

SELF-EFFICACY, SOCIAL SUPPORT AND MOTIVATION AMONG RECOVERY PERSON IN MALAYSIA'S PRIVATE REHABILITATION CENTERS

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Abstract. This study examined the relationship between self-efficacy, social support, and motivation to change among individuals in recovery from substance use disorder in private rehabilitation centers in Selangor, Malaysia. A total of 130 respondents were recruited from three private rehabilitation centers using purposive sampling methods. Standardized instruments were used to measure key variables including the General Self-Efficacy Scale (GSE) to assess confidence in one's ability to cope with challenges; the Multidimensional Scale of Perceived Social Support (MSPSS) to measure support from family, friends, and significant others; and the University of Rhode Island Change Assessment (URICA) to evaluate motivation to change across different stages of recovery. Results from Pearson correlation analysis revealed significant positive relationships between self-efficacy, perceived social support, and motivation to change. Individuals who reported higher levels of self-efficacy and greater support from family and friends demonstrated stronger readiness for change. Further regression analysis showed that family support emerged as the most influential predictor of motivation to change. Overall, the findings emphasize the importance of enhancing both self-efficacy and social support, particularly family involvement, in sustaining recovery. These results provide valuable insights for improving rehabilitation programs and tailoring interventions for individuals voluntarily seeking treatment in private rehabilitation centers in Malaysia.

Keywords: *self-efficacy, social support, motivation to change, recovery, rehabilitation, Malaysia*

Introduction

Substance abuse in Malaysia continues to be a pressing public health, social, and economic issue despite decades of stringent legislation and government initiatives aimed at curbing its spread. The persistence of the problem highlights both the complexity of addiction as a phenomenon and the limitations of conventional strategies in addressing it. Malaysia's principal legal framework for drug control, the Dangerous Drugs Act 1952, was enacted during the colonial period and remains the cornerstone of national drug policy. Over the years, the law has been periodically amended to address new challenges posed by evolving drug markets and patterns of consumption. Nevertheless, the magnitude of substance abuse today suggests that legislation alone cannot sufficiently deter drug use or mitigate its associated harms. Recent data from the National Anti-Drugs Agency (NADA) illustrate the severity of the situation. In 2023, Malaysia reported a total of 145,526 registered drug users. By 2024, this number surged to 192,857, marking a 32.5% increase in just one year. The demographic profile of users paints an alarming picture with approximately 61% fall between the ages of 15 and 39, with a disproportionately high percentage being male (96%). This concentration of substance use among young people underscores a broader social concern, as it threatens the productivity, stability, and long-term wellbeing of Malaysia's next generation.

Among the substances most frequently abused are Amphetamine-Type Stimulants (ATS), such as methamphetamine and ecstasy, alongside cannabis, which itself saw a dramatic 63.4% increase in use during this period.

Malaysia has invested significantly in rehabilitation programs, ranging from compulsory treatment centers to voluntary community-based rehabilitation. Given the rising prevalence of drug use and the limited long-term success of existing rehabilitation models, the need for evidence-based, comprehensive, and community-integrated interventions has never been more urgent in Malaysia. Strengthening rehabilitation requires adopting a holistic framework that integrates psychological treatment, family involvement, vocational support, and relapse prevention strategies. Evidence from international research highlights that cognitive-behavioral therapy, motivational interviewing, and contingency management are among the most effective psychosocial interventions for substance use disorders. Incorporating such approaches into Malaysian rehabilitation centers could significantly improve outcomes. Substance abuse remains one of Malaysia's most persistent social and public health challenges. Despite decades of legislation, including the Dangerous Drugs Act 1952, and extensive government interventions, the problem has shown no sign of abating. According to recent statistics, the number of registered drug users in Malaysia rose from 145,526 in 2023 to 192,857 in 2024, representing a 32.5% increase (NADA, 2025). Most of these individuals are young, with 61% aged 15 to 39, and an overwhelming 96% male. The substances most frequently abused include Amphetamine-Type Stimulants (ATS) and cannabis, the latter increasing by 63.4% in a single year (NADA, 2025).

