Research article

Psychological Health and Optimism amongst Unemployed Graduates in Zimbabwe

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Abstract

The study sought to examine the relationship between optimism and general health amongst unemployed graduates in Zimbabwe. Most of the studies on unemployment have focused on job loss but this study is based on failure to get employment after graduating with a university degree in a resource-constrained environment. One hundred and twelve (112) graduates were selected using non-probability sampling methods. A self-administered questionnaire was used to collect data and the Statistical Package for Social Sciences (SPSS) was utilised to analyse data. Age and period after graduation were found to be negatively related to both general health and optimism amongst the unemployed graduates. Overall optimism and general health were found to be inversely related. The study calls for the need for psychological interventions for unemployed graduates in Zimbabwe.

Keywords

general health; graduate; optimism; unemployment

Introduction

The world is presently confronted by a youth unemployment crisis (UNESCO, 2013). Globally, youth represent 43.7% of unemployed individuals. In Sub-Saharan Africa the figure is higher with 60% of the unemployed being youth (ILO, 2010). In Zimbabwe large numbers of graduates remain unemployed for several years following graduation. Unemployment in Zimbabwe continues to rise – it was 10.8% in 1982; 21.8% in 1992; 30% in 1995; and 95% by 2012 (Ncube, 2000; *Econometer Global Capital Report*, 2013). Currently, the country has one of the highest unemployment rates in the world (*CIA World Factbook*, 2017).

Periods of unemployment on someone's curriculum vitae (CV) have been perceived as signalling low productivity, hence increasing the likelihood of a person not being hired or being offered a job (Mcquaid, 2017). Unemployment at the start of a career may lead to loss of skills or to a general loss of confidence by the individual. Youth unemployment,

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especially for those who have skills, leads to a higher likelihood of long-term 'scarring' in later life in terms of subsequent lower pay, higher unemployment and reduced life chances (Bell & Blanchflower, 2010).

Periods of unemployment result in reduced income which is directly related to deteriorating health (Tøge, 2016), depression (Holland, 2012), reduced job satisfaction and well-being (Mcquaid, 2017), young adults' heavy episodic drinking and smoking (De Visser & Smith, 2007; Reine, Novo & Hammarström, 2004). It is also associated with an increased risk of mental illness, self-harm and suicide (Haw, Hawton, Gunnell & Platt, 2015; Hollederer, 2015; Norström & Grönqvist, 2015), and distress including financial, physical health and mental health distress (Chen et al., 2012). In addition, the risk of morbidity and of premature mortality has been found to be significantly higher for unemployed persons compared to the employed (Hollederer, 2015). The health effects of unemployment have been found to be more pronounced in later in life than at younger ages (Reine, Novo & Hammarström, 2004).

Graduating with a degree in a country that is going through economic hardships has been found to have worse health impacts compared to leaving school when the country`s economy is flourishing (Maclean, 2013). In a study that investigated the lasting health effects of leaving school in a country going through an economic recession, drawing data from the National Longitudinal Survey of Youth, Maclean (2013) noted that by age 40 men who left school in a depressed economy have worse mental and physical health than men who did not. Graduating in bad economies has been shown to result in job mismatching (Kahn, 2010) and lower self-esteem (Maclean & Hill, 2015). However, these effects do not emerge immediately but develop over time, especially amongst highly skilled workers.

Therefore, unemployment not only has short-term effects but long-term effects have also been observed. These effects include lifelong scarring (negative long-term effect that unemployment has on future labour market possibilities) which reduces resilience (Nilsen & Reiso, 2011), difficulties in returning to normal life (Guintoli, South, Kinsella & Karban, 2011) and greater incidence of suicide (Milner, Page & LaMontagne, 2013). Unemployment-related stress calls for people to develop effective coping strategies so as to avoid the negative effects.

