



Employment status, attributional style and psychological well-being: A study of Vietnamese employed and unemployed in Queensland

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Abstract

The aim of the current study was to examine the psychological impact of employment status, locus of control and attribution stability in the Vietnamese community in a Queensland sample. It was hypothesised that employment status, locus of control and stability of attributions regarding employment status would contribute significantly to the prediction of depression, anxiety, stress and somatisation symptomatology. One hundred and seventeen people in the Vietnamese community participated in this community-based explorative research. Results indicated that employment status and locus of control made significant contributions to the prediction of depression, stress, anxiety and somatisation. The clinical implication from the current research is that in the Asian community studied, individuals who encounter an adverse situation such as unemployment, and internally attribute that adverse experience to themselves, have a higher risk of developing mental disorders. Practitioners working in the field may find this information useful in their consultations with the 'at-risk' community.

Keywords

Vietnamese, attributions, employment, unemployment, locus of control, well-being

Introduction

Many communities have developed and thrived in their new settings in different countries. Migration may have been based on reasons such as loss of homeland through war, or other dispossession, or for global economic pressures or personal choice related to family. The Vietnamese community in Australia is one such community that has developed ties within the broader Australian community (Allotey, Manderson, Nikles et al., 1997). However, unemployment in such communities appears to bring negative psychological impacts, much as unemployment does in the wider community. The extent of such impacts and how these are related to the beliefs and attributions held within the Vietnamese community, however, is not

known. This paper comments on international findings and then examines the reactions of employed and unemployed groups within the Vietnamese sample.

Research has shown that the adverse outcomes of globalisation are not only economic, but also psychological (e.g., Stokes, 2006; Wagner, 2000; Winefield, 2002; Ying, 2006). Numerous authors contend that there are psychological consequences of unemployment in terms of adverse outcomes, both to the individual and to the family, which cannot be credited exclusively to economic deficiency (e.g., Schmidt, 2006; Winefield, 1995; Ying, 2006). In particular, studies of the psychological impact of unemployment in school leavers have found that the unemployed show poorer psychological well-

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being on a range of measures than do the employed (Chase-Lansdale, Moffitt, Lohman et al., 2003; Winefield, Tiggemann & Winefield, 1992; Winefield, Winefield, Tiggemann & Goldney, 1991).

Similarly, O'Higgins (2001) concluded that the longer the unemployment period, the greater the cost to the person and to the society, in terms of physiological and psychological damage and negative effects on marriage and family. The majority of authors have concurred that sustained unemployment imposes significant economic, personal and social costs that include: loss of current output, social exclusion and the loss of freedom, skill loss, psychological harm, ill health and reduced life expectancy, loss of motivation, the undermining of human relations and family life, racial and gender inequality, and the loss of social value and responsibility (e.g., Anderson, 2002; Gill, Butterworth, Rodgers et al., 2006; Junankar & Kapuscinski, 1992; Larsen, 2003; Sen, 1997).

Moreover, when Tiggemann and Winefield (1984) examined the effects of unemployment on the mood, self-esteem, locus of control, and depressive affect of 761 Australian school-leavers they found that the unemployed were generally less well-adjusted than their employed counterparts. More specifically, all unemployed participants reported greater negative mood and had higher depression scores, while the unemployed female school-leavers also displayed lower self-esteem. However, those individuals who attributed external causality for their unemployment status showed better mental health than did those individuals who attributed their unemployment to internal causality.

It might be acknowledged that the suffering endured by unemployed people would depend in part on the grounds of causal provenance (attribution emphasis) they give for their unemployment, and among individuals who had lost jobs, the reason for the job loss. In particular, it might be expected that those who were terminated might experience greater psychological suffering than those who had left their job for other reasons (Hicks & Chan, 2006; Winefield et al., 1992).

Weiner (1985) has postulated an attributional analysis of motivation and emotion that can be

relevant to the unemployment circumstance. The theory contends that the emotional cost of causal attributions for adverse outcomes (such as unemployment) will depend on the position of the attributions within a three-dimensional space arrangement (of locus of control – whether internal or external; stability of the attribution – whether stable or unstable; and controllability – whether controllable or not controllable). The theory asserts that success and failure observed as being due to internal causes, such as personality, ability or effort, respectively raises or lowers self-esteem, self-worth, and psychological well-being, whereas external attributions for positive or negative outcomes do not influence feelings about the self (Weiner, 1985).

