

CHAPTER II: LITERATURE REVIEW

2.1 Introduction

This chapter explores the important concepts and previous works of literature related to this study. This literature review serves as the foundation and guide for this study.

2.2 Concept of Work Readiness

Work, in its most basic definition, is a purposeful action that generates anything of economic or social value, such as commodities, services, or some other output (SAMHSA, 2014). The terms 'work readiness' and 'job market readiness' are sometimes used interchangeably. However, the term job market readiness focuses on specific skills and knowledge needed to secure and maintain employment in a particular job market. Whereas work readiness is the general skills and attitudes necessary to be successful in any work environment. Work readiness is a relatively recent selection criterion used in graduate recruiting by businesses (Caballero & Walker, 2010). Work readiness is defined by researchers as the degree to which college and university graduates are judged to possess the characteristics and attitudes required for success in the workplace (Caballero & Walker, 2010; Walker et al., 2013). Nonetheless, in Islam working is seen as a kind of worship and service to Allah, not just a way to make ends meet. The concept of work readiness is seen in Islam. It encourages us to continuously learn and develop our skills, striving for mastery in our professions. (Quran 39:9).

The concept of work readiness is defined as the degree to which persons are thought to have the knowledge and abilities to work independently (Tentama et al., 2019). Work readiness can be demarcated as an individual's willingness to adapt to cultural and workplace needs. According to Kwok et al. (2014), work readiness is the degree to which individuals have attitudes, abilities, and information that can equip them for success on the job. Meanwhile, work readiness, according to Bandaranaike and Willison (2015), is a bridge that integrates work-oriented learning with the abilities required by the workplace. Generally, work readiness is a multi-faceted concept encompassing the knowledge, skills, attitudes, and behaviours that enable individuals to perform effectively in the workplace. It can be concluded that key features of work readiness are the ability to work autonomously, adaptability, the presence of necessary skills, a good attitude, and informational awareness of the work environment.

Re-entering the workforce can be a daunting yet crucial step towards long-term stability and success for those recovering from addictions. Krumboltz's (2009) Happenstance Learning Theory (HLT), originally named the Planned Happenstance Learning Theory by Mitchell, Levin, and Krumboltz in 1999, contends that the goal of career counselling is more than just assisting clients in making a single career choice and completing the counselling process. Instead, it aims to motivate clients to undertake exploratory actions, fostering the occurrence of unexpected, advantageous events that can open up a wide range of career and life opportunities. Recovery often has unexpected twists and turns. Planned happenstance encourages people to see these events as opportunities for growth and exploration, rather than setbacks. This theory encourages clients to be open to opportunities and develop problem-solving skills to

navigate unexpected situations in the workplace. It is important to include adaptive measures and resilience in recovery management.

Individuals in recovery face tremendous challenges when making the transition from addiction treatment to steady work. While overcoming addiction is a huge accomplishment, reintegrating back into the workforce necessitates managing complex emotional and external issues. Work plays a significant role in many individuals' lives, providing a sense of purpose, routine, and social interaction. However, substance use can negatively impact work performance, leading to job instability and financial difficulties. This can further exacerbate addiction and contribute to social isolation (Cebulla et al., 2004).

The National Institute on Drug Abuse [NIDA] (n.d.) states that internal and external factors affect work readiness among individuals in recovery from substance abuse. Internal factors are motivation and efficacy, length of sobriety, social support, education, and job skills. SAMHSA (n.d.) states that a strong motivation to work and a belief in one's ability to succeed are essential for navigating the job search process and overcoming employment barriers. Individuals lacking motivation or self-efficacy may require additional support to cultivate a positive work ethic and develop self-confidence.

2.3 Past Studies about Work Readiness among Drug Addicts

A qualitative study in Sweden explored the experience of 32 employed individuals undergoing maintenance therapy for opiate addiction (Augutis et al., 2016).

The objectives of the study were to understand the perceived meaning of work and how

the work environment has influenced their life situation. The participants of the study found work as an indispensable tool in their recovery and transition to a drug-free life. Work provided structure, a sense of purpose, and aided in avoiding relapse. Moreover, the participants feel that work provided them space for personal development and gave them a new identity. They felt work enhanced their self-esteem and self-confidence. Besides that, the study's findings presented that work provided economic, financial, and social stability. The participants also faced challenges, including the stigma associated with addiction and maintenance treatment. Some felt the need to conceal their past or ongoing treatment from their colleagues. The study emphasizes the importance of providing more structured vocational support during maintenance treatment programs to assist individuals in finding and maintaining jobs. Overall, the study underlines the favourable influence of work on the recovery and reintegration of people undergoing opiate maintenance treatment. It implies that incorporating vocational support into treatment programs may be useful to this demographic.

