Self-Efficacy in Career Decision-Making among Trauma Institutionalised Adolescents in Malaysia: A Pilot Study

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Abstract

Worldwide, the current health, social and economic issues have added uncertainty to the difficulties associated with labour market changes brought about by technological advances. Marginalisation has increased challenges to institutionalised adolescents in coping with and adapting to traumatic conditions and future careers. Hence, the objective of this study was to scrutinise a pilot test process using a proposed model and analyse the usability and reliability of this study's survey questionnaire. A preliminary study was conducted to determine the prevalence of PTSD symptoms and self-efficacy in relation to career decision-making among adolescents in institutions before commencing the study's main research. Forty-two (42) participants were selected from a single (1) children's institution. Participants ranged in ages from 13 to 18 years, with 73.8 per cent (*n*=31) were females and 26.2 per cent (*n*=11) were males. A general self-efficacy and career decision-making self-efficacy instrument, Post-traumatic Checklist-5, was used in this study. Cronbach alpha results of all constructs in the proposed model ranged from 0.801 to 0.906, indicating that the constructs were reliable and that the questionnaires were acceptable for future large-scale research. Preliminary results showed a significant difference on all scales (PCL-5, GSE and CDMSE) between male and female participants. The evidence from this study should be used by counsellors and policymakers who seek to optimise career guidance and counselling practices for adolescents in institutions. In addition, brief recommendations for future research and practices are provided.

Keywords: PTSD, career decision-making, self-efficacy, trauma adolescents, preliminary study

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Introduction

According to Erikson (1968), adolescence is a sensitive and crucial stage of human growth and development. During this phase, adolescents must fulfil their various developmental tasks of self-efficacy (Bandura, 1977), identity formation (Erikson, 1965; 1968), and career decision making (Super, 1990 & Abid, 2017) as they gradually detach from their caregivers to establish their identities and independently make educational and vocational decisions. Therefore, adolescents need positivity in physical, cognitive, emotional, social, and economic resources to garner positive future life health and well-being (Patton et al., 2016).

Nevertheless, Kessler et al. (1996) and Sewyln (2019) assert that the impact of a mental health problem during adolescence can be significant and detrimental to an adolescent's well-being (Bloom, 2016). Approximately 20 per cent of adolescents worldwide suffer from mental disorders (UNICEF, 2019). According to Ghazali et al. (2018), many Malaysian adolescents between the ages of 13 and 17 have been exposed to various traumatic events throughout their lives, such as loss of one or both parents, abandonment, physical, emotional, or sexual abuse, and neglect, all of which have resulted in a proportion of adolescent's critical mental problems. In addition, institutionalisation may also have negative repercussions on the psychological development, behaviour, and mental health of an adolescent (UNICEF, 2017; Berens & Nelson, 2015; Lamm, 2018 & Campos, 2019). Statistics from the Social Welfare Department (SWD) revealed that of the 14,972 reported cases of domestic and community violence, a total of 3,373 children were placed in children's institutions from the year 2015 to 2017.

As future leaders, adolescents constitute 18 per cent or one-fifth of the Malaysian population (Malaysia Ministry Health, 2020) and one-quarter of the global workforce (ILO, 2013). The increasing unemployment rate among adolescents in both developed and developing countries since the Industrial Revolution (IR 4.0) has a profound impact on their work-life (Schwab, 2016). Worst, the COVID-19 pandemic has accelerated digital transformation in jobs, affecting the mayhem in jobs and skills, thereby influencing adolescents' career pathways. Many initiatives have been introduced by governments around the world to improve academic and career efficacies, though so, there is a lack of focus on traumatised or institutionalised adolescents. Hence, building on this premise, the current study determined the self-efficacy of traumatised adolescents in institutions in terms of their personal and career decision-making efficacies.