Optimism has been found to moderate the effects of unemployment on psychological stress (Lee, 2008). Optimism can be defined as a generalised positive expectation for the future (Scheier & Carver, 1985) and optimists tend to have a general expectancy of positive results which is associated with greater success in attaining goals (Shepperd, Maroto & Pbert, 1996). When faced with a difficult situation, optimists are most likely to experience positive feelings since they expect a positive outcome. According to McKee-Ryan, Song, Wanberg and Kinicki (2005) high unemployment rates result in pessimism which reduces the job seeker`s tenacity, thereby reducing the probability of getting employment.

Optimism has been shown to be very important in predicting psychological well-being as it is an effective coping strategy (ChengTing, Mauno & Lee, 2014; Lee, 2008). Young graduates are particularly vulnerable to the effects of stress as it is a period when one makes important decisions in life concerning education and career as well as parenthood (Kito &

Ueno, 2016). In African contexts, especially after graduation, the young adult feels obliged to compensate the family financially for the sacrifices that they would have made to send him/her to school/higher education. In addition, graduates feel the need to take over family responsibilities from their parents as some of their younger siblings may not have received proper schooling as a result of their parents' sacrifice for the sake of the graduate's university education.

There are many stressors that are faced by unemployed graduates. However, there is a lack of research on the subjective experience and mental health of graduates in Zimbabwe. Many studies have looked at unemployment as a result of cessation or termination amongst those who were previously employed. However, this study focuses on unemployment amongst graduates who have attained degrees and yet have never been employed before. The study was guided by the following research questions:

1. What is the relationship between demographic characteristics and optimism amongst unemployed graduates?
2. What is the relationship between demographic characteristics and psychological health amongst unemployed graduates?
3. What is the relationship between optimism and psychological health amongst unemployed graduates?

Methods

Zimbabwe is a country in Southern Africa with a population of slightly over 13 million. It has both rural and urban areas with 32.2% of its inhabitants residing in urban areas (Index Mundi, 2018). In 2016, about 20 000 individuals graduated from state universities in the country and more than this number from private universities, polytechnics, teachers' training colleges and other institutions of higher learning. But of those, only a tenth are absorbed into employment, locally (*The Herald*, 2018).

The researchers used a quantitative approach. Quantitative research refers to explaining a phenomenon by collecting numerical data that is analysed using mathematically based methods (Muijs, 2004). A descriptive survey design was used to collect information from a representative sample of unemployed graduates.

Sample and sampling techniques

The target population of this research was graduates who hold degrees from colleges and universities but who have never been employed and are aged between 21 and 30. These were recruited from amongst students who were doing postgraduate studies and from employment agencies.

Convenient sampling was used to select participants who were willing to take part in the study. A total of 112 unemployed graduates took part in the current study. In terms of age 15.2% (17) of the participants were aged 21–24; 49.1% (N = 55) were within the 25–29 age range; 28.6 % (N = 32) were aged 30–34 and the age range 35–39 consisted of 7.1% (N = 8). 58.9% (N = 66) were male and 41.1% (N = 46) were female. Regarding marital status, 33.9% (N = 38) were married and 66.1% (N = 74) were single.

Instrument

To measure psychological health the researchers used the General Health Questionnaire (GHQ-12) which was established by Goldberg and Hillier (1979). The GHQ-12 is a self-administered screening questionnaire used mainly used to detect psychological distress. In support of its usefulness Sanchez-Lopez & Dresch (2008) reiterate that the GHQ-12 has a Cronbach's alpha of 0.76. The questionnaire has twelve questions which assess general health and scoring was done using a four-point Likert scale. The General Health Questionnaire is a widely used screening instrument. It detects a wide range of psychological disorders, mainly on the anxiety/depression spectrum, and has been shown to be a valid and reliable instrument across cultures. The tool was chosen because it was found to be reliable with reported factor structures that were consistent with the original studies (Kihç, 1996).

