Causal Attributions of Job Loss Among People With Psychiatric Disabilities

Nathalie Lanctôt
Institut universitaire en santé mentale de Montréal and
Université de Montréal

Prunelle Bergeron-Brossard
Institut universitaire en santé mentale de Montréal

Nathalie Sanquirgo
Université Paris Ouest Nanterre La Défense

Marc Corbière
Université de Sherbrooke

Objective: Guided by Weiner’s attribution theory (1985), the aim of this study is to describe the reasons given by people with psychiatric disabilities to explain job loss. Methods: Using a sample of 126 people with psychiatric disabilities participating in a prospective study design, the authors evaluated the causal attributions pattern to explain job loss. During a 9-month follow-up phone interview, clients of supported employment programs were asked to explain the reasons why they had lost their jobs. The reasons provided were categorized according to type of job loss (voluntarily vs. involuntarily), locus of control (external vs. internal) and controllability (controllable vs. uncontrollable). Results: The results show that 73% of participants had voluntarily ended their jobs. For the majority of participants, the reasons given to explain job loss were related to external and uncontrollable factors. Moreover, men used more external (34.1% vs. 23%) and uncontrollable (68.2% vs. 40%) reasons than women. Severity of symptoms and level of education also affected the attributional pattern. However, self-esteem, psychiatric diagnosis and work centrality did not correlate significantly to the attributional pattern. Conclusion and Implications for Practice: The results demonstrated that reasons given to explain job loss among people with psychiatric disabilities are mostly external. A more systematic evaluation of environmental factors should be put in place to favor longer job tenure for people with psychiatric disabilities.

Keywords: job loss, psychiatric disabilities, attribution theory, regular employment

Today, work integration on the regular job market for people with psychiatric disabilities continues to be difficult. Several authors have looked at variables that contribute to job tenure or job loss among people with psychiatric disabilities (Corbière, Lesage, Villeneuve, & Mercier, 2006; Resnick & Bond, 2001; Xie, Dain, Becker, & Drake, 1997). These variables may be related to sociodemographic, work, cognitive or environmental factors. However, these studies are limited to variables that have been selected a priori by the authors and fail to consider the reasons given by those who are directly affected by their job loss. Only a few studies have looked directly at the reasons given by people with psychiatric disabilities to explain why they lost their jobs (Becker et al., 1998; Cook, 1992; Dorio, Guitar, Solheim, Dvorkin, & Marine, 2002; Mak, Tsang, & Cheung, 2006; Tsang, NG, & Chiu, 2002).

The most frequent reasons given by people with psychiatric disabilities to explain job loss are: interpersonal conflicts, relapse because of the severity of symptoms, dissatisfaction with their jobs, and getting a new job (Becker et al., 1998; Cook, 1992; Mak et al., 2006; Tsang et al., 2002). Other studies have used various methods to analyze these reasons, such as focus groups and individual interviews (Dorio et al., 2002), semistructured interviews (Secker, Membrey, Grove, & Seebohm, 2003), and self-reported questionnaires (Becker et al., 1998). However, these methods have shortcomings. For example, the categorization of reasons for job loss as satisfactory versus unsatisfactory through Becker’s Job Termination Interview questionnaire relies on the evaluator’s judgment instead of the reality perceived by the person with a psychiatric disability. Moreover, these studies do not propose any theories to explain the reasons for job loss, which would facilitate our understanding of the typology of those reasons.

Weiner’s attribution theory (Weiner, 1985) allows one to precisely analyze the reasons given by a person facing a life event that may have a positive (success) or negative (failure) reinforcement, such as job loss, which is often seen and experienced as a social and personal failure (Castra, 2003; Pierru, 2005). Attribution the-
ory attempts to explain an event and determine the cause of the event or behavior. According to Weiner’s theory, there are three dimensions of causal attributions: (1) locus of control (internal vs. external), which helps to identify the origin of the event, whether it is linked to characteristics of the individual or the environment; (2) controllability (controllable vs. uncontrollable) which answers the question of whether a person has control over an event; and (3) stability (stable vs. unstable) which evaluates whether the causes of an event are changeable over time.

Various factors may influence the pattern of causal attribution, such as gender (Thomson, 1997), diagnosis and severity of symptoms (Kuiper, 1978; Miller & Hoppe, 1994), self-esteem (Winefield, Tiggemann, & Winefield, 1992), task centrality (Miller, 1976), and the level of education (Collard-Bovy & Galand, 2003). At a gender level, women tend to attribute their successes more to external and unstable causes compared with men who tend to attribute their successes to internal and stable causes (Fitch, 1970; Weiner et al., 1971; Zohri, 2011). In contrast, women, more often, tend to attribute their failures to internal and stable causes. Thus, making external attributions for success, women do not take credit for their performance whereas men recognize the importance of their ability in achieving success. This phenomenon has been interpreted as evidence for a self-enhancing bias in men and a self-derogatory bias in women (Beyer, 1990, 1998, 2002; Lloyd, Walsh, & Yailagh, 2005). However, gender differences in causal attribution patterns depend on achievement domain (Meece, Glienke, & Burg, 2006).