Aim of the Pilot Study

A pilot study is conducted on a smaller scale to assure the success of the actual study and to assist researchers in fully refining the plans of data collection based on the data content and relevant procedures (Yin, 1989). Past literature strongly favoured conducting a pilot study to identify future risks associated with sample size, data collection and sample procedure, data management and data analysis (Moore et al., 2011). According to Teijlingen and Hundley (2002), a pilot study aims to (a) evaluate the suitability of research instruments, (b) determine the feasibility of a full-scale project, (c) ascertain the feasibility of research protocol, (d) reveal logistical issues, (e) gather preliminary data, (f) ensure the effectiveness of sampling frame and technique, (g) determine sample size, and (h) convince funding bodies that the major study is feasible and worth funding. The current pilot study aimed to assess the reliability of the adopted and translated questionnaire, by acquiring preliminary data and ensuring that the questionnaire had addressed the study's research objectives.

Figure 1 Research Framework of the Study
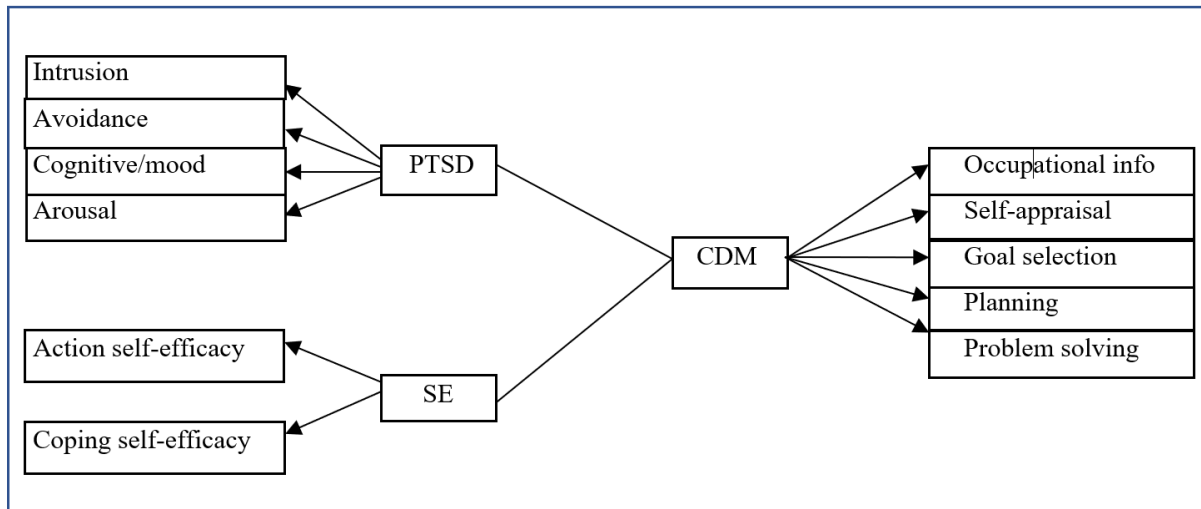
Post-Traumatic Stress Disorder

Traumatic events, as defined by the Diagnostic Statistical Manual [DSM-5], include encountering a serious threat to life or physical integrity, witnessing a serious threat, harm, or death, learning about violent threat or harm to a close friend or relative, and experiencing sudden destruction of home or community. Following traumatic events are affective, cognitive, and behavioural symptoms, including an occupational domain associated with career development (Prescod & Zeligman, 2018). However, not all of those who have experienced traumatic events are affected negatively because the situation varies according to the characteristics of trauma, particularly its severity, precocity, and duration of exposure (APA, 2013). Nevertheless, early screening might be useful to detect trauma symptoms that could derail an individual's developmental and psychological well-being.