Self-efficacy is one of the critical determinants in substance abuse recovery; it is defined as an individual's belief in their capacity to execute behaviors necessary for achieving desired outcomes (Bandura, 1977). Higher self-efficacy has consistently been linked to lower relapse risk and greater persistence in treatment (Ilgen et al., 2007). In Malaysia, Chie et al. (2016) reported that patients who perceived greater personal control over their recovery displayed higher levels of engagement in rehabilitation. Conversely, individuals with low self-efficacy often lack confidence in resisting cravings or coping with high-risk situations, increasing their vulnerability to relapse. Another crucial component in recovery is social support. Family, peers, and community networks provide emotional encouragement, instrumental aid, and a sense of belonging, which foster resilience against relapses (SAMHSA, 2020). Research consistently shows that individuals who maintain strong supportive relationships during and after rehabilitation are more likely to sustain abstinence (Dobkin et al., 2002). In the Malaysian context, stigma against drug users remains a significant barrier to recovery. Many individuals face discrimination in employment, housing, and even within their families (Chie et al., 2016). These negative social conditions can weaken motivation and erode coping resources. Conversely, supportive environments, including peer recovery groups and community-based initiatives offer reinforcement for pro-social behavior and a buffer against relapse triggers. Private rehabilitation centers often emphasize family involvement, yet the depth of this engagement varies, and its impact on recovery outcomes has not been extensively evaluated. Recovery is also contingent on an individual's motivation to change, which refers to readiness to engage in behavior modification and sustain recovery-oriented practices (Miller and Rollnick, 2013). Motivation fluctuates across different stages of change, from precontemplation to maintenance, as described in the transtheoretical model. In addiction recovery,

motivation predicts not only treatment entry but also retention and long-term abstinence (DiClemente et al., 2004).

In Malaysia, many individuals enter compulsory rehabilitation centers through court orders, raising concerns about external versus internal motivation (Chie et al., 2016). Private rehabilitation centers, by contrast, often serve individuals who voluntarily seek help or whose families encourage treatment. This suggests that clients in private settings may exhibit higher baseline motivation, but relapse among these individuals demonstrates that motivation alone may not suffice without the reinforcement of self-efficacy and social support. The interaction between self-efficacy, social support, and motivation to change forms a synergistic framework for understanding recovery. Self-efficacy empowers individuals to act, social support sustains them through challenges, and motivation propels them forward. Weaknesses in any dimension can undermine the recovery process. For example, a motivated individual may relapse if they lack self-efficacy to resist cravings, or a confident individual may falter in unsupportive social environments. Given the high relapse rates in Malaysia and critiques of rehabilitation quality (Chie et al., 2016), investigating these psychological and social determinants within private rehabilitation centers is essential. Such insights can inform tailored interventions that strengthen individual resilience, enhance aftercare, and reduce recidivism. Private rehabilitation centers, with their smaller staff-to-client ratios, may be uniquely positioned to cultivate self-efficacy through personalized counseling, skill-building, and goal setting. However, few empirical studies in Malaysia have systematically examined how self-efficacy influences outcomes within these settings.

Literature review

Motivation is repeatedly identified as a central mechanism of behavior change in addiction science and a strong predictor of abstinence and reduced use (SAMHSA, 2019; DiClemente et al., 2017; Flannery, 2017). In treatment contexts, motivation is not a static trait but a dynamic state that can be enhanced or eroded by therapeutic engagement, perceived support, and early successes (Miller and Rollnick, 2013). Evidence from clinical and community settings indicates that higher motivation at entry and during treatment forecasts better retention and lower relapse risk, whereas low or externally compelled motivation (e.g., court-mandated admission without internal readiness) is associated with dropout and relapse (Mohamed et al., 2022; Meisler, 2020; DiClemente et al., 2004). Notably, lack of motivation has been cited as one of the most common precipitating factors in relapse episodes (Mohamed et al., 2022; Razali et al., 2021). Self-efficacy refers to the belief that one can organize and execute actions required to manage prospective situations. It is a robust predictor of substance use outcomes (Bandura, 2000). Individuals with higher abstinence self-efficacy demonstrate greater persistence in coping with cravings, more adaptive responses to triggers, and lower relapse rates (Ilgen et al., 2005). Empirical work supports a mutually reinforcing link between self-efficacy and motivation. In a cohort of 263 adults with alcohol use disorder, Müller et al. (2019) found that higher self-efficacy coupled with stronger motivation predicted longer-term abstinence post-treatment. Findings from Mohamed et al. (2022), among 153 individuals with drug addiction likewise reported a significant positive correlation between treatment motivation and self-efficacy, suggesting that interventions enhancing one construct are likely to uplift the other.