At a clinical level, the psychiatric diagnosis may influence causal attribution patterns. More precisely, when facing a negative event (e.g., job loss), people diagnosed with depression tend to attribute negative events to internal and uncontrollable causes (Brewin, 1985; Joiner, 2001; Moore & Fresco, 2007; Sweeney, Anderson, & Bailey, 1986), whereas people diagnosed with schizophrenia tend to attribute negative events to external causes (Candido & Romney, 1990; Janssen et al., 2006; Kaney & Bentall, 1992; Kaney & Bentall, 1989).

The attributional pattern may also vary depending on the level of self-esteem (Chandler, Lee, & Pengilly, 1997; Winefield et al., 1992). Individuals with high self-esteem tend to internalize success but not failures, while individuals with low self-esteem tend to internalize all failures and successes (Fitch, 1970). Moreover a person with a high level of self-esteem tends to interpret events to maintain a positive self-image, which refers to the self-serving bias (Mezulis, Abramson, Hyde, & Hankin, 2004). More precisely, the self-serving bias consists of attributing successes to internal causes and failures to external causes in order to protect or enhance self-esteem (Campbell & Sedikides, 1999; Miller & Ross, 1975). The self-serving bias may also be reinforced by task centrality (Campbell & Sedikides, 1999). A central task is one which is relevant to the self and linked with the person’s self-esteem (Nadler & Fisher, 1986).

Finally, authors argue that the level of education may moderate the inferential activity generated by the confrontation to a given event (Boysen & Vogel, 2008; Collard-Bovy & Galand, 2003).

When looking at the literature on job tenure of people with psychiatric disabilities, to our knowledge, there is no study that has adopted the causal attribution framework to explain job loss. Therefore, the objectives of this study are twofold: (1) to describe the reasons given by people with psychiatric disabilities to explain their job loss, and (2) to understand these reasons for job loss in light of Weiner’s causal attribution theory (1985), by taking into account individual characteristics that may influence the attributional pattern.

Method

Procedure

The data originated from two longitudinal studies conducted on work integration of people with psychiatric disabilities enrolled in supported employment programs located in the metropolitan regions of Vancouver and Montreal (Corbière et al., 2006; Corbière et al., 2011). Data were gathered at two phases: (1) at the registration of participants in a supported employment program, and (2) 9 months later. During the first phase, questionnaires were administered to measure various predictors of work integration, and during the second phase, a phone interview was conducted to identify the work reintegration pathways of the participants.

Participants

Participants meeting the following inclusion criteria were eligible to take part in both studies: (1) to have a psychiatric disability, and (2) to have obtained and lost a job during the nine months following their registration in a supported employment program. A total of 126 participants (66 men) were included in the study (Vancouver = 67 and Montreal = 59). A complete description of the participants is presented in Table 1.

Studies were approved by the research ethics boards at the Université de Montréal and the University of British Columbia. All participants gave written informed consent to take part in the study.

Measures

Sociodemographic variables. We gathered sociodemographic variables at baseline. In addition, we asked questions related to the psychiatric diagnosis, centrality of work and the level of education.

Self-esteem. We evaluated self-esteem using the brief version of the Self-Esteem Rating Scale (Lecomte, Corbière, & Laisne, 2006). This self-administered questionnaire consists of 20 items measured on a Likert scale ranging from 1 (never) to 7 (always). This questionnaire has been validated with people with psychiatric disabilities (Lecomte et al., 2006). Satisfactory alpha coefficients were found.

Psychiatric symptoms. We measured psychiatric symptoms using the Brief Symptoms Inventory (Derogatis & Melisaratos, 1983). This questionnaire includes 53 items divided into nine dimensions and a global score that indicates the severity of the symptoms. Items are rated on a 5-point scale ranging from 0 (none) to 4 (extremely). Satisfactory alpha coefficients were found.