The theory assumes additionally that because causal stability influences anticipation about future success and failure, any emotion involving anticipations of goal accomplishment or non-accomplishment will be shaped by the causal stability (Weiner, 1985). Weiner's third attributional dimension, controllability or intentionality, is thought to make an impact on emotions of anger, gratitude and pity.

Weiner's (1985) theory was examined by Winefield et al. (1992) who investigated unemployment distress, reasons for job loss and causal attributions for unemployment in 78 young people. They found that individuals who had external causal attributions for their unemployment showed better psychological adjustment on measures of self-esteem and hopelessness, compared with those who adopted internal causality. However, the stability of causal attributions was not associated with psychological well-being (that is, with the measures for depression, anxiety, stress and somatisation).

The Vietnamese community in Australia faces many issues similar to those faced by the broader community and many members face additional pressures. For example, several health and mental health concerns challenge the population of Asia (Tseng, Ebata, Kim et al., 2001); the concerns are seen to be related to the swift socio-cultural changes detected in these Asian countries. These changes have included a gradual increase in divorce rates, increased alcohol consumption and related problems, a

rapid increase in substance abuse, the increased occurrence of criminal behaviour and an increased suicide rate. While there are substantial diversities among Asian societies, the deterioration in the mental health rates is seen to be a frequent and now prevalent occurrence (Tseng et al., 2001). Studies conducted in this mental health area, with reference to employment status, are discussed next and give a context for our study of the Vietnamese community sample in Australia.

Unemployment and cross cultural clinical research in other ethnic communities

Mumford, Minhas, Akhta et al. (2000) explored somatisation, stress and psychiatric disorders in urban Rawalpindi, a province in Pakistan. The authors investigated the emotional distress and common mental disorders in a poor urban district, using the Bradford Somatic Inventory (Mumford, Bavington, Bhatnagar et al., 1991) and psychiatric interviews based on the ICD-10 (World Health Organization, 1993). Mumford et al. (2000) concluded that high education level, being employed, and living in an urban province were factors associated with less distress and fewer psychiatric problems compared to those individuals who had a low education level, were unemployed and lived in rural villages. The authors also found that emotional distress was negatively correlated with socio-economic variables.

Lai and Chan (2002) investigated the impact of job-search motives and coping behaviours on psychological well-being and re-employment on 104 unemployed Hong Kong Chinese. The results showed that the use of coping strategies predicted higher psychological well-being, while higher financial hardship was associated with decreased mental health. Lai and Chan also concluded that participants who scored high on employment commitment at the first survey were more likely to regain employment subsequently. Differing from prior findings reported in studies with Western samples, psychological well-being of participants was not affected by employment status at the follow-up survey. These findings suggest that specific psychological factors may be determining the response of the Hong Kong Chinese to job loss (that is, for example, that their attributions about their unemployment status differed).

In another study, Garcia-Ramirez, Martinez, Balcazar et al. (2005) explored psychosocial empowerment and social support features in relation to the employment status of 188 immigrant welfare recipients. These authors concluded that significant differences in well-being resulted from psychological empowerment factors (which included having a positive professional self-concept, having an internal attribution of causality of employment and being committed to job searching). Furthermore, the ability to depend on both fellow citizens and affiliates of the host country in one's support network and the recommendation and information received from them were considerable factors in social support.

However, some researchers have held different views and drawn different conclusions. It has been held that individuals from developing countries generally express distress only somatically. Al-Lawati, Al-Lawati, Al-Siddiqui et al. (2000) opposed this view and examined the occurrence of somatisation and psychological morbidity in patients presenting for primary health care in Oman. One hundred participants completed measures of Bradford Somatic Inventory (Mumford et al., 1991) and Self Reporting Questionnaires. Al-Lawati et al. found that the Omani participants, seeking primary health care, encountered and reported both psychological distress and somatic distress.

In the past, little research has investigated the effects of unemployment on mental health and well-being in Vietnamese immigrant communities. Whereas previous research has tended to concentrate on Western societies (Winefield, 2002), very little attention has been focused on Eastern societies, and in particular the Vietnamese community. The Vietnamese are one of the major migrant societies from non-English speaking backgrounds in Australia, and the largest society from any single country in Asia (Allotey et al., 1997). As indicated earlier, the Vietnamese have tended to come to Australia under humanitarian principle or for family reunion (Allotey et al., 1997). Many of these individuals are survivors of torture and trauma, including rape, malnourishment, isolated imprisonment and obligatory separation from their families (Allotey et al., 1997). It is therefore important that research is conducted on

the unemployed in the Vietnamese community to understand how unemployment has an impact on the Vietnamese population. To our knowledge, no one has conducted this type of research with the Vietnamese community.