Self-efficacy

Self-efficacy (SE) develops over time through a gradual and continuous learning process. An individual absorbs and collects information from four major sources: previous successful accomplishments, vicarious experiences through observation, verbal persuasion, and physiological arousal. Self-efficacy is commonly defined as an individual's belief in his or her own ability to plan and carry out necessary actions to achieve specific goals. Besides that, specific abilities in a specific domain (e.g., academic self-efficacy, social self-efficacy, coping self-efficacy, and collective self-efficacy) are used to measure belief efficacy accordingly. Overall, self-efficacy influences every area of an individual's endeavours especially in coping with stressful situations (Luszczynska, et al., 2005 & Mahoney and Benight 2019) and buffering the impact of trauma (Benight & Bandura, 2004 & Firdawati & Sutan, 2017), which may hinder an individual's development towards future self-and career well-being.

Career Decision Self-efficacy

Career decision-making process could significantly influence adolescent's life satisfaction, academic performance, and future career (Holland, 1972). Social Cognitive Career Theory [SCCT] posits that self-efficacy is developed through learning experiences that interact with people or environment variables such as gender, ethnicity, social support, and barriers. Environmental supports and barriers may affect an individual's goals, actions, and career development outcomes, changing a person's self-efficacy for specific career choices and goals (Lent & Brown, 2013; Lent, et al., 2002). When making a future career decision, adolescents need to integrate the knowledge of self and the emerging world of career (Holland, 1972), despite that, adolescents may encounter career decision difficulties that are resulted from a long persistence process that deviates from the ideal duration for the process of making career decision (Gati, et al., 1996).

Gati et al. (1996) proposed a taxonomy based on the difficulties in the career decision-making process. The causes were classified into three major groups: (a) lack of readiness - refers to the difficulties that arise prior to the decision-making process, such as lack of motivation to participate, general indecisiveness, and dysfunctional beliefs about making decisions, (b) lack of information – comprises of four categories namely insufficient information on the steps involved in career decision-making, self, job, and sources of support and additional information, and (c) inconsistent information – refers to the difficulties in utilising available information, resulting in internal and external conflicts. Throughout the process, insufficient and inconsistent information may be an issue. Therefore, recognising the barriers and acquiring knowledge on using resources and overcoming obstacles are also integral parts of career readiness, expectation, and an individual's capacity to cope with adverse career challenges (Lent and Brown, 2013).

Methodology (Pilot Study)

In the current study, 42 participants were adolescents aged between 13 and 18 years old who were residing in an institution for care and protection. Therefore, permission to conduct the study was obtained from the Graduate School, Universiti Utara Malaysia, and the children's institution. Following the approval, a list of potential respondents was requested via email from the institution. The institution's caregivers also signed a consent letter authorising these adolescents to participate in the study. During data collection, the researcher briefly explained the study and highlighted the significance of the participants' voluntary participation. They were informed of their rights and issues of confidentiality were also addressed. The instruments were adopted and went through a back-to-back translation process, as suggested by Mohammad Arip (2018). In the current study, all instruments were translated into Malay. The instruments were self-reported and consisted of Likert scale questions, which required a yes and no response. The instruments were divided into four sections: (1) relevant demographic information, (2) screening via Post-Traumatic Checklist – 5 (PCL-5), (3) general self-efficacy, and (4) career decision self-efficacy. The gathered data then were verified for their reliability and analysed using SPSS version 25.

Instruments

Post-Traumatic Checklist (PCL-5) is a twenty (20) items self-report instrument that elicits participant's symptoms in the preceding month. The checklist is designed to correspond with the Diagnostic Statistical Manual (DSM)-5 criteria for PTSD symptoms. The PCL-5 requires participants to respond on a 5-point Likert scale ranging from '0 = not at all' to '4 = extremely'. Malay PCL-5 (MPCL-5) was adopted in this study because the version of PCL-5 had been translated and tested by Ghazali and Chen (2018). Participants were considered either sub-threshold symptoms or do not meet the criteria for PTSD with any total score lower than 33. The reliability of the instrument in this study was (α=.931).

General Self-Efficacy (GSE) – GSE is a ten (10) items self-rating instrument on a 4-point Likert scale ranging from '1= not at all true' to '4 = extremely true'. The responses are summed up to yield a final cumulative score ranging between 10 and 40. The score reflects the strength of an individual's self-efficacy, with a higher score indicating a more significant sense of individual's sense of self-efficacy (Schwarzer & Jerusalem, 1995; Schwarzer & Warner 2013). The reliability of the GSE instrument in this study was (α=.869).