Categorization of Reasons Mentioned for Job Loss

During the second phase of data collection, the reasons given to explain job loss were collected through a generic question:
“What are the reasons why your job ended?” The reasons, broken down into simple propositions, were then assessed independently by two judges (N.L. & N.S.) for the purpose of categorization according to Weiner’s typology. First, the type of job loss was categorized as being either voluntarily or involuntarily. A reason was categorized as voluntary when the decision to leave was made by the participant and involuntary when the decision was made by the employer. The reasons were then categorized in terms of their locus of control (internal vs. external) and controllability (controllable or uncontrollable). Reasons were categorized as internal when the participant referred directly to his or her own characteristics and external if they were related to environmental characteristics. When a participant used both internal and external arguments to explain his or her job loss, the response pattern was considered mixed. In terms of controllability, a reason was categorized as controllable if a participant had some control over the loss of his or her job. The controllability of the locus of control was classified as mixed if a participant used both type of reasons. Table 2 shows examples of categorization of reasons. Interjudge agreement was calculated with Pearson correlations for the categorization of reasons (type of job loss, locus of control and controllability) and averaged 0.95. It should be noted that the dimension of stability was not evaluated because it was not appropriate given the purpose of the study.

**Analyses**

Data were analyzed using SPSS version 13. First, chi-square and mean comparisons (t test and analysis of variance [ANOVA]) were conducted for all variables to compare participants (Montreal vs. Vancouver). Participants did not differ in terms of gender, education and psychiatric diagnosis but they differed in age. Thus, the average age of the participants from Montreal was 42 years (SD = 12) and the average age of the participants from Vancouver was 38 years (SD = 9) for, t(121) = −39.15, p < .001. However, because the age had no significant effect on the categorization of reasons, the two samples were pooled for subsequent analyses. To determine the patterns of attributions used by participants, we performed chi-square analyses with categorical variables and ANOVA with continuous variables. In addition, logistic regression analyses (binomial and multinomial) were conducted to determine whether the contribution of variables (psychiatric diagnosis, psychiatric symptoms, gender, age, educational level, self-esteem, centrality of work, and type of job) was significant to the attributional pattern used by the participants to explain their job loss. To determine whether a variable was significant in the regression analysis, odds ratio (OR) with a confidence interval (CI) of 95% was chosen.

**Results**

Of the types of employment lost, 85.7% of the jobs were competitive employment and 14.3% were sheltered workshops. The average number of days worked was 68 days (SD = 62) for all job types. The five most common reasons workers gave for job loss were: (1) problems related to work tasks (13%); (2) psychiatric symptoms (13%); (3) difficulty doing the work required (12%); (4) relationship problems with the employer (11%); and (5) poor working conditions (9%). By combining the different cate-
Table 3
Attributional Patterns of Job Loss

<table>
<thead>
<tr>
<th>Locus of control</th>
<th>Internal</th>
<th>External</th>
<th>Mixeda</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controllable</td>
<td>13.5</td>
<td>19</td>
<td>4</td>
<td>36.5</td>
</tr>
<tr>
<td>Uncontrollable</td>
<td>14.3</td>
<td>34.1</td>
<td>4.8</td>
<td>53.2</td>
</tr>
<tr>
<td>Mixedb</td>
<td>0.8</td>
<td>4</td>
<td>5.6</td>
<td>10.4</td>
</tr>
<tr>
<td>Total</td>
<td>28.6</td>
<td>57.1</td>
<td>14.4</td>
<td>100</td>
</tr>
</tbody>
</table>

a 50% of the reasons were internal and 50% were external.  b 50% of the reasons were uncontrollable and 50% were controllable.

CAUSAL ATTRIBUTIONS OF JOB LOSS

The main objective of this study was to describe the reasons given by people with psychiatric disabilities to explain their job loss. Our results demonstrated that the majority of people with psychiatric disabilities (73%) voluntarily quit their jobs. These results corroborate the study by Wong and colleagues (Wong, Chiu, Chiu, & Tang, 2001) in which nearly 60% of people with psychiatric disabilities voluntarily quit their jobs.

Moreover, our results showed that the risk of voluntarily quitting a job is higher among people working in sheltered employment than those with a competitive job. In fact, a goal of sheltered employment is that individuals acquire skills in order to obtain competitive employment (Corbière & Lecomte, 2009). Sheltered workshops tend to require a lower level of productivity from the worker, compared to competitive employment. Thus, several workers with psychiatric disabilities probably decided to quit their jobs voluntarily because they felt they had achieved their objectives through sheltered employment. However, this hypothesis was not directly tested among participants. In addition, sheltered employment positions are adapted for people with psychiatric disabilities and give greater power to the employees to act on their employment status, compared to competitive employment.

