

Relationship Between Readiness to Change, Hope and Self-Efficacy of Adults with Alcohol Use Disorder

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ABSTRACT

The purpose of this study was to investigate the relationship between Readiness to Change, Hope and Self-Efficacy of Adults with Alcohol Use Disorder. The research design was a correlational study. The sample included 66 participants in the age range of 25-50 years residing in the rehabilitation centres of Mumbai and Pune. To measure the three variables of Readiness to Change, Hope and Self-Efficacy, the Stages of Change Readiness and Treatment Eagerness Scale- Version 8, the Herth Hope Scale and the General Self-Efficacy Scale were used respectively. A Regression Analysis was computed and the results indicated that all the three variables had a significant positive correlation. A significant positive relationship was found between hope and readiness to change, $r = .383$, $p < .01$. A significant positive relationship was found between self-efficacy and readiness to change, $r = .564$, $p < .01$. A significant positive relationship was found between self-efficacy and hope, $r = .583$, $p < .01$. The results of the Regression Analysis indicated that Hope ($R = .383$, $R^2 = .133$, $F(11.006) = 0.002$, sig) and Self-Efficacy ($R = .564$, $R^2 = .307$, $F(29.834) = 0.000$, sig) could predict Readiness to Change. The three hypotheses that were postulated for the study were validated by the results.

Keywords: *Readiness to Change, Hope, Self-efficacy, Alcohol Use Disorder*

Alcohol Use Disorder or Alcoholism- as it is most commonly known- is a very prevalent public health problem in India. According to National Health Portal (2015), the estimated number of people using alcohol in India was 62.5 million out of which 10.6 million of them that is 17.4% were having Alcohol Use Disorder in 2005. Moreover, of all the hospitalization that take place, 20%-30% are due to alcohol related problems. 10%-15% of people with problems related to alcohol end their lives by suicide which is a very high number as compared to the general population. According to a study conducted by Alcohol and Drug Information Centre (ADIC), 40% of the road traffic accidents occur under the influence of alcohol (National Health Portal, 2015). Alcohol Use is a serious problem faced not only by India but is quite prevalent all across the globe. According to World Health Organization estimates of 2018, in 2016 more than 3 million people have died as a result of alcohol use.

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Alcohol consumption during social gatherings, to celebrate, to relax and consumption in moderation are considered reasonable and socially or culturally acceptable behaviours. However, when one drinks in excess to cope with stressors or avoid problems or out of habit, it can lead to physical, emotional, psychological and social risks. Over a period of time, the person is unable to control their drinking due to the physical and psychological dependence on it which in turn hampers his/her daily functioning leading to various physiological, social and emotional problems. This condition is known as Alcohol Use Disorder

Consumption of Alcohol affects the brain's executive functioning (Day, Kahler, Ahern & Clark, 2015) and the long-term side effects include nerve damage, inflammation of the liver (alcoholic hepatitis), scarring of the liver (liver cirrhosis), increased blood pressure, damage of the heart muscle (alcoholic cardiomyopathy), and disruption of the healthy growth of new brain cells. Heavy use of alcohol has been linked to several types of cancers such as cancer of the mouth, larynx, oesophagus, liver, and colon. (Pöschl & Seitz, 2004)

As the alcohol has caused significant changes in the brain and the physiology of the person; the changes that take place during the treatment phase could be unbearable. What is it then that helps people persist in the face of such difficult situations is interesting.

Several studies have shown that hope emerges to be an important factor in treatment retention and recovery (Hampton, Conner and Albert, 2011; Bradshaw, Shumway, Harris, and Baker; 2013; Bradshaw, Shumway, Wang and Harris; 2014). Another factor that seemed to aid people to persist in the trying treatment period and strongly related to abstinence is self-efficacy (Romo, Le Strat, Aubry, Marquez, Hooudeyer, Batel, Ades and Gorwood; 2009; Glozah, Komesuor, Adu and Aggrey, 2017).

As believing in a better future, a willingness to change the problematic behaviours and believing in one's abilities to change the problematic behaviour by taking action could be vital during the treatment of alcohol use disorder, we examined the relationship between Readiness to Change, Hope and Self-efficacy of Adults with Alcohol Use Disorder.

A treatment that is focused on enhancing an individual's self-efficacy and hope for the future will help them persevere during treatment and also improve their readiness to seek treatment. As hope is considered to be goal oriented thinking it helps the person in developing and setting realistic goals and self-efficacy provides confidence in one's capabilities to achieve those goals. What is important is not only to persist during treatment but also faithfully adhere to abstinence after treatment. Self-efficacy and Hope both have been associated with the ability to remain sober after treatment. Self-efficacy is found to be strongly associated with abstinence (Romo, Le Strat, Aubry, Marquez, Hooudeyer, Batel, Ades and Gorwood, 2009). Thus, it is necessary to investigate the relationship between Hope, Self-efficacy and Readiness to change in people with Alcohol Use Disorder

METHODOLOGY

The research questions the study proposed was whether there was a relationship between Readiness to change, Hope and Self-efficacy of adults with Alcohol use Disorder. Thus, the hypotheses that were postulated for this study are as follows:

1. There is a significant correlation between Readiness to change and hope of adults with Alcohol Use Disorder.

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2. There is a significant correlation between Readiness to change and Self-Efficacy of adults with Alcohol Use Disorder.
3. There is a significant correlation between Hope and Self-Efficacy of adults with Alcohol Use Disorder.