A qualitative study in the United Kingdom underlines the significance of work in the rehabilitation process for those with substance use disorders (Cebulla et al., 2004). This study's findings suggest that work experiences before addiction were mainly pleasant, offering a sense of accomplishment and routine. Employment became precarious throughout addiction, with repeated job losses, poor performance, and loneliness. Following rehabilitation, participants expressed a strong desire to return to work to regain normalcy, purpose, and self-worth. Despite obstacles like as stigma and a lack of skills, work was seen as essential for recovery, offering structure, security, and a sense of belonging. The study also suggests future research that could explore the effectiveness of different interventions in supporting individuals' return to work after

recovery. Additionally, further investigation could be conducted into the specific work-related factors that contribute to or hinder recovery.

Poor work readiness is a significant barrier to successful reintegration for drug addicts, leading to unemployment, underemployment, and associated negative consequences (Galambos et al., 2007). A study in the United States by Crutchfield and Güss (2018) states that finding an occupation with a purpose that is close to the heart is associated with increased happiness. At first glance, this appears to be extremely useful for the recovering population. In this study, a survey was conducted on 195 people in recovery, and the results revealed that those who have obtained an advanced certification, license, or degree since abstinence report nearly twice as much clean time as those who have not (Crutchfield & Güss 2018). The study also states that non-addict identity such as advancing in education and employment will ensure an increase in drug-free periods in rehabilitation.

The Handbook in Health, Work, and Disability series states that employment can have an impact on substance use behaviour, both favourably and negatively (Bültmann & Siegrist, 2020). While employment offers numerous benefits for individuals in recovery, including structure, social support, and financial stability, it can also pose challenges due to factors like stress, unpredictable schedules, lack of support, exposure to substances, and discrimination. Recognizing both the positive and negative impacts of employment is crucial for developing effective interventions and support systems that promote successful reintegration into the workforce for individuals struggling with substance use disorders.

A review of the literature by Walton and Hall (2016) analyses the impact of employment interventions on the effectiveness of addiction treatment. It reveals a positive association between employment-focused programs and various aspects of recovery, including reduced substance use, improved mental health, and increased self-esteem. While intervention types and target populations varied, the findings suggest employment can be a valuable tool for promoting successful addiction treatment outcomes. However, limitations like limited long-term data necessitate further research to optimize intervention design and personalize approaches based on individual needs.

According to SAMHSA (2023), unless clients are encouraged to be flexible and aggressive at work, a lack of financial security can cause anxiety and substance use relapse. Retraining and flexibility are essential because most workers will change professions and vocations numerous times during their careers. Work must be viewed through the lens of achieving and furthering personal goals. Offenders struggle with feelings of failure and alienation, often lacking essential education and skills. Incarceration amplifies these issues, leaving individuals unprepared for reintegration. These may prove to be the factors affecting work readiness among people in recovery from substance abuse. Addressing these challenges require comprehensive support, including educational programs, mental health services, and community connections, to empower them toward a brighter future. Recovery-Oriented Systems of Care by SAMHSA (2010) provides a comprehensive framework for creating a more supportive and empowering environment for recovering individuals. The system emphasizes person-centredness, community-based, and strength-based approaches which embrace the concept of recovery as a lifelong journey of healing and growth (SAMHSA, 2010)

Norwegian research used a cost-effectiveness simulation model to compare the three interventions [Treatment as usual (TAU), miTAU + self-help guide and workshop, TAU + Individual Placement, and Support] over 10 years (Rognli et al., 2022). The finding supports employment as a way of recovery for individuals with substance use disorder. Integrating employment support into substance use treatment significantly increased employment rates, leading to improved socioeconomic outcomes and reduced costs. This cost-effective intervention also positively impacted individual well-being, reducing substance use and improving quality of life. While limitations exist due to the model-based approach, the findings suggest the promising potential for integrating employment support as a valuable component of substance use treatment.