It was hypothesised, in accordance with Weiner's (1985) theory, that those who were employed would show better psychological well-being as assessed by low scores on depression, anxiety, stress and somatic symptomatology than those individuals who were unemployed. Moreover, it was hypothesised that those individuals who endorsed internal attributions for their unemployment would show higher depressive, anxious, stress, and somatic symptomatology than those who endorsed external attributions; and further that those who gave stable causal attributions would show higher depressive, anxious, stress, and somatic symptomatology than those who gave unstable causal attributions.

Method

Participants

One hundred and seventeen volunteers in the Vietnamese community (66 males and 51 females) participated in this community-based explorative research. All participants were volunteers, living in South East Queensland, who described their current status as either employed ($n = 54$) or unemployed ($n = 63$). The participants comprised adult males, adult females, undergraduate students over 18 years, white and blue collar workers, and professionals. Participants were recruited through Vietnamese community groups, Vietnamese shopping centres (e.g., Inala Town Centre in Australia), and Vietnamese temples. Snowball participation was also used. The participants' ages ranged from 18 to 50 years ($M = 27.38$, $SD = 6.58$).

Materials

Demographic questionnaire. Participants were asked questions regarding their age, gender, country of origin, country of birth, nationality, religion, marital status, work status, education level, generation, number of years in Australia, and level of English proficiency.

Depression Anxiety Stress Scale (DASS 42: Lovibond & Lovibond, 1995). The DASS is a collection of three self report dimensions intended to compute harmful emotional states of

depression, anxiety and stress. The Depression scale (14 items) measures symptomatology such as dysphoria, hopelessness, devaluation of life, and inertia. The Anxiety scale (14 items) measures symptomatology such as situational anxiety, skeletal muscle effects, and autonomic arousal. The Stress scale (14 items) measures symptomatology such as difficulty in relaxing, nervous arousal, and being easily upset, irritated and impatient. Internal reliability of the three scales was deemed adequate (Lovibond & Lovibond, 1995) and its test-retest reliability was likewise deemed adequate with .71 for depression, .79 for anxiety and .81 for stress (Brown, Korotitsch, Chorpita, & Barlow, 1997).

Bradford Somatic Inventory (BSI: Mumford et al., 1991). The BSI is a 44-item multi-ethnic inventory for psychosomatically articulated psychological disturbance. The BSI was developed from symptom reports by psychiatric patients in Pakistan and Britain with clinical diagnoses of anxiety or depression. The BSI questions the participants on a wide range of somatic complaints throughout the previous month and whether or not the participant has experienced a particular symptom, on either more or fewer than 15 days during the month (scoring 1 or 2 respectively). The BSI has cross-cultural validity as demonstrated by research incorporated in Great Britain, Pakistan, India, Nepal and Russia (Havenaar, Poelijoe, Kasyanenko et al., 1996; Mumford, Saeed, Ahmad et al., 1997). In two epidemiological investigations in Pakistan (Mumford, Nazar & Jillani, 1996; Mumford et al., 1997), the BSI proved to be an effective first-stage screening tool, as reviewed by selection psychiatric interviews using the ICD-10 research diagnostic criteria (World Health Organization, 1993). Test-retest reliability of the BSI carried out following a period of a week was respectable, with a general reliability co-efficient of 0.86 and a median κ value of 0.63 in a British primary care population (Mumford, 1992).

Attribution Style Questionnaire (ASQ) (Winefield et al., 1992). The ASQ involved asking participants whether they had ever lost or left a full time job, and the reason for leaving it (i.e., the most recent job if more than one). The participants were asked to select one of the following possible response categories: resigned to take a better job, resigned without a job to go

to, retrenched/made redundant, dismissed, the job was temporary, or other reasons. The participants were also asked to choose one of the following reasons as to why they were unemployed: lack of ability (internal, stable attribution), lack of effort (internal, unstable), the situation (external, stable) or bad luck (external, unstable).

Procedure

Participants were recruited through the Vietnamese community residing in South East Queensland and invited to complete the voluntary surveys. Research packages were given to the participants with instructions which consisted of one self-administered questionnaire package with information sheet, brief project description, and a prepaid envelope. Consent was deemed to be given once the surveys were returned. All surveys and instrument tools were approved by Bond University. Full written approval was given by a major Vietnamese shopping centre to conduct the research there.