Sample

A sample of 66 participants in the age range of 25-50 years residing from different rehabilitation centres in Maharashtra were included in the study. A non-probability purposive sampling technique was used that is only those participants were included in the study who met the prerequisites of being in the age range of 25-50 years, meeting the criteria of Alcohol Use Disorder and residing in Maharashtra.

Design

The design used was a correlational design wherein the aim is to find out if there was an association between the three variables. The three variables in this study were Hope, Readiness to change and Self-Efficacy.

Tools Used

1. Demographic datasheet This datasheet consisted of all the personal information of the participants relevant to the study such as their name, age, gender, educational qualification, occupation, the first encounter with alcohol, frequency and quantity of consumption and number of admissions in the rehabilitation centre in order to understand the sample more distinctly.
2. The Stages of Change Readiness and Treatment Eagerness Scale (SOCRATES) Version 8: This Scale is a 19-item, self-administered instrument that was developed by William R. Miller and J. Tonigan in 1996. It is an experimental instrument designed to assess readiness for change specifically in alcohol abusers. The scale yields scores on three subscales namely: Recognition (Re), Ambivalence (Am), and Taking Steps (Ts). Problem Recognition is measured by 7 items, Ambivalence by 4 items and Taking steps by 8 items. Each subscale is scored separately. The items of each subscale are summed to derive a score. The raw score of each subscale is converted into a decile score.
 - The Cronbach Alpha Value for each subscale is as follows: Ambivalence (0.60-0.88), Recognition (0.85-0.95), and Taking Steps (0.83-0.96). The Test-Retest Reliability ranged from 0.83-0.93.
3. Herth Hope Index (HHI): Herth Hope Index is a 12-item, self-administered Instrument developed by Kaye Herth and published in the year 1992. It is the shortened version of the Herth Hope Scale (Herth, 1991). The items are measured on three subscales which are cognitive temporal, positive readiness and expectancy and interconnectedness. The items are in Likert format and measured on an ordinal scale from 1-4 where a score of 1 indicates strongly disagree and a score of 4 indicates strongly agree. Items were ordered in order to avoid the development of any response set. The negative items are reversed scored. The total scores could range from 12-48. The higher the score the higher the level of hope. The internal consistency reliability was supported by Cronbach alpha of 0.94. The test-retest correlation was found to be 0.91 which indicates stability over time. The concurrent criterion related validity of the HHI with other instruments such as Herth Hope Scale was 0.92, with the Existential Well-being Scale was 0.84 and Nowotny Hope Scale was 0.81.

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4. **General Self-Efficacy Scale:** The General Self-Efficacy scale is a self-report measure of self-efficacy. It was developed by Ralf Schwarzer and Matthias Jerusalem in the year 1995. The test-taker responds to the 10 items on a 4 point scale where a score of 1 indicates “not at all true” and 4 indicates “exactly true”. The scores on each statement are added to yield a composite score. The total score ranges from 10-40, with a higher score indicating more self-efficacy. The scale is unidimensional and the Cronbach’s alpha ranges from 0.76-0.90.

Procedure

The rehabilitation centres across Maharashtra were contacted and after receiving the necessary permission the researcher personally collected the data from only those participants who met the pre-requisites. Each participant was given a brief information about the researcher and the study after which they were asked to sign the consent form. Post this, the participant filled the demographic datasheet and the three questionnaires were administered. This took 35-45 minutes after which the participants were debriefed.

RESULTS

The aim of the study was to identify the relationship between Readiness to Change, Hope and Self-Efficacy of adults with Alcohol Use Disorder residing in Maharashtra.

Descriptive statistics were conducted before conducting the inferential statistics. Table 1 shows the results of the descriptive analysis.

Table 1: Descriptive Statistics of Variables

	Mean	Standard Deviation	N
Recognition	29.58	4.039	66
Ambivalence	16.17	2.209	66
Taking Steps	34.18	4.346	66
Hope	36.20	5.837	66
Self-Efficacy	31.67	4.953	66

A Correlational Analysis was performed in order to identify the relationship between the variables. The Pearson’s Product Moment Correlation Coefficient was used to analyse the relationship between the 3 variables.