Unemployed people are at a considerably higher risk of substance abuse, dependence, and addiction than employed people. This risk is especially significant for young adults with low education and those who have lost their jobs. This is because they are more vulnerable to the emotional and social effects of unemployment, such as financial difficulties, social isolation, and increased stress, which can exacerbate current substance use patterns (Henkel, 2011). The literature review also found a higher link between unemployment and particular substances such as cannabis, alcohol, and opiates. It is critical for long-term rehabilitation and well-being to address both unemployment and substance use through comprehensive interventions and supporting policies (Henkel, 2011)

Vocational rehabilitation is a vital component of comprehensive substance abuse treatment and recovery. By providing individuals with the necessary skills, resources, and support, vocational rehabilitation programs empower them to

achieve successful employment and build a brighter future. Continued research, collaboration, and advocacy are crucial to ensure that this valuable service is accessible and effective for all individuals seeking reintegration into the workforce. A local study conducted by Noh Amit et al. (2018), demonstrated the importance of work readiness among rehabilitees to re-enter the workforce. The study focuses on a significant issue of finding work for recovering substance users, which adds to their general well-being and reintegration into society. The study included a large number of participants (257) from AADK rehabilitation centres, which increases the generalizability of the findings. Communication skills, professional skills, soft skills, motivation, and willingness to learn were all evaluated in the study. The majority of clients had intermediate levels of talent and a strong desire to develop their skills, indicating the potential for successful employment. The study discovered strong correlations between several characteristics of readiness, implying their interdependence and importance for overall employability. The findings can be used to inform AADK's rehabilitation programs to better prepare clients for the labour market by improving their knowledge, abilities, and motivation.

2.4 Concept of Motivational Readiness for Change

According to Miller and Rollnick (2012), the willingness and commitment of an individual to quit their addictive behaviour is defined as motivational readiness for change. The concept of readiness for change is a multifaceted notion that has been examined in a variety of contexts, including health behaviour change, addiction treatment, and career counselling (Dalton & Gottlieb, 2003). It is the psychological state of an individual that displays their willingness and incentive to engage in change. This

concept is widely used in substance use disorder (SUD) using motivational interviewing techniques. Motivational interviewing (MI) is an effective, evidence-based technique for helping clients resolve ambivalence about behaviours that prevent change (SAMHSA, 2021). MI is a goal-directed SUD intervention that emphasizes therapeutic alliance between counsellor-client and is derived from person-centred counselling (Miller & Rollnick, 2013). It is a tactful therapy approach that highlights a client's conflicting inner beliefs about substance use and helps them work through their ambivalence regarding SUD. This method is based on the principle that real change cannot be achieved unless a client is motivated to change (Miller & Rollnick, 2013)

Motivational readiness for change and readiness to change (RTC) are closely related concepts. However, they do have very subtle differences. Motivational readiness for change emphasizes the intrinsic motivation and desire to change (Miller & Rollnick, 2013). It focuses on the personal motivations as well as emotions that motivate someone to change, stressing their internal drive. Nevertheless, RTC is the broader term encompassing various factors influencing willingness and ability to change (Prochaska & DiClemente, 2008). RTC considers not only motivation but also confidence, anticipated rewards and costs of change, and social support. Motivational readiness for change is considered a stronger predictor of successful change compared to RTC. This is due to its focus on the individual's intrinsic commitment and intention (Marlatt & Donovan, 2007). Meanwhile, RTC provides a general assessment of change readiness but may not be as accurate in predicting individual change outcomes (Bandura et al., 1999). Bandura et al. (1999) state that "efficacy beliefs are concerned not only with the exercise control of action but also with the self-regulation of thought processes, motivation, and affective and psychological state" (p.36). Self-efficacy and motivation

for change are two key psychological factors that play a crucial role in an individual's ability to successfully change their behaviour. As a result, motivation is a component that drives self-efficacy. Motivational readiness for change is more subjective and individual-specific, as it analyses the individual's unique motivations and emotions leading to change (Lundahl & Burke, 2009). Additionally, Smith (2021) provides a detailed model of addiction based on Bandura's social learning theory and reciprocal determinism. This paradigm highlights the dynamic interaction of personal determinants (genetics, trauma, and internal motives), environmental contingencies (social networks, drug availability, and policies), and drug-related behaviours. The author contends that addiction is a chronically changing biopsychosocial condition, emphasizing that an individual's willingness to change is never static but is constantly influenced by these interacting components. This makes motivational readiness for change the concept of choice for clinical settings such as in the field of addiction where intrinsic motivation is crucial in sustaining behaviour change.