A key finding of this study is that people with psychiatric disabilities used predominantly external attributions to explain their job loss. These results are consistent with those from Schaufeli's study (1988) showing that unemployed people use more external attributions to explain their situation. However, our study failed to show that the attributional pattern was influenced by the psychiatric diagnosis. As a matter of fact, several studies produced controversial results in terms of the contribution of the psychiatric diagnosis on the attributional pattern (Humphreys & Barrowclough, 2006; Jolley et al., 2006; Kinderman & Bentall, 1997; Krstev, Jackson, & Maude, 1999; Kuiper, 1978; Moritz, Woodward, Burlon, Braus, & Andresen, 2007). Some authors have stressed that the attributional pattern is affected by the level of severity of psychiatric symptoms and not the diagnosis itself (Miller & Hoppe, 1994; Mizrahi, Addington, Remington, & Kapur, 2008). The results of this study confirm this hypothesis. Indeed, it is the extent of the psychiatric symptoms that predicts the locus of control and not the psychiatric diagnosis, per se (Mizrahi et al., 2008).

This study showed that men tend to use more external and uncontrollable reasons than women to explain their job loss. These results are congruent with other studies that claim that men use more external attributions than women to explain failure (Campbell & Sedikides, 1999; Dweck & Elliott, 1983; Friese et al., 1982; Weiner et al., 1971). Our results also emphasize that the level of education predicts the locus of control to explain job loss. Thus, a person with a low level of education is more likely to attribute his or her job loss to external factors. This finding is contrary to some authors who argue that the educational level of people with no psychiatric disabilities does not significantly affect work-related attributional patterns (Furnham, Sadka, & Brewin, 1992; Hutri, 1994). However, the results of our study agree with other studies confirming differences in attributional patterns in terms of education level among student populations (Bernier, 1978; Collard-Bovy & Galand, 2003; Guimond, 1992).

Discussion

Table of Contents

Type of Job Loss: Voluntary Versus Involuntary Job Loss

Data analysis indicated that the majority of participants (73%) voluntarily decided to quit their job, χ² (1) = 26.70, p < .001. After logistic regressions, the only significant variable that predicted the attributional pattern was the type of employment. Thus, people working in sheltered workshops were almost 14 times more likely to voluntarily quit their job compared to people working in competitive employment (OR = 13.7, 95% CI 0.008–0.65; see Table 4).

Locus of Control: Internal Versus External

Over half (57.1%) of the participants identified external causes as the locus of control for job loss, χ² (2) = 36.00, p < .001. Table 4 shows that people who gave internal reasons to explain their job loss were approximately 6 times more likely to have high levels of psychiatric symptoms compared to those who gave mixed reasons. Similarly, individuals who gave external reasons were almost 4 times more likely to have severe levels of psychiatric symptoms than those who gave mixed reasons. Furthermore, men were almost 7 times more likely to give external reasons to explain their job loss. The lower a person's education level, the more likely he or she was to give external attributions. Thus, participants who had a primary education level were 5 times more likely to give external attributions than those with a postsecondary education level. This risk decreased to 3 times for those who had a high school diploma. To sum up, the variables that influenced the locus of control of job loss were: gender, severity of psychiatric symptoms and level of education.

Controllability Versus Uncontrollability of Job Loss

The majority of participants (54.8%) reported having no control over their job loss, χ² (2) = 37.48, p < .001, with respect to categorization of the controllability of job loss. Results showed that the only significant variable to predict controllability was gender (Table 4). Thus, men were almost 8 times more likely to evoke uncontrollable reasons for their job loss compared with women.

Table 3
Controllability

<table>
<thead>
<tr>
<th>Locus of control</th>
<th>Internal</th>
<th>Uncontrollable</th>
<th>Mixedb</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controllable</td>
<td>13.5</td>
<td>14.3</td>
<td>0.8</td>
<td>36.5</td>
</tr>
<tr>
<td>Uncontrollable</td>
<td>19</td>
<td>34.1</td>
<td>4</td>
<td>53.2</td>
</tr>
<tr>
<td>Mixedb</td>
<td>4</td>
<td>4.8</td>
<td>5.6</td>
<td>10.4</td>
</tr>
<tr>
<td>Total</td>
<td>28.6</td>
<td>57.1</td>
<td>14.4</td>
<td>100</td>
</tr>
</tbody>
</table>

a 50% of the reasons were internal and 50% were external.  b 50% of the reasons were uncontrollable and 50% were controllable.
The attributional pattern is often related to the self-esteem of people suffering from stigma (Crocker & Major, 1989), such as people with psychiatric disabilities (Corrigan, 2000). In the same vein, some authors argue that causal attributions are affected by a need to protect or enhance self-esteem (Baumeister, 1999). However, our study did not show that the self-esteem of people with psychiatric disabilities had an effect on the attributional patterns of job loss. It is possible that this result could be explained by moderating variables. Indeed, Kahng and colleagues (Kahng & Mowbray, 2005) claimed that the causal attribution patterns of people with psychiatric disabilities are not related to self-esteem because psychiatric symptoms and perception of social roles act as moderating variables.

