Data Article

Dataset relating self-control and hope among participants in Malaysian rehabilitation centers

W.M.S. Wan Sulaiman, Z. Ismail, W.S. Wan Sulaiman*, R.M. Kawangit

National University of Malaysia, Malaysia

A R T I C L E   I N F O

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A B S T R A C T

Current research trends are moving towards acknowledging the significance and contributions of positive psychology in understanding the potential of individuals coping with problems. The shared data were used to explore the relations between self-control and hope among drug addicts in drug rehabilitation centers in Malaysia. Self-control was conceptualized by six dimensions: impulsivity, simple tasks, risk seeking, physical activities, self-centeredness, and temper. The measurement of hope included three dimensions: cognitive-temporal, affiliative-contextual, and affective-behavioral. A total of 244 clients from drug rehabilitation centers in Peninsular Malaysia were randomly selected to participate in the data collection. Significant correlations were observed between the self-control dimensions of impulsivity, simple tasks, self-centeredness and temper with hope. No significant correlation was observed between risk seeking or physical activities with hope. The data are useful in providing information towards developing treatment and rehabilitation programs for drug addicts. In general, the data showed the importance of incorporating self-control in rehabilitation modules to increase hope among drug addicts in their effort to combat drug addiction. The data can be used by
researchers and practitioners to further understand the role of positive psychology variables in developing and advancing current empirical understanding and knowledge about drug addiction.

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Specifications Table

| Subject | Psychology |
|---------|------------|
| Specific subject area | Substance Abuse Psychological Treatment |
| Type of data | Tables and Figure |
| How data were acquired | The analysis was based on dataset of correlation between self-control and hope among 244 samples. The questionnaire included demographic characteristics, the Self-Control Scale (SCS) and the Herth Hope Scale (HHS). |
| Data format | Raw Data |
| Parameters for data collection | A total of 244 samples were selected randomly from three drug rehabilitation centers under the control of the National Anti Drug Agency (NADA), Malaysia. The inclusion criteria for this data collection were clients who have undergone rehabilitation program for at least 3 months since their first admission, able to read and write on their own and had no prior diagnosis of physical or mental health problems. |
| Data description | Data were collected using the Self-Control Scale (SCS) and Herth Hope Scale (HHS). The questionnaire and its scoring is provided as a supplementary file. |
| Description of data collection | The data was collected using a set of questionnaire. Data collection was conducted for a total period of three days, starting from 14th to 17th of January 2019. Respondents were gathered at a public hall to be given brief explanation of the objectives and instructions of the survey. After providing informed consent, questions were read to them and explained. |
| Data source location | Three drug rehabilitation centers in Peninsular Malaysia were involved. These rehabilitation centers have met the inclusion criteria of the data samples, since these centers apply the psychological module as part of the rehabilitation program. |
| Data accessibility | The raw data files are available at: Questionnaire: https://data.mendeley.com/datasets/tr54dbcxzc/1 Raw data: https://data.mendeley.com/datasets/t3vpkrnsrg/1 All other data is attached with this article. |

Value of the Data

- This dataset can be useful for researchers and practitioners in developing treatment and rehabilitation programs for drug addiction.
- These data can be used for further development of evidence-based psychological treatments using positive psychology, which is supported by several studies of drug addiction in Malaysia [1,2].
- The data in this article shows the importance of including self-control and hope in combating drug addiction.

1. Data Description

Out of 244 participants, all respondents were males. In regards to age, 32.80% of the participants were under 30 years of age, 43% between 31 and 40 years of age, 20.5% between 41 and 50 years, and 3.7% over the age of 51. About 61.5% were single and 24.2% were married,
Table 1
Demographic data.

| Demographic       | (N:244) | Percent (%) |
|-------------------|---------|-------------|
| Age               |         |             |
| 21–30 years       | 80      | 32.80       |
| 31–40 years       | 105     | 43.00       |
| 41–50 years       | 50      | 20.50       |
| 51–60 years       | 9       | 3.70        |
| Status            |         |             |
| Single            | 150     | 61.50       |
| Married           | 59      | 24.20       |
| Widowed/Divorced  | 35      | 14.30       |
| Previous Occupation|        |             |
| Unemployed        | 11      | 4.50        |
| Self-employed     | 185     | 75.80       |
| Government servant| 9       | 3.70        |
| Private sector employed| 39  | 16.00       |
| Education level   |         |             |
| Primary school    | 51      | 20.90       |
| High school       | 164     | 67.21       |
| Certificate/Diploma| 29     | 11.89       |
| Previous religious education | | |
| Yes               | 220     | 89.90       |
| No                | 24      | 10.10       |
| Frequency of times in Rehab centre | | |
| 1                 | 169     | 69.30       |
| 2                 | 55      | 22.50       |
| 3                 | 16      | 6.60        |
| More than 3 times | 4       | 1.60        |

