001$), education level (high school graduate vs. middle school graduate: $\beta=0.203, p=.017$ and vocational school graduate vs. middle school graduate: $\beta=0.202, p=.019$), and the explanatory power was 20.0% ($F=9.93, p<.001$) [Table 4].

Table 4. Factors affecting job-seeking efficacy (N=180)

Variables	B	S.E	β	t	p
Constant	17.63	2.52		7.01	<.001
Education (High school vs Middle school)	2.39	0.99	0.203	2.42	.017
Education (Collegc vs Middle school)	1.27	0.54	0.202	2.38	.019
Employment experience	-4.06	1.17	-0.245	-3.47	.001
Hope for employment	-1.58	1.00	-0.112	-1.58	.115
Social support	0.13	0.04	0.231	3.38	.001
$F=9.93(p<.001)$		$R^2=.222$		$\text{Adj } R^2=.200$	

4. Discussion

This study was conducted to determine the level of job-seeking efficacy in hospitalized alcohol use disorder patients and to determine the influence of depression, social support, and abstinence self-efficacy on the level of job-seeking efficacy.

Among the subjects, the ratios of the male and female patients were 87.8% and 12.2%, respectively, showing that the proportion of male patients was about 7 times higher than that of women. On the other hand, the lifetime prevalence rates of alcohol use disorder of men and women in Korea were reported to be 17.6% and 5.4%, respectively, about 3.3 times higher in the men than in the women². These differences in the ratios of hospitalized patients and prevalence rates of alcohol use disorder between men and women appear to be because female patients

with alcohol use disorder avoid hospitalization due to social stigma, family opposition, negative perceptions of treatment, economic difficulties, and psychological difficulties unique to women.

For the job-seeking efficacy with respect to the general characteristics, it was found that job-seeking efficacy was higher in those having a religion, which is consistent with the results from a study conducted for the unemployed men in the Daegu and Gyeongbuk areas¹⁶. Also, it was shown that the graduates from high school or higher education systems had a higher job-seeking efficacy than those from middle school or lower education systems. This result is consistent with the result from a study for the job seekers in the age of 40 to 64 in Busan Metropolitan City¹⁵ which showed that the higher the education level, the higher the job-seeking efficacy [?]. There was also a significant difference in job-seeking efficacy depending on marital status, showing that job-seeking efficacy is higher in those being married than those being divorced or separated. In a previous study, it was reported that a weakening of mental health due to divorce leads to the weakening of self-management activities and job-seeking efficacy, which is consistent with the results of this study¹⁰.

In addition, there existed a significant difference in job-seeking efficacy depending on health status. The subjects in good health had a higher job-seeking efficacy than those in poor health. A similar result was reported in a study for the participants in self-reliance projects in which the job-seeking efficacy was found to be higher among those in good health¹⁵. For the job-seeking efficacy with respect to economic status, the job-seeking efficacy showed a significant difference depending on economic status with the points of 17.0 for low economic status group, 18.6 for medium economic status group, and 21.9 for high economic status group. The difference in job-seeking efficacy depending on average monthly household income was also reported from a study for the unemployed men in the Daegu and Gyeongbuk areas¹⁶, which is consistent with the results of this study. These results suggest that an intensive management and intervention is necessary especially for the groups with low income and vulnerable health because their job-seeking efficacy may be low and they may experience difficulties in the job-seeking processes due to their unstable economic situation or poor health.

The job-seeking efficacy between those who wish to be employed and those who are indifferent to employment showed a significant difference. Low hope for employment affects negatively on job-seeking efficacy by lowering motivation for job-seeking activities and reducing self-confidence. Currently, there exist several domestic online sites for job seekers such as Employment 24, Incruit, and Job Korea. Also, job counseling and support services are provided at the job rehabilitation centers, local welfare centers, job support centers, and alcohol addiction treatment facilities. Therefore, it is necessary to encourage and support people with alcohol use disorders to receive help from these various institutions and find a hope for getting a job.

The level of job-seeking efficacy among the patients with alcohol use disorders was found to be 17.8 out of a 30 point scale. On the other hand, a survey of 2,517 unemployed people who participated in the achievement programs conducted by the human resources banks and employment stabilization centers across the country using the same tool reported a job-seeking efficacy point of 22.7²⁹. These results show that the job-seeking efficacy of those with alcohol use disorders is significantly lower than that of the people who were simply unemployed.

The depression level of the subjects was 18 out of 60, corresponding to a mild depression. According to previous studies, as the level of problem drinking increases or alcohol use disorder progresses, the mental health status becomes more vulnerable and the level of negative mental health also increases^{30,31}. Thus, for the patients with alcohol use disorder, it is necessary to diagnose depression symptoms and determine the degree of depression as well as physical health.