Career Decision Self-Efficacy or CDSE-SF consists of a 25 items instrument divided into five (5) sub-scales: (i) behaviours associated with accurate self-appraisal, (ii) career information gathering, (iii) goal selection, (iv) making plans, and (v) problem-solving. The CDSES-SF uses a 5-point response scale ranging from '1 = no confidence at all' to '5 = complete confidence'. The score for each sub-scale is determined by summing the responses to the five (5) items within the sub-scale, and the total score is calculated by adding the responses to all items. Higher scores demonstrate a more significant degree of self-efficacy in making career decisions (Betz, et al., 1996). The internal consistency of the instrument in this study was (α=.930)

Results

Demography

The data were analysed using Statistic Package for the Social Sciences (SPSS) software version 25. The information provided by the respondents was analysed using frequency test. As presented in Table 1, a total of 42 participants responded to the survey, yielding a response rate of 100%. The average age of respondents was 14.8 years. There was a greater prevalence of females (71.4%) than males in this study, and the participants were Malays. By comparison, the institution enrolled 97.6% of adolescents in lower secondary school and 2.4% in upper secondary school. Almost 64.3% of adolescents had lived in the institution for more than three (3) years, 11.9% for two (2) to three (3) years, 9.5% for one (1) to two (2) years, 11.9% for seven (7) to twelve (12) months and 2.4% for one (1) to three (3) months.

Table 1 Sample characteristics (N = 42)

	Mean (SD)%
Age (years)	14.8
Gender: Male	26.8%
Female	71.4%
Race: Malay	100%
Chinese	-
Indian/others	-
Level of education: UPSR	45.2%
PMR	52.4%
SPM	2.4%
Length of admission: > 3 years	64.3%%
2-3 years	11.9%
1-2 years	9.5%
7-12 months	11.9%
1-3 months	2.4%

Descriptive analysis showed that only 16.7 % of the adolescents met the threshold criteria of PTSD symptoms as reported on the PCL-5. From the percentage, 2.1 % of the adolescents stayed more than three years at the institution. In terms of self-efficacy, 80.95 % of the participants scored a moderate or high level of general self-efficacy, meanwhile 19.05 % of the adolescents scored a low level of self-efficacy. About 88.1 % of the participants scored high on the career decision self-efficacy scale in terms of self-efficacy in career decisions. In addition, Pearson's Chi-Square revealed a significant gender difference in the PTSD symptoms, $\chi(1) = 2.000$, $p = .157$, self-efficacy level, $\chi(1) = .370$, $p = .543$, and career decision-making self-efficacy $\chi(2) = 1.727$, $p = 422$. However, a larger sample of participants with an equal gender distribution in the full study may provide better insight.

Reliability and Validity

According to Thompson (2003), reliability is the consistency or stability of scores across variables in any measurement. Reliability is an important condition for assessing validity (Cooper & Schindler, 2003) and is essential for conducting rigorous research (Thomson, 2003). Cronbach's alpha is usually used to test the overall consistency of the scale. In most studies, an alpha value greater than 0.7 is acceptable (Cortina, 1993; Nurakun et al., 2018). In this study, except for the avoidance and problem-solving constructs, all other constructs had Cronbach alpha ranging from 0.700 to 0.931. This showed that most constructs have a high degree of internal consistency (see Table 2). Meanwhile, according to Chretien et al. (2020), despite the low reliability coefficient, the data or subsets may still be useful for analysis that enriches empirical, conceptual, and theoretical understandings. Hence the low constructs will not be deleted but will be treated to improve the reliability of the measures.

Table 2 Descriptive and reliability results.