Social support further moderates' recovery trajectories: Supportive ties between family, peers, and prosocial community contacts confer emotional encouragement,

practical assistance, accountability, and a sense of belonging that counteracts isolation and stigma (SAMHSA, 2020; Dobkin et al., 2002). Malaysian and international studies converge on the protective value of strong family and peer support, with evidence that greater support is associated with increased motivation and self-esteem, and reduced relapse propensity (Razali et al., 2023; 2021; Caspi et al., 2018). Conversely, fractured family relations, unsupportive peers, and social marginalization erode recovery capital and elevate relapse risk (Skeen et al., 2019; Fauziah et al., 2010). The implication is programmatic with multi-party collaboration including families, social workers, employers, community and faith leaders that can amplify motivation and scaffold sustained change by co-producing reintegration opportunities (Razali et al., 2023). Malaysia's treatment ecosystem comprises compulsory government facilities and private rehabilitation centers. Private centers often deliver smaller caseloads, individualized case planning, and diverse therapeutic models such as cognitive-behavioral therapy, motivational interviewing, relapse prevention groups. However, outcomes remain uneven, and relapse risk persists if psychosocial drivers are not deliberately cultivated and sustained post-discharge (Chie et al., 2016). Within private facilities, clients enter voluntarily or with strong family involvement can activate internal motivation, build self-efficacy through mastery and skills practice, and engage families as ongoing recovery supports.

Research objectives

Against this backdrop, the present study examines self-efficacy, social support, and motivation to change among individuals in recovery in private rehabilitation centers in Malaysia. It addresses three interlocking questions: (1) To what extent do self-efficacy, social support, and motivation to change co-vary among clients during rehabilitation? (2) Which aspects of perceived social support are most predictive of motivation and self-efficacy? By centering individual-level psychosocial factors in a Malaysian private-sector context, this work advances the literature in two ways. First, it localizes robust international evidence on motivation, self-efficacy, and social support to a setting with distinctive legal, cultural, and service-delivery features. Second, it yields practice-facing implications for assessment, treatment planning, family work, aftercare, and employment linkages that private centers can implement to enhance continuity of care and long-term recovery.

Materials and Methods

Study Design

This study adopted a quantitative cross-sectional design to examine the correlations between self-efficacy, social support, and motivation to change among individuals in recovery from substance abuse at private rehabilitation centers in Selangor. A structured questionnaire was administered to collect data. The choice of this design was appropriate as it enabled the identification of relationships among variables at a single point in time and provided an efficient approach for capturing responses from a relatively large sample within the study setting.

Population and Sample

The study population consisted of recovering individuals undergoing treatment at selected private rehabilitation centers in Selangor. The required sample size was calculated using G*Power analysis, which determined that at least 138 respondents were necessary to achieve adequate statistical power. However, due to incomplete data, the final analysis was conducted on 130 respondents, which still met the minimum threshold for valid inferential analysis. A purposive sampling strategy was employed to ensure that the participants met specific inclusion criteria. Eligible respondents were individuals in recovery who had refrained from consuming any drugs for at least one month prior to participation. This criterion ensured that the participants were in the recovery process and capable of reflecting on their self-efficacy, perceived social support, and motivation to change.

Instruments

Three standardized and widely validated instruments were used to measure the constructs of interest, all of which were administered in Malay language to ensure cultural and linguistic appropriateness for the participants. Generalized Self-Efficacy Scale (GSES): Developed by Schwarzer and Jerusalem (2010), the GSES is a 10-item scale measuring perceived self-efficacy. Items are rated on a 4-point Likert scale ranging from not at all true (1) to exactly true (4). Higher scores indicate greater levels of self-efficacy. The reliability coefficient for the GSES has been reported at .88, demonstrating strong internal consistency. Multidimensional Scale of Perceived Social Support (MSPSS): This 12-item scale assesses perceived support from three sources: family, friends, and significant others. Items are rated on a 7-point Likert scale ranging from very strongly disagree (1) to very strongly agree (7). Higher scores reflect greater perceived social support. Previous studies have reported Cronbach's alpha of .91, indicating excellent reliability. University of Rhode Island Change Assessment Scale (URICA): The URICA is a 32-item instrument designed to assess motivation to change across four stages: Precontemplation, Contemplation, Action, and Maintenance. Responses are rated on a 5-point Likert scale from strongly disagree (1) to strongly agree (5). The reliability coefficient was reported at .89, supporting its psychometric soundness. The use of standardized instruments in Malay language ensured clarity, minimized misunderstanding, and facilitated accurate measurement of the intended constructs in the Malaysian context.