The average social support score of the subjects was 38.7 points. This score is similar to that from a study for 209 alcoholics hospitalized in psychiatric hospitals in a metropolitan city of 39.4 points³², but significantly lower than those from the patients with hypertension of 44.4 points, the patients with pancreatic cancer of 44.1 points³³, of the middle-aged women between 40 and 64 of 47.3 points³⁴, implying that the patients with alcohol use disorders receive much less social support. Since social support strengthens the recovery motivation of alcohol users, plays an important role in treatment compliance and prognosis, and has a preventive effect on relapse³⁵, it is necessary to develop channels for the alcohol users to receive support from various community organizations such as the local integrated addiction management support centers, mental health welfare centers, and AA groups.

The results for depression, social support, abstinence self-efficacy revealed that job-seeking efficacy has a significant inverse correlation with depression, whereas it shows a significant correlation with social support and abstinence self-efficacy. The result for depression is consistent with that from a study of the participants in self-reliance programs, which also showed that the higher the depression, the lower the job-seeking efficacy¹⁵. For social support, when emotional support is received through close relationships with family, friends, colleagues in the long term, in other words, when social support is high, the motivation for change in the patients with alcohol use disorder is also high, which is helpful for rehabilitation³⁶. Due to the lack of research for the relationship

between abstinence self-efficacy and job-seeking efficacy, it is not possible to compare the result from this study with others. However, the findings in this study support the result from a study that reported a correlation between job seekers' self-efficacy and job-seeking efficacy¹⁶. Therefore, it is considered that providing intervention programs and education to lower depression but to increase social support and abstinence self-efficacy can help enhancing the job-seeking efficacy of patients with alcohol use disorders.

From the regression analysis to explore the factors affecting job-seeking efficacy, employment experience, social support, and education level were found to be the variables that had a statistically significant effect on job-seeking efficacy. Previous studies also showed that job and work experience enhanced the job-seeking efficacy of adolescents and college students^{21,22}. In the case of alcoholics, since the work through job experience can be viewed as the beginning of recovery, it is necessary to help recovering alcoholics to enhance their job-seeking efficacy through various work experiences.

Social support was found to have a significant effect on job-seeking efficacy. Similarly, in a study for job seekers in Busan area¹⁷, it was found that social support to the job seekers had a significant effect on their job-seeking efficacy³⁶, suggesting that job seekers can be more confident in their job-seeking activities when they have support from their family or friends. Therefore, it is also necessary to enhance the job-seeking efficacy of the patients with alcohol use disorders by providing emotional support through close relationships with family, friends, and colleagues, and help through job-related mentoring or consulting.

The level of education was found to affect job-seeking efficacy. These result is consistent with that from a study of participants in self-reliance projects in Jeonbuk area¹⁵, which showed that the higher the level of education, the higher the job-seeking efficacy. Therefore, when providing a program to improve job-seeking efficacy for the patients with alcohol use disorders, it seems necessary to differentiate targets by academic background and provide customized information and education.

Although depression showed an inverse correlation with job-seeking efficacy, depression was found to have no direct effect on job-seeking efficacy. However, in a previous study targeting participants in self-reliance programs, depression was found to have an effect on job-seeking efficacy¹⁵, which was different from this study. Abstinence efficacy was also correlated with job-seeking efficacy, but it did not appear to have a direct effect. Job seekers' self-efficacy was shown to affect job-seeking efficacy¹⁷, so it seems necessary to conduct repeated studies to determine whether self-efficacy for depression and abstinence can affect job-seeking efficacy in the future.

5. Conclusion

In this study, the factors related to job-seeking efficacy of the patients with alcohol use disorders who suffers from difficulty in finding jobs due to repeated drinking and hospitalization, which results in the situation of being fired or unemployed. The meaningfulness of this study may lie in the fact that not many studies are available on the job search of the patients with alcohol use disorders. However, it should be noted that a generalization of the findings in this study to all alcohol users with alcohol use disorders is difficult because the subjects were the patients hospitalized in mental health institutions including alcohol specialty hospitals.

The research results confirmed that employment experience, social support, and education level affect the job-seeking efficacy of the patients with alcohol use disorder. Therefore, in order to enhance job-seeking efficacy of the patients with alcohol use disorder, it is necessary to link the patients to various organizations in the community, while considering their education level, so that they can receive diverse job experiences, and also to establish an intervention system to support the patients through family, acquaintances, and community resources. In addition, further studies on the employment status and related variables of those with alcohol use disorders in other regions are needed.

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