DiClemente et al. (2004) delved into the Transtheoretical Model (TTM) of intentional behaviour change, with a specific focus on the stages of change (pre-contemplation, contemplation, preparation, action, and maintenance) and readiness to change within the context of addiction treatment. The researchers addressed the complexities associated with measuring these concepts, especially when considering different types of substance abuse (such as nicotine, alcohol, and drugs) and various treatment environments. The stages of change model describe the process individuals go through when modifying a behaviour, such as overcoming addiction. It begins with pre-contemplation, where individuals are not yet considering the change. In contemplation, they acknowledge the problem but remain ambivalent. During

preparation, they decide to change and make plans. In the action stage, they actively engage in behaviours to change their addiction. Finally, in maintenance, they sustain these changes and work to prevent relapse. They emphasized the significance of adapting interventions to the individual's stage of change and readiness level, noting that motivation can differ based on the specific drug and desired change objective. Despite measurement errors and differing research outcomes, the TTM has been useful in understanding the process of change in addiction recovery, guiding treatment approaches, and informing research on purposeful behaviour change. The authors concluded that the TTM's stage-based perspective on motivation gives useful insights for improving addiction therapy and research.

2.5 Past Studies on Motivational Readiness to Change

A local study conducted among 593 rehabilitees in 6 PUSPEN suggests that while drug addicts in Malaysia are aware of their addiction and consider change, many face challenges transitioning from contemplation to preparation and action (Ibrahim et al., 2010). The findings of the study by Ibrahim et al. (2010) also suggest that SOCRATES is a useful tool for assessing MRC among drug addicts in Malaysia. The results also suggest that there is a need for more effective interventions to address the ambivalence that many drug addicts' experience. A similar study by Myers et al. (1993) found that the Stages of Change, Readiness, and Treatment Eagerness Scale (SOCRATES) predicted reduced substance use in patients with substance use disorders.

A local study on the effectiveness of the 1Malaysia Cure and Care Clinic (C&C1M) in aiding long-term recovery among former drug users raises significant

issues regarding the program's impact (Khairunneezam Mohd Noor et al., 2015). The study focuses on the critical issue of Relapse rates remaining high among recovering drug users. As a result, the need for comprehensive rehabilitation programs is highlighted. The study involved 473 respondents, providing valuable data on the program's impact on a significant population. The Malay version of the Stages of Change Scale (SoCS) is used to measure treatment progress in a consistent and predictable manner. Data analysis provides clear insights into how individuals are distributed across different stages of development. In this study, 17.3% of participants are still in the pre-contemplation phase, where they do not feel drug addiction is an issue that has to be addressed. Whereas 53.7% of the participants are in the contemplation phase and still have ambivalence on ways to address the addiction. The study provides useful recommendations for strengthening the C&C1M program and assisting former drug users.

In a study by Opsal et al. (2019), the authors compared the stages of readiness to change (motivation) among substance use disorder (SUD) patients who entered treatment voluntarily and involuntarily. The study highlighted the importance of patient motivation and readiness to change in the addiction treatment field, emphasizing that many patients entering treatment are not yet ready to make the changes required for recovery. This study also found that readiness to change at admission and treatment outcomes are not directly related. However, research has shown that individuals who demonstrate better outcomes at the 6-month follow-up tend to have a higher stage of change and lower addiction severity at admission.

Prochaska et al. (1994) conducted a seminal study that tested the Transtheoretical Model (TTM) across a wide variety of 12 problem behaviours. The behaviours investigated included smoking cessation, quitting cocaine, weight control, high-fat diets, adolescent delinquency, safer sex, condom use, sunscreen use, radon gas exposure, exercise acquisition, mammography screening, and physicians' preventative practices with smokers. Their research validated the applicability of the TTM's stages of change (pre-contemplation, contemplation, preparation, action, and maintenance) to different health behaviours, indicating that people go through similar stages of progress regardless of the behaviour they are seeking to change. The research also explored the idea of decisional balance, which involves evaluating the positive and negative aspects of modifying a behaviour. They observed consistent trends in how people assess the benefits and drawbacks of change in different stages. For instance, early on, the perceived drawbacks usually outweigh the advantages, but this changes as individuals progress toward taking action and maintaining the change, with the benefits becoming more prominent. These results offered strong support for the applicability and practicality of the TTM in comprehending the dynamics of health behaviour change. The work conducted by Prochaska and colleagues has had a significant impact on the realm of health promotion and intervention. The TTM, along with its components such as the stages of change and decisional balance, has been widely embraced in the development and assessment of interventions for a range of health concerns including addiction. Understanding the stage of change individuals are in and the factors affecting their decisions allows for the customization of interventions to meet their unique needs and challenges, thereby increasing the likelihood of successful behaviour modification.