Results

The results for the self-administered questionnaires were collated for the Vietnamese participants. Cramer's ν was used for calculating (nominal) categorical correlations. A 2 x 2 between-groups multivariate analysis of variance was performed to investigate employment status on psychological well-being. Four criterion variables were used: depression, anxiety, stress and somatisation scales. The predictor variables were employment status, locus of control and stability. Preliminary assumption testing was conducted to check for normality, linearity, univariate outliers, homogeneity of variance-covariance matrices, and multicollinearity, with no serious violations being noted (Tabachnick & Fidell, 2000). With the use of $p < .05$ criterion for Mahalanobis distance, no multivariate

outliers were identified (Tabachnick & Fidell, 2000). There was no significant skewness or kurtosis and no missing data ($N = 117$).

Preliminary checks on the intercorrelation matrix between the predictors and the criterion (as seen in Table 1) indicated that employment status was a significant zero order predictor of somatisation. Specifically, Vietnamese participants who were unemployed, reported higher levels of somatisation symptomatology than Vietnamese participants who were employed, Cramer's $\nu = .63$, $p < .05$. However, correlations between employment status and stress, anxiety and depression were not significant (Cramer's $\nu = .41$, $.21$, & $.33$ respectively).

Furthermore, preliminary checks on the intercorrelation matrix between the predictors and criterion showed that locus of control was a significant zero order predictor of somatisation and depression. Specifically, Vietnamese participants who reported internal locus of control reported higher levels of somatisation and depressive symptomatology than did participants who reported external locus of control, Cramer's $\nu = .68$ & $.43$ respectively, $p < .001$. However, correlations between locus of control and stress and anxiety respectively were not significant.

Moreover, preliminary checks on the intercorrelation matrix between the predictors and criterion found that stability was a significant zero order predictor of somatisation, stress and depression. In particular, Vietnamese participants who reported stable characteristics reported higher levels of somatisation, stress and depression than Vietnamese participants who reported unstable characteristics, Cramer's $\nu = .65$, $.49$, & $.43$ respectively, $p < .05$. However, the correlation between stability of attribution and anxiety was not significant.

Table 1. Correlations between the predictor and the criterion variables

		Somatisation	Stress	Anxiety	Depression
Cramer's ν	<i>Employment status</i>	.63*	.41	.21	.33
	<i>Locus</i>	.68**	.39	.34	.43*
	<i>Stability</i>	.65**	.49**	.34	.43*

Note. * $p < .05$; ** $p < .001$.

Table 2. Summary of multivariate analysis of variance for variables predicting Depression, Anxiety, Stress and Somatisation

Variable	F	Wilks' Lambda	Eta square	Observed power
Employment status	2.81	.91*	.09	.75
Stress	.76		.01	.14
Anxiety	.11		.00	.06
Depression	.28		.00	.08
Somatisation	.05		.00	.05
Locus of control	2.82	.91*	.09	.75
Stress	2.98		.02	.40
Anxiety	.70		.00	.13
Depression	3.91*		.03	.50
Somatisation	5.51*		.04	.64
Stability	1.47	.95	.05	.44
Stress	1.48		.01	.22
Anxiety	.55		.00	.11
Depression	.74		.00	.14
Somatisation	.53		.04	.64

Note. * $p < .05$

Table 2 shows the results of the 2 x 2 between-groups multivariate analysis of variance, predicting psychological outcome variables. There was a statistically significant difference between employment and unemployment on the combined dependent variables: $F(4, 112) = 2.81, p = .029$; Wilks' Lambda = .91 partial eta squared = .09.

When the results for the dependent variables were considered separately using a Bonferroni adjusted alpha level of .017, no statistically significant differences were found for the separate variables. An inspection of the mean scores indicated that the unemployed reported slightly higher levels of depression and somatisation ($M = 6.11, SD = 6.62; M = 12.40, SD = 11.55$, respectively) than the employed ($M = 5.49, SD = 5.90; M = 11.96, SD = 10.43$, respectively).