Constructs	Number of items	Mean	SD	Cronbach alpha
Post-traumatic stress disorder	20	21.76	13.679	.931
PTSD 1 (Intrusion)	5	4.76	3.608	.812
PTSD 2 (Avoidance)	2	2.90	2.139	.653
PTSD 3 (Cognitive/mood)	7	7.45	5.701	.876
PTSD 4 (Arousal)	6	6.64	4.017	.757
General self-efficacy	10	24.01	6.075	.869
GSE 1 (Action SE)	5	12.57	3.415	.800
GSE 2 (Coping SE)	5	11.45	3.172	.770
Career decision self-efficacy	25	82.33	16.296	.930
CDSE 1 (Occupational information)	5	17.10	3.442	.700
CDSE 2 (Self-appraisal)	5	16.81	3.522	.727
CDSE 3 (Goal selection)	5	16.17	3.649	.704
CDSE 4 (Planning)	5	16.36	3.628	.711
CDSE 5 (Problem solving)	5	15.73	3.628	.638

Conclusion

Adolescents, in general, face many challenges as they progress towards adulthood. Moreover, marginalisation in the workplace exacerbates adolescents' challenges in determining their future careers. As for traumatised adolescents residing in institutions, their challenges extend beyond developmental tasks to their trauma experiences. If appropriate early detection, measures, or interventions are not implemented, adolescents may suffer from post-traumatic stress disorder (PTSD), mental health problems (Ghazali et al. 2017), social behavioural, academic, and economic issues in later life. The present study found that some adolescents exhibited PTSD symptoms even after spending more than three years in the institution. Although most of them may have benefited from the programmes designed and implemented in the institution special attention should be given to adolescents who are affected by prolonged trauma. In general, majority of the adolescents scored highly on self-efficacy and career decision-making self-efficacy instruments. Nonetheless, only a small percentage of the adolescents scored low on both scales and were unable to decide, indicating that the self-reporting instrument increases the potential of response bias. The crucial issue when studying trauma events in adolescents is that their emotional state is not stable due to their developmental progress. Adolescents may have difficulty recalling traumatic events or may be reluctant to express their true feelings about their adverse experiences. Even though, the current study's pilot study demonstrated evidence that the instruments and sample size were appropriate for the main study, the small sample size may further limit the effectiveness of the current study. The preliminary data presented in this article will raise awareness of the psychosocial condition of institutionalised adolescents, thereby formulating a model of career decision-making that could support personal and future career well-being among traumatised adolescents in institutions.

References

Abid, S. (2017). Career decision making process in adolescence: Theoretical perspective. *Journal of Humanities and Social Science, 22*(6), 45-4. https://doi.org/10.9790/0837-2206104546

American Psychiatric Association. (2013). *Diagnostic and Statistical Manual of Mental Disorders.* 5th ed. Arlington, VA: American Psychiatric Publishing.

Bandura, A. (1977). Self-efficacy: Toward a unifying theory of behavioural change. *Psychological Review, 84*(2), 191 – 215.

Benight, C. C., & Bandura, A. (2004). Social cognitive theory of post-traumatic recovery: The role of perceived self-efficacy. *Behavior Research and Therapy, 42*(10), 1129-1148. https:/doi.org/10.1016/j.brat.2003.08.008

Berens, A. E., & Nelson, C. A. (2015). The science of early adversity: Is there a role for large institutions in the care of vulnerable children? *The Lancet, 386*(9991), 388-398 doi:10.1016/ S0140-6736(14)61131-4.

Betz, N. E., Klein, K. L., & Taylor, K. M. (1996). Evaluation of a short form of the career decision-making self-efficacy scale. *Journal of career assessment, 4*(1), 47-57.

Campos, J., Barbosa-Ducharne, M., Dias, P., Rodrigues, S., Martins, A. C., & Leal, M. (2019). Emotional and Behavioral Problems and Psychosocial Skills in Adolescents in Residential Care. *Child and Adolescent Social Work Journal, 36*(3), 237–246. https://doi.org/10.1007/s10560-018-0594-9Unicef 2019, 2017

Cooper, D. R., Schindler, P. S., Cooper, D. R., & Schindler, P. S. (2003). Business research methods.