This study did not demonstrate any significant relationship between the centrality of work and the attributional pattern. In the literature, it has been stated that the centrality of the task influences the attributional pattern (Miller, 1976). However, those results were based on laboratory studies and referred to a specific task (e.g., to fill in a questionnaire), rather than the task in the current study (job loss), which implies a much broader social role for the individual. Moreover, it is possible that the level of job satisfaction intervenes as a moderator variable between the centrality of the task and the attributional pattern (Wellbourne, Eggerth, Hartley, Andrew, & Sanchez, 2007). Unfortunately, this hypothesis was not tested in our study.

This study has limitations. First, in order to categorize the reasons for job loss, external judges were needed to interpret the participants’ responses. However, it is important to note the very high satisfactory interjudge agreement scores (95%). A second limitation was that the employers’ perspectives were not considered in the analysis of reasons for job loss. Thus, it is possible that a participant quit his or her job when anticipating that job termination was impending. However, because of confidentiality requirements and technical difficulties, it was not possible to have access to the employers’ perspectives. A third limitation regards the possible recall bias of the participants’ reasons for quitting their job. Indeed, attributions are not a static phenomenon and they may change over time, reflecting a greater self-serving bias (Villemain, Truchot, & Lévèque, 2006). However, because the maximum time between the job ending and the follow-up interview was 9 months, we believe that this might have little impact on their recall.

To sum up, this study showed that the type of job loss was primarily influenced by the type of employment, whereas in sheltered employment the worker can develop work skills and choose to leave his or her job when he or she feels ready to get a competitive job. The reasons given for job loss were mostly external in terms of the locus of control. Variables that best predicted the locus of control of job loss for people with psychiatric disabilities were severity of symptoms, gender and education level. Finally, the only variable that was related to the controllability of job loss was gender.

<table>
<thead>
<tr>
<th>Attributional pattern</th>
<th>Variables</th>
<th>Odds ratio</th>
<th>Significance</th>
<th>95% confidence interval</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of job loss&lt;sup&gt;a&lt;/sup&gt;</td>
<td>Job type</td>
<td>13.7</td>
<td>.019</td>
<td>(0.008–0.646)</td>
</tr>
<tr>
<td>Internal locus of control&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Psychiatric symptoms</td>
<td>5.8</td>
<td>.009</td>
<td>(1.54–19.93)</td>
</tr>
<tr>
<td>External locus of control&lt;sup&gt;b&lt;/sup&gt;</td>
<td>Psychiatric symptoms</td>
<td>3.6</td>
<td>.047</td>
<td>(1.02–12.5)</td>
</tr>
<tr>
<td> </td>
<td>Gender = men</td>
<td>6.9</td>
<td>.009</td>
<td>(1.62–29.79)</td>
</tr>
<tr>
<td> </td>
<td>Gender = women</td>
<td>Ref</td>
<td>Ref</td>
<td>Ref</td>
</tr>
<tr>
<td> </td>
<td>Education level = primary</td>
<td>5.4</td>
<td>.41</td>
<td>(0.04–0.93)</td>
</tr>
<tr>
<td> </td>
<td>Education level = secondary</td>
<td>2.7</td>
<td>.244</td>
<td>(0.07–1.97)</td>
</tr>
<tr>
<td> </td>
<td>Education level = postsecondary</td>
<td>Ref</td>
<td>Ref</td>
<td>Ref</td>
</tr>
<tr>
<td>Uncontrollability&lt;sup&gt;c&lt;/sup&gt;</td>
<td>Gender = men</td>
<td>7.7</td>
<td>.02</td>
<td>(1.38–42.86)</td>
</tr>
<tr>
<td> </td>
<td>Gender = women</td>
<td>Ref</td>
<td>Ref</td>
<td>Ref</td>
</tr>
</tbody>
</table>

<sup>Note</sup>. Ref = reference category.  
<sup>a</sup> Adjusting for variables: age, gender, education level, diagnosis, psychiatric symptoms, work centrality, self-esteem.  
<sup>b</sup> Adjusting for variables: age, diagnosis, work centrality, self-esteem.  
<sup>c</sup> Adjusting for variables: age, diagnosis, level of education, psychiatric symptoms, work centrality, self-esteem.
CAUSAL ATTRIBUTIONS OF JOB LOSS

References


Received October 14, 2012
Revision received December 1, 2012
Accepted January 22, 2013