Data Collection Procedures

Data collection was carried out in collaboration with the management of selected rehabilitation centers. Participants were approached by researchers who explained the purpose of the study, assured confidentiality, and obtained informed consent. Questionnaires were distributed and completed in a supervised setting within the centers to prevent missing data and ensure full completion. Completed questionnaires were checked before collection to minimize data entry errors. The data were coded and analyzed using Statistical Package for the Social Sciences (SPSS) Version 26. Descriptive statistics were used to summarize demographic information and the distributions of the main study variables.

Ethical Considerations

This study was conducted in adherence to ethical guidelines for research involving human subjects. Ethical approval was obtained from the Jawatan Kuasa Etika Universiti Putra Malaysia (JKEUPM) prior to data collection. All participants provided written informed consent after being fully briefed about the study's objectives, voluntary nature, and their right to withdraw at any stage without penalty. To maintain confidentiality, no identifying information was collected, and all responses were anonymized. Data were securely stored and used solely for research purposes. Given the sensitivity of the population, special precautions were taken to safeguard participants' psychological well-being. Participants were informed that their responses would not affect their rehabilitation progress or treatment status. Contact information of counsellors and support personnel was provided to participants should they experience any emotional discomfort during or after participation.

Results and Discussion

Demographic Background

Descriptive analysis was used to examine the demographic background of respondents, focusing on employment status. Of the 130 participants, 85 were employed (65.4%) while 45 were unemployed (34.6%). The mean employment status score was 1.35 (SD=0.48), these findings are presented in *Table 1*.

Table 1. Respondents characteristics (n=130).

Employment status	Employed	Unemployed
Frequency (N) [Percentage, (%)]	85 (65.4%)	5 (34.6%)
Mean	1.35	
Standard deviation	0.48	
Minimum	1	
Maximum	2	

Correlation Analysis

Pearson's correlation analysis was conducted to examine the relationships between self-efficacy, social support (family, friends, significant others), and the stages of motivation to change (precontemplation, contemplation, action, and maintenance). The findings showed that self-efficacy was significantly correlated with contemplation ($r=.252$, $p=.004$) and action ($r=.284$, $p=.001$), but not with precontemplation ($r=.098$, $p=.269$) or maintenance ($r=.081$, $p=.357$). Family support demonstrated significant positive correlations with contemplation ($r=.537$, $p<.001$), action ($r=.459$, $p<.001$), and maintenance ($r=.275$, $p=.002$), but not with precontemplation ($r=-.106$, $p=.230$). Friends support was significantly correlated with contemplation ($r=.356$, $p<.001$), action ($r=.315$, $p<.001$), and maintenance ($r=.215$, $p=.014$), but not with precontemplation ($r=.026$, $p=.770$). Significant others' support correlated positively with contemplation ($r=.316$, $p<.001$) and action ($r=.284$, $p=.001$), but not with precontemplation ($r=-.006$, $p=.943$) or maintenance ($r=.103$, $p=.244$). Results are summarized in *Table 2*.

Table 2. Correlation of self-efficacy, social support and motivation to change.

Variables		Precontemplation	Contemplation	Action	Maintenance
Self-efficacy	r	.098	.252**	.284**	.081
	p	.269	.004	.001	.357

Family support	r	-.106	.537**	.459**	.275**
	p	.230	<.001	<.001	.002
Friend support	r	.026	.356**	.315**	.215*
	p	.770	<.001	<.001	.014
Significant others	r	-.006	.316**	.284**	.103
	p	.943	.001	.001	.244

Note: * $p < .05$; ** $p < .01$

Multiple Regression Analysis

A multiple regression analysis was performed to determine the strongest predictors of motivation to change among the independent variables. The model was significant ($R^2=.223$, $F=12.037$, $p<.001$). Among the predictors, family support emerged as the strongest and significant predictor ($B=1.530$, $\beta=.514$, $p<.001$). Friends support ($B=0.389$, $\beta=.136$, $p=.180$) and significant others' support ($B=-0.475$, $\beta=-.199$, $p=.092$) were not significant predictors. Results are summarized in *Table 3*.

Table 3. Multiple regression analysis for motivation to change.

Variables: Motivation to change	B	β	p
Family support	1.530	.514	.000**
Friends support	0.389	.136	.180
Significant others support	-0.475	-.199	.092
Model fit	$R^2=.223$	$F=12.037$	-

Note: * $p < .05$, β =Beta coefficient.