Department of Social Welfare. (2015-2017). Laporan Statistik Jabatan Kebajikan Masyarakat. http://www.jkm.gov.my

Erikson, E. H. (1968). *Identity, youth, and crisis*. NY: W.W. Norton.

Sutan, R. (2017). Post-traumatic stress disorder among the adolescents resides in Padang's prone earthquake area in West Sumatera, Indonesia. *Health, 9*(9), 1301-1312.

Gati, I., Krausz, M., & Osipow, S. H. (1996). A taxonomy of difficulties in career decision making. *Journal of Counseling Psychology, 43(*4), 510. https://doi.org/10.1037/0022-0167.43.4.510

Ghazali, S. R., & Chen, Y. Y. (2018). Reliability, concurrent validity, and cut off score of PTSD Checklist (PCL-5) for the Diagnostic and Statistical Manual of Mental Disorders, among Malaysian adolescents. *Traumatology, 24*(4), 280

Lent R. W. and Brown S.D. (2013). Social cognitive model of career self-management: Toward a unifying view of adaptive career behavior across the life span. *Journal of Counseling Psychology*, 60, 557–568

Lent R.W., Brown S.D. and Hackett G. (2002). Social cognitive career theory.In D. Brown & L. Brooks (Eds.), Career Choice and Development (4th ed.,pp. 37–84). San Francisco, CA: Jossey-Bass.

Luszczynska, A., & Schwarzer, R. (2005). Social cognitive theory. In M. Conner & P. Norman. (2nd ed.). Predicting Health Behaviour. (pp. 127–169.). Buckingham, England: Open University Press.

Holland, J. L. (1973). *Making Vocational Choices: A Theory of Careers*. Englewood Cliffs, NJ: Prentice Hall.

Mahoney, C. T., & Benight, C. C. (2019). The Temporal Relationship Between Coping Self-Efficacy and Dissociation in Undergraduate Students. *Journal of Trauma and Dissociation, 20*(4), 471–487. https://doi.org/10.1080/15299732.2019.1597805

Ministry of Health. (2020). National Health and Morbidity Survey. Retrieved from http://www.moh.gov.my

Mohammed Arip, M. A. (2018). P*embinaan dan Pengujian Instrumen Penyelidikan.* Pyschology and Counseling Academy. Selangor

Nurakun Kyzy, Z., Ismailova, R., & Dündar, H. (2018). Learning management system implementation: a case study in the Kyrgyz Republic. *Interactive Learning Environments, 26*(8), 1010-1022.

Prescod, D. J., & Zeligman, M. (2018). Career adaptability of trauma survivors: The moderating role of posttraumatic growth. *Career Development Quarterly, 66*(2), 107–120. https://doi.org/10.1002/cdq.12126

Schwarzer, R., & Jerusalem, M. (1995). Generalized self-efficacy scale. In J. Weinman, S. Wright, & M. Johnston. Measures in Health Psychology: Auser's Portfolio. Causal and Control Beliefs (pp. 35-37). Windsor, UK: Nfer-Nelson

Super, D. E. (1990). A lifespan, life-space approach to career development. *Journal of Vocational Behavior, 16*(3), 282–298

Teijlingen, E. v., & Hundley, V. (2002). The importance of pilot studies. *Nursing Standard, 16*(40), 33-36. https://doi.org/hdl.handle.net/2164/157

United Nation for Children (UNICEF). (2019). The Convention on the Rights of the Child. Retrieved from https://www.unicef.org/malaysia

United Nation for Children (UNICEF). (2021). Adolescents' population. https://www.unicef.org /topic/adolescents/overview/

Wright, A. W., Richard, S., Sosnowski, D. W., & Kliewer, W. (2019). Predictors of better functioning among institutionalized youth: A systematic review. *Journal of Child and Family Studies, 28*(12), 3245–3267. https://doi.org/10.1007/s10826-019-01527-0