Optimism was assessed through the revised version of the Life Orientation Test (LOT-R) (Scheier, Carver & Bridges, 1994) with a Cronbach's alpha of 0.70. The instrument was chosen for this study because it has adequate predictive and discriminant validity, and overall is a good measure of optimism (Scheier, 1994). The LOT-R measures dispositional optimism which is defined as general positive outcome expectancies. This section is composed of six questions that assessed the orientation to life that is possessed by optimistic and non-optimistic people. The LOT-R had three negatively worded items, for example, items like: "Generally speaking, looking into the future I do not see positive things." The LOT-R has a five-point Likert scale ranging from 1 (strongly disagree) to 5 (strongly agree). The negative phrases that showed less optimism were reverse-coded in the SPSS. In the current study GHQ-12 and the LOT-R had a Cronbach's alpha of 0.82 and 0.76 respectively.

Data collection procedures and ethics

Ethical clearance was obtained from Midlands State University. Employment agencies gave permission to the researchers to access their participants who in turn signed consent forms to participate in the study. All individuals signed consent forms. One of the researchers, a clinical psychologist, was on standby to assist those who showed symptoms of distress as a result of the study. Thus, those who reported high levels of distress were referred to the psychologist.

Data analysis

The data was analysed using the Statistical Package for the Social Sciences (SPSS), version 21. Thereafter, the researchers identified the patterns of the relationship between optimism and general health amongst unemployed graduates, as well as the influence of demographic characteristics on optimism and general health. An examination of the predictive relationship between optimism and general health was done at the end through ANOVA and Pearson correlation. The 5% ($P < 0.05$) was applied. Data analysis was done to examine the relationship between optimism and general health amongst unemployed graduates in Zimbabwe.

Results

Table 1: General health and demographic characteristics

	Age	Gender	Marital status	Period after graduation
Pearson correlation	-0.193*	-0.592	0.111	-0.784*
Sig (2-tailed)	0.042	0.340	0.245	0.028
N	112	112	112	112
* *Correlation is significant at the 0.05 level (2-tailed).*				

The findings showed that there is a weak negative relationship between age and general health (r = -0.193). The relationship is statistically significant at a significance level of 0.05, (r) = -0.193, P < 0.042. Table 1 shows that there is a moderate negative relationship between gender and general health (r = -0.592). The relationship was found to be statistically significant at a significance level of 0.05 (r) = -0.592, P < < 0.340. The findings showed that there is weak positive relationship between marital status and general health (r = 0.111). The relationship was not found to be statistically significant at a significance level of 0.05, (r) = 0.111, P < 0.245. This implies that marital status has no influence on general health. The findings showed that there is a very strong negative relationship between duration after graduation and general health. The relationship was found to be statistically significant at 0.05, (r) = -0.784, P < 0.28. This means that graduates who have spent more years being unemployed after graduation are less likely to have good health.

Table 2: Optimism and demographic characteristics

	Age	Gender	Marital status	Period after graduation
Pearson correlation	-0.513*	-0.190	0.759*	-0.478*
Sig (2-tailed)	0.027	0.010	0.036	0.030
N	112	112	112	112
* *Correlation is significant at 0.05.*				

As shown in Table 2, the relationship between age and optimism was found to be statistically significant at a 0.05 level (r) = -0.513, P < 0.027. The negative correlation implies that graduates who are older are more likely to score less on optimism. Results did not show any relationship between optimism and gender (r) = -0.190, P < 0.010. The relationship between marital status and optimism was found to be statistically significant at significance level 0.05, (r) = -0.759, P < 0.036. This relationship (r = -0.759) implies that marital status has a negative influence on optimism. The results showed a relationship between optimism and duration after graduation (r) = -0.478. The relationship is a moderate negative relationship. The relationship was found to be statistically significant at a significance level of 0.05, (r) = -0.478, P < 0.30.