The findings revealed a significant positive relationship between self-efficacy and contemplation among recovering persons ($r=0.252$, $p<0.05$). This result was consistent with previous studies that found higher self-efficacy to be linked with progressing from contemplation to the action stage in the recovery process (Raihan and Cogburn, 2023). Similarly, there was a significant positive relationship between self-efficacy and action ($r=0.284$, $p<0.05$). This supports the findings of Joo et al. (2022), who reported that individuals with greater confidence in their ability to overcome challenges are more likely to take recovery-related actions, such as attending therapy sessions or participating in support groups. However, no significant relationship was found between self-efficacy and maintenance ($r=0.081$, $p>0.05$). This contrasts with previous research, which suggested that higher self-efficacy is associated with greater motivation to change and reduced relapse potential (Valencia and Peters, 2025). This discrepancy highlights the need for further exploration of the role of self-efficacy in long-term recovery maintenance. In terms of family support, no significant relationship was found with precontemplation ($r=-0.106$, $p>0.05$). This aligns with the National Institutes of Health, which noted that individuals in precontemplation often resist acknowledging substance use problems, making external influences like family support less impactful. However, significant positive relationships were observed between family support and contemplation ($r=0.537$, $p<0.05$), action ($r=0.459$, $p<0.05$), and maintenance ($r=0.275$, $p<0.05$). These findings align with prior research indicating that family support fosters openness to help-seeking (Raihan and Cogburn, 2023), enhances participation in treatment programs (Hogue et al., 2021), and strengthens long-term recovery commitment (Hogue et al., 2021).

Regarding friends' support, no significant association was found with precontemplation ($r=0.026$, $p>0.05$), which is consistent, as individuals at this stage

often dismiss external input. However, significant positive correlations were found with contemplation ($r=0.356$, $p<0.05$), action ($r=0.315$, $p<0.05$), and maintenance ($r=0.215$, $p<0.05$). These results support earlier findings that peer support enhances reflection during contemplation (Feeney and Collins, 2015), motivates individuals to seek help (Islam et al., 2023), and contributes to lower relapse risks by strengthening social support networks (Lookatch et al., 2019). For support from significant others, no significant relationship was found with precontemplation ($r=-0.060$, $p>0.05$), echoing with findings that external support has little effect at this stage. However, significant positive relationships were identified with contemplation ($r=0.316$, $p<0.05$) and action ($r=0.284$, $p<0.05$). These results align with Al-Ziadat (2024), who highlighted the role of appraisal support in self-evaluation during contemplation, and Drageset (2021), who emphasized the importance of emotional and informational support during action. No significant association was found between significant others' support and maintenance ($r=0.103$, $p>0.05$), though prior studies suggest that long-term spousal or partner involvement may influence recovery stability (Pettersen et al., 2019).

For employment status, no significant differences were found in motivation to change across all stages (precontemplation, contemplation, action, maintenance). This is in line with Delshad et al. (2017), who reported no consistent relationship between employment status and recovery stage progression. Finally, regression analysis revealed that social support explained 22.3% of the variance in motivation to change ($R^2=0.223$, $F=12.037$, $p<0.05$). Among the predictors, only family support ($\beta=0.514$, $p<0.05$) significantly influenced motivation to change, while friends' support ($\beta=0.136$, $p>0.05$) and significant others' support ($\beta=-0.199$, $p>0.05$) were not statistically significant. This underscores the pivotal role of family as a key motivator in the recovery process, consistent with Hogue et al. (2021). Several limitations should be noted. First, uneven participant availability across rehabilitation centers may have biased the findings, as one center contributed disproportionately to the responses. Second, there is a lack of prior studies specifically addressing the interplay of self-efficacy, social support, and motivation to change in the Malaysian context. This limits comparability with other studies and highlights the need for further research. Third, the use of purposive sampling restricts the generalizability of the findings, as the sample may not reflect the broader diversity of individuals in recovery.

Conclusion

This study emphasizes the importance of self-efficacy and social support in enhancing motivation to change among individuals in recovery. The findings demonstrate that family support plays a particularly critical role in predicting motivation, highlighting its significance in recovery interventions. These insights provide valuable implications for policymakers, rehabilitation practitioners, and community stakeholders in designing effective rehabilitation programs and support systems. Given the limited research on this topic within Malaysia, this study contributes new evidence and serves as a reference point for future research. Continued investigation into the role of psychological and social factors in recovery will not only inform evidence-based interventions but also raise societal awareness of the importance of motivation to change as a key driver of sustained recovery.

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Conflict of interest

The authors confirm that there is no conflict of interest involved with any parties in this research study.

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