This study has laid the foundation for a more personalized and effective way of approaching interventions to change health behaviours.

Guliyev et al. (2021) investigated predictors of relapse to alcohol and substance use at 3 and 12 months after inpatient treatment. The study showed the relapse rates for the third and twelve months were 40.5% and 74.6%, respectively. Motivation to cease substance use, risk of depression, probation, and employment predicted relapse within three months. Whereas substance use intensity and the desire to quit were the key factors associated with relapse at 12 months. Notably, motivation to quit was a significant predictor at both three and twelve months, suggesting its value in long-term recovery. This aligns with the broader literature on addiction recovery, which emphasizes the crucial role of internal motivation in achieving and sustaining sobriety (Opsal et al., 2019). This study highlights the importance of addressing and enhancing motivation to quit as a central component of relapse prevention strategies.

Hererimana et al. (2020) conducted a systematic review to identify the extrinsic factors that influence a person's motivation for engagement and retention in the addiction recovery process. The findings demonstrated that extrinsic factors such as motivation enhanced healthcare structure, enhanced patient-healthcare professional relationships, supportive social networks, and individual characteristics influenced motivation and retention in the recovery process. This is consistent with the concept that motivational ready for change is a complex interaction of internal and environmental elements, which is essential to understanding work readiness in a rehabilitation setting. The study's findings highlight the necessity of incorporating these

different aspects when devising interventions to boost motivation and encourage successful recovery.

2.6 Past Studies on Motivational Readiness for Change and Work Readiness

Bandura et al. (1999) state that self-efficacy and motivation to change are closely linked. High self-efficacy can lead to increased motivation to change, as individuals believe that they are capable of achieving their goals. Conversely, low self-efficacy can undermine motivation, as individuals may doubt their ability to succeed. Higher levels of motivational readiness for change are associated with improved treatment outcomes, including reduced drug use, decreased criminal activity, and increased social and occupational functioning (Prochaska & DiClemente, 1983; Velicer et al., 1997).

Furthermore, SAMHSA (2014, 2023) discusses the integration of substance abuse treatment and vocational services. These guidelines emphasize the significance of workforce development and the integration of motivational approaches in substance abuse treatment settings. An article on Genesis Recovery (n.d.), accentuates that job readiness training programs can help individuals in recovery gain essential skills and confidence, which can contribute to their motivation and work readiness. These programs teach clients how to get a job, perform their duties well, and cultivate principles valued in the workplace.

A local qualitative study by Amin Al Haadi Shafie et al. (2019) on the Career Therapy Model in rehabilitation in Malaysia. According to the findings, the Career

Therapy Model can be a beneficial tool for rehabilitation programs looking to empower offenders and improve their prospects of successful reintegration into society. The model's emphasis on career development not only provides participants with employment skills and knowledge but also promotes a sense of agency and self-belief, both of which can be transformative in their entire recovery journey.

Lau et al. (2019) investigated the factors that influence work readiness in a Malaysian sample of vocational college students. It dives into the intricate interaction of self-perception, adaptability, enthusiasm, and job readiness. Individuals who lack work readiness skills are more likely to fail in today's ever-changing workplace. The current study's findings revealed two major ways by which self-concept promotes work-readiness which are resilience and career calling. This study's findings extend current theories by emphasizing self-concept as a novel approach to explaining work readiness. The study found a link between self-concept, career calling, resilience, and work preparation, providing useful insights for educational interventions. Meanwhile, identifying resilience as a more powerful pathway than career calling provides precise intervention targets to improve work readiness. Thus, having a strong self-concept may enable one to take the next step in acquiring the abilities required for job success.

DATOS is a large-scale research that followed 10100 persons who entered methadone treatment programs in the United States between 1991 and 1993. The study followed their development for five years, analysing factors that led to their success in opioid addiction rehabilitation (Flynn et al., 2003). The study found only 28% of patients achieved sustained recovery, which was characterized as no opiate or cocaine use, little or no alcohol use, and no arrests or unlawful activities in the year preceding

the final interview. Having a job or a career was also linked to better rates of recovery, as it provided structure, meaning, and a sense of success (Flynn et al., 2003). This shows the significance of offering services beyond standard medical care, such as job training, housing aid, and childcare.