Furthermore, there was a statistically significant difference between internal and external locus of control on the combined dependent variables: $F(4, 112) = 2.82, p = .028$; Wilks' Lambda = .91; partial eta squared = .09. When the results for the dependent variables were considered separately, there were two statistically significant variables using a Bonferroni adjusted alpha level of .017, which were depression and somatisation, $F(1,115) = 3.91, p = .05$, partial eta squared = .03;

$F(1,115) = 5.51, p = .02$, partial eta squared = .04, respectively. An inspection of the mean scores indicated that participants with internal locus of control reported slightly higher levels of stress ($M = 5.68, SD = 6.14$), anxiety ($M = 5.33, SD = 6.55$), depression ($M = 7.20, SD = 6.69$) and somatisation ($M = 15.11, SD = 12.38$) than those with external locus of control ($M = 3.86, SD = 5.18; M = 4.38, SD = 5.52; M = 4.88, SD = 5.78; M = 10.33, SD = 9.52$, respectively).

There was no difference between stable and unstable components on the combined dependent variables: $F(4, 112) = 1.47, p = .216$; Wilks' Lambda = .95; partial eta squared = .05.

Discussion and conclusion

Overall, although employment status, locus of control and stability contributed significantly to the prediction of somatisation symptomatology independently in the intercorrelation matrix (Cramer's $v = .63, .68, .65$, respectively), once these factors were considered simultaneously, only employment status and locus of control made significant contributions to depression, anxiety, stress and somatisation symptomatology.

The hypothesis that employment status would contribute significantly to the prediction of depression, stress, anxiety and somatisation symptomatology was supported; that is,

Vietnamese participants who were unemployed reported significantly higher levels of depression, stress, anxiety and somatisation symptomatology compared to Vietnamese participants who were employed. These findings partially supported previous research; for example, Gill et al. (2006) and Larsen (2003) found that sustained unemployment imposed significant economic, personal and social costs. Similarly, O'Higgins (2001) found that unemployed individuals have a greater risk of developing psychological distress, marital hardship, and physiological damage.

The hypothesis that locus of control would contribute significantly to the prediction of depression, stress, anxiety and somatisation symptomatology was also supported; that is, Vietnamese participants who had an internal locus of control reported significantly higher levels of depression, anxiety, stress and somatisation symptomatology than those participants who had external locus of control. This finding partially supports previous research by Tiggemann and Winefield (1984) who concluded that individuals who nominated external causal attribution for their unemployment showed improved mental health compared to those individuals who attributed their unemployment solely to themselves.

However, the hypothesis that causal stability would contribute significantly to the prediction of depression, stress, anxiety and somatisation symptomatology was not supported; the Vietnamese participants who reported stable causal attribution for their unemployment (that is, they attributed their unemployment to lack of ability or to 'the situation') did not report significantly higher levels of depression, stress, anxiety and somatic symptomatology than those who reported unstable causal attribution for their unemployment (that is, they attributed their unemployment to lack of effort or bad luck).

This finding did not support Weiner's (1985) attributional theory. An explanation for this contrary finding is that while a stable attribution may have been reported for unemployment (i.e., lack of ability or the situation) and given that the mean age for the current study is relatively young (overall $M = 27$ years), there is a possibility that the participants perceived this as not important because of their age, and perhaps

also held a belief that outside proceedings would change in the future, thus increasing the probability of their gaining employment in the future. Perhaps that is why the unemployed participants did not report significantly higher distress than the employed.

A serious limitation to the current study may be that the participants were younger generation Vietnamese and could read and understand English adequately. In terms of generalisability, the study did not adequately capture a general Vietnamese population, and therefore future research might focus on translating materials to Vietnamese to measure a general Vietnamese population better. Furthermore, the research project had four dependent and three independent variables. Although 117 is a reasonable sample in terms of the proportion of Vietnamese compared to the overall population in South East Queensland, further research with more participants is likely to clarify and increase the power of the findings.

In terms of cross-cultural group comparisons, the results of the current study partially support previous Australian and other ethnic community research conducted by Tiggemann and Winefield (1984) and Mumford et al. (2000) respectively. These authors concluded that employment status and locus of control were associated with psychological distress. Furthermore, the current study's results concurred with Mumford et al.'s (2000) recommendations that a questionnaire consisting of both psychological and somatic symptomatology may be helpful in ascertaining psychological problems. This is especially the case for societies where it has been shown that individuals with psychological problems can articulate their suffering in somatic grievance.

Overall, the current study's findings provide some support for Weiner's (1985) theory in that the psychological experience resulting from causal attributions for unemployment would be related to the dimensions of locus of control (internal, external); however the theory was not supported by the stability results. The main finding from this community-based explorative research was that the investigation pinpointed psychological components such as depression and somatisation among Vietnamese, and their impact on the well-being of unemployed Vietnamese.

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