Table 2: Correlation Analysis between Readiness to change, Hope and Self-Efficacy

		RECOGNITION	AMBIVALENCE	TS	HOPE	SE
TS	Pearson Correlation	.176	.189	1	.383**	.564**
	Sig. (2-tailed)	.157	.128		.002	.000
HOPE	Pearson Correlation	.092	-.056	.383**	1	.583**
	Sig. (2-tailed)	.461	.654	.002		.000
SE	Pearson Correlation	-.016	.135	.564**	.583**	1
	Sig. (2-tailed)	.901	.282	.000	.000	

***. Correlation is significant at the 0.01 level (2-tailed).*

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As seen in table 2, the r value was for taking steps and hope was .383 which was found to be significant at 0.01 level that is ($r = .383, p < .01$). The r value for taking steps and self-efficacy was .564 which was found to be significant at 0.01 level that is ($r = .564, p < .01$). The r value of hope and self-efficacy was .583 which was found to be significant at 0.01 level that is ($r = .583, p < .01$).

A series of Regression analysis was done in order to identify the extent to which Readiness to Change can be predicted by Self-efficacy and Hope. The results show that Self-efficacy can predict Readiness to Change significantly ($R = .564, R^2 = .307, F(29.834) = 0.000, sig$). It also showed that Hope can predict Readiness to Change significantly ($R = .383, R^2 = .133, F(11.006) = 0.002, sig$). Thus, self-efficacy can be used to predict hope and readiness to change. Details of the regression analysis are presented in Table 3.

Table 3: Regression Analysis of Hope, Readiness to change and Self-Efficacy

	R	R²	F	Sig
Self-Efficacy	.564	.307	29.834	0.000
Hope	.383	.133	11.006	0.002

DISCUSSION

Alcohol Use is prevalent public health problem in India. It results in loss in different arenas of one's life such as physical health problems, mental health problems, interpersonal and behavioural problems (National Health Portal, 2015). Hence, the person suffering from it needs to seek professional treatment. However, the treatment can cause serious health problems which cause excruciating pain within a few days of cessation of alcohol use which is commonly termed as withdrawal. Alcohol withdrawal leads to tremulousness (commonly called the 'shakes' or 'jitters'), delusions, hallucinations, delirium, irritability, gastrointestinal symptoms, anxiety, depression, arousal, sweating, facial flushing, and hypertension (Sadock, Sadock and Ruiz, 2015). Considering the amount of pain these conditions can cause, it is important that the person be willing to seek help (readiness to change), believe in a better future (Hope) and believe in oneself to persist during these hardships (self-efficacy) to achieve the ultimate goal of abstinence. Thus, it is important to study the relationship between these three factors.

There was found to be a significant positive correlation between all the three variables. A significant positive relationship between hope and readiness to change signify that hope is strongly related to contemplation and action phases of treat addiction. (Bradshaw, Shumway, Wang and Harris, 2014)

Hope to live a healthy and fulfilling future is what drives people to seek treatment for whatever it is they want to change. Hope gives people an idea about where one wishes to be in the future which in turn motivates people to achieve that goal by bringing about changes in one's present and fighting the unpredictable hardships. In situations where people become pessimistic, it is likely that people will be preoccupied with negative thoughts, any attempt to make a change seems futile and there would be no motivation to do anything. As hope helps people in setting goals and achieving it, people with pessimistic view may find it difficult to seek treatment of any sort as treatment requires setting goals and believing in them.

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Self-efficacy was also found to be significantly correlated with readiness to change indicating that confidence in one's ability is what helps people to overcome the challenging times during treatment and to persist during those times (Romo, Le Strat, Aubry, Marquez, Houdeyer, Batel, Ades and Gorwood, 2009).

Self-efficacy is what helps people work towards their goals and achieve it. For example in the context of treatment for alcohol, one may be hopeful about becoming sober, take care of one's health and family and set up appropriate goals. However, it's difficult to strictly adhere to the treatment goals when one realises the hardships one has to undergo or face. If a person has confidence in one's own abilities to face those hardships, they may believe that they will emerge victorious. Moreover, with each small successful attempt our beliefs in our abilities increase which makes us more confident to achieve the ultimate goal. In case of treatment for alcohol addiction the ultimate goal will be abstinence. As people have observed themselves remain sober during treatment, their self-efficacy or confidence in one's ability to remain abstinent after treatment also increases (Nikmanesh, Baluchi, and Motlagh, 2016). Even though the environment of the rehabilitation centre is starkly different from that of the real world, people begin to develop strategies that will prevent them from a relapse once they enter the real world.

Hope and self-efficacy, both are intimately associated with each other and were found to be positively correlated. Hope and self-efficacy are important characteristics that can help individuals overcome recovery related challenges and experiences of anxiety and depression (May, Hunter, Ferrari, Noel and Jason, 2015). Through hope people expect to have a better future and through self-efficacy people believe in their abilities to create that better future.

Implications

This research contributes to the existing literature on the relationship between Hope, Self-Efficacy and Readiness to Change of adults with Alcohol Use Disorder. For getting positive treatment outcomes, it is important that people are motivated and willing to seek treatment. Hence, a treatment plan focused on enhancing peoples hope and self-efficacy may assist people in becoming ready to seek treatment and persevere during treatment. Moreover, it is important to not only persist during treatment but also to practice abstinence post treatment which can be achieved by developing and strengthening one's believes in their own abilities to remain sober and prevent relapse.

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Conflict of Interest

The author(s) declared no conflict of interest.

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