Table 3: Correlation between optimism and general health

Correlations			
		Optimism totals	**General health totals**
Optimism totals	Pearson correlation	1	-0.337**
	Sig. (2-tailed)		0.000
	N	112	112
General health totals	Pearson correlation	-0.337**	1
	Sig. (2-tailed)	0.000	
	N	112	112
** *Correlation is significant at the 0.01 level (2-tailed).*			

Table 3 presents the relationship between optimism and general health. The results indicate that there is a weak negative relationship between optimism and general health ($r = -0.337$). The relationship was found to be statistically significant at a significance level of 0.01, $r(112) = -0.337$, $P < 0.00$. The findings show that a decrease in optimism will result in an increase in health problems. This relationship is converse because as the independent variable decreases (optimism) the dependent variable increases (health problems). It, therefore, implies that graduates who score low on optimism will score high on health problems.

Discussion

The first research question in this study sought to explore the relationship between various demographic characteristics and general health amongst unemployed graduates. The results of the study found a positive association between general health and marital status. While general health was negatively correlated with age and period after graduation, this may imply that older graduates presented with higher levels of self-reported distress compared to those who were younger. In line with this finding, Bell & Blanchflower (2009) noted that being unemployed when young leads to a higher likelihood of long-term 'scarring' in later life in terms of subsequent lower pay, higher unemployment and reduced life chances. This study did not show that older unemployed graduates suffered more difficulties than younger unemployed graduates. Another study also found that unemployment amongst young men had more impact on psychological health compared to older man (Reine, Novo & Hammarström, 2004). This study may have focused on job loss and not on those who have never been employed as is the case in the current study.

Although gender differences in distress were noted in this study, its not clear which gender is more prone to stress caused by unemployment after graduation. Although this study did not compare gender differences, it is important to note that within traditional gender roles men are expected to be productive and failure to secure employment despite possession of relevant qualifications may prove to be very distressing (UN, 2003; UNICEF, 2005).

Lastly, the duration of the period after graduation was found to be related to self-reported distress, meaning that those graduates who had more years of unemployment had higher scores on the GHQ and thus were more stressed compared to their counterparts. McQuaid (2017) noted that unemployment at the start of a career may lead to having lower skills or to a general loss of self-confidence by the individual. Optimism has been found to be related to self-confidence (Boden, 2004).

Age, marital status and period after graduation were found to be related to optimism amongst the study participants. These findings may point to the fact that as an individual grows older, the less optimistic they would be of positive outcomes in life. Optimism was found to be related to marital status which may imply that being married could lead to better outlook for the future. Optimism was found to be negatively correlated with period after graduation.

Lastly, the research found a negative correlation between optimism and general health (distress) amongst unemployed graduates in Zimbabwe. This may imply that the more optimistic an individual was, the less distressed they were. Similar to this finding, Lee (2008) in his study of Hong Kong graduates, also found a negative correlation between optimism and general health. He noted that optimistic unemployed graduates showed fewer symptoms of general health deterioration and displayed more positive emotions (Lee, 2008). The findings of this study are therefore similar to those of other studies that have been done elsewhere.

Limitations of the Study

This study relied extensively on questionnaires that are closed-ended, and therefore respondents were not afforded the opportunity to narrate the challenges that they were encountering. The study relied mainly on an urban sample and thus the views of rural graduates were limited. Again, the use of non-probability sampling may have limited the generalisability of the findings to the target population. Another limitation of the study is that the study sample was made up of graduate students and this could have skewed the results of the study to the extent that the results cannot be generalised to the whole population.

Conclusions

The results of the study showed a relationship between age and general health, implying that age was a factor in reporting of distress amongst the study participants. Also, psychological distress varied with the gender of the participants as well as the duration of the period after their graduation. Optimism was shown to be related to age, marital status and period after graduation. Given the growing number of unemployed graduates in Zimbabwe, their mental health should be given priority, especially in light of the economic downturns experienced by the country. More qualitative research is needed to explore the experiences of unemployed graduates since questionnaires as used in the current study do not provide details on the lived experiences of unemployed graduates.

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