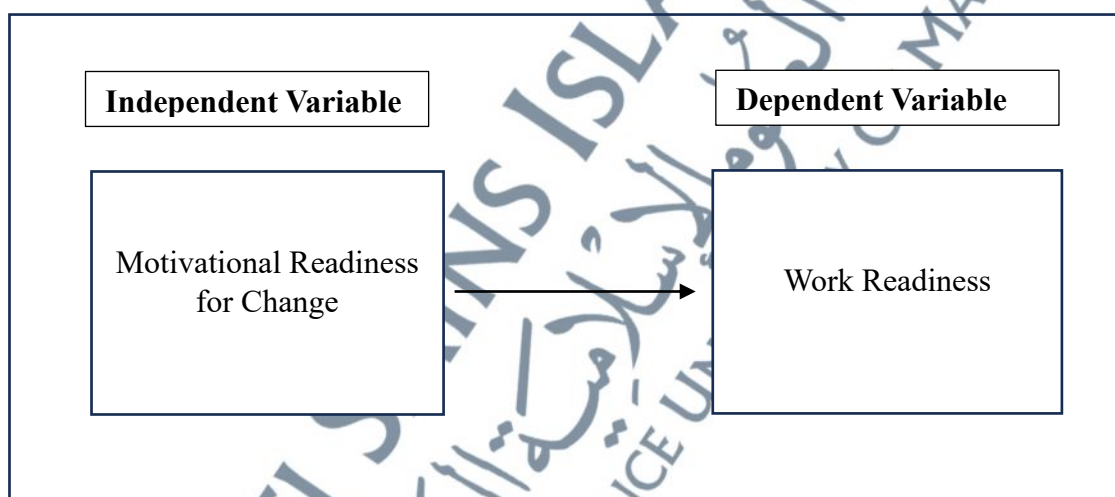
A study on the AADK Career Therapy Model (MTK) construction is valuable research that contributes to the field of rehabilitation and career counselling for individuals struggling with substance use disorders (Amin Al Haadi Shafie et.al., 2019). The MTK approach is designed exclusively for AADK trainees, a demographic that has unique obstacles in career planning due to their addiction history. The combination of quantitative and qualitative data allows for a thorough assessment of the model's influence on trainees, including their self-reported experiences and viewpoints. The study shows that the MTK model leads to greater career maturity, self-concept, and locus of control development in the experimental group compared to the control group. The interview findings supplement the quantitative data by providing useful insights into the trainees' readiness for change and their ability to manage relapse without external support. Examining the impact of seven demographic factors on professional maturity illuminates potential individual differences and informs focused actions. Exploring the particular mechanisms by which the MTK model affects the stated outcomes could provide a more in-depth theoretical understanding and guide future model modification.

2.7 Theoretical Framework

In this study, the motivational readiness to change of the participants is the independent variable, whereas work readiness is the dependable variable. The stages of motivational readiness to change will influence the likelihood of participants' work readiness when undergoing a rehabilitation program in PUSPEN, as shown in the figure below.

Figure 1

Theoretical framework



2.8 Conclusion

Work readiness entails more than simply technical skills; it entails a diverse collection of characteristics appreciated in any work setting. The capacity to work autonomously, adapt to a variety of situations, possess necessary abilities, maintain a positive attitude, and negotiate the complexities of the work environment are all necessary for success. Individuals in recovery, on the other hand, frequently encounter

additional problems because of the emotional and external challenges connected with addiction. Motivational readiness for change, or the internal motivation and commitment to modify addictive behaviours, emerges as a significant aspect of overcoming these hurdles. Higher motivational readiness for change levels has consistently been linked to better treatment outcomes, such as reduced substance use, decreased criminal activity, and improved social and occupational functioning. This implies that intrinsic motivation can be a powerful factor for positive development.

More research is needed to properly comprehend the complicated relationship between motivational readiness for change and work preparedness. Future research should concentrate on specific demographics and circumstances, enhance key idea operationalization, and investigate potential confounding factors. Furthermore, creating and evaluating effective interventions that combine motivational readiness for change-enhancing methods into work preparedness programs will be critical in bridging the motivation-to-success gap.