Table 2
Self-control data descriptive (N=244).

| Dimension          | N  | Range of score | Mean | SD  |
|--------------------|----|----------------|------|-----|
| Impulsivity        | 244| 1.00–5.00      | 2.75 | .43 |
| Simple tasks       | 244| 1.00–5.00      | 2.39 | .49 |
| Risk-seeking       | 244| 1.00–5.00      | 2.60 | .47 |
| Physically active  | 244| 1.00–5.00      | 2.19 | .45 |
| Self-centredness   | 244| 1.00–5.00      | 2.93 | .56 |
| Temper             | 244| 1.00–5.00      | 2.75 | .53 |
| Overall Self-Control| 244| 1.00–5.00      | 2.41 | .23 |

while another 14.33% were widowed or divorced. Regarding respondents’ previous occupation, 4.5% were unemployed, 75.8% were self-employed, 3.7% were government servants while 16% were employed in the private sector. The majority of the participants (67.21%) had a high school education, 20.9% had a primary school education and 11.89% had a diploma and skills certificate. The majority of the respondents (89.9%) had previous religious education while 10.1% had no previous religious education. The data also showed that 69.3% of respondents had been in the rehabilitation center once, 22.5% had been in the center twice, 6.6% had been in the center three times and 1.6% had undergone rehabilitation program more than three times. This showed that a total of 30.7% of the respondents were recidivists, meaning that they had repeatedly undergone drug rehabilitation programs but failed to leave their addiction. Table 1 presents the demographic data on participants.

Table 2 presents the means and standard deviations of respondents’ self-control according to the six dimensions. Using a scale from 1–4 (where higher scores indicate more self-control), mean scores are reported for impulsivity (2.75), simple tasks (2.39), risk seeking (2.60), physical activities (2.19), self-centeredness (2.93), and temper (2.75). The mean score for overall self-control was 2.41.

Table 3 presents the means and standard deviations of respondents’ hope according to the three dimensions. Using a scale from 0–3 (where higher scores indicate more hope), mean scores are reported for cognitive-temporal (2.20), affiliative-contextual (2.05), and affective-behavioral (2.17). The mean score for overall hope was 2.14.
Table 3
Hope data descriptive (N = 244).

| Dimension                  | n  | Range of score | Mean | SD  |
|----------------------------|----|----------------|------|-----|
| Cognitive-temporal         | 244| 0.00–3.00      | 2.20 | .44 |
| Affiliative-contextual     | 244| 0.00–3.00      | 2.05 | .44 |
| Affective-behavioral       | 244| 0.00–3.00      | 2.17 | .38 |
| Overall Hope               | 244| 0.00–3.00      | 2.14 | .36 |

Table 4
Correlations between dimensions of self-control and hope.

| Dimension          | Hope   |
|--------------------|--------|
| Impulsivity        | .362** |
| Simple tasks       | .208*  |
| Risk seeking       | .096   |
| Physical activities| −.090  |
| Self-centredness   | .219   |
| Temper             | .257** |

** p < .0001,  
* p < .001.

Table 4 presents the results of correlations between dimensions of self-control and hope. The findings showed that there were significant correlations between hope and impulsivity (r = 0.362, p < .0001), simple tasks (r = 0.208, p < .0001), self-centeredness (r = 0.219, p < .001) and temper (r = 0.257, p < .0001). However, no significant correlations were observed between hope and risk-seeking (r = −0.096, p > .05) and physical activities (r = −0.090, p > .05).

2. Experimental Design, Materials and Methods

A survey design was employed which involved respondents from three drug rehabilitation centers under the control of National Anti-Drug Agency (NADA), Malaysia. These centers are called Cure and Care Rehabilitation Centers (CCRC). A total of 244 participants were selected by random sampling according to these inclusion criteria:

1. Clients who have undergone a rehabilitation program for at least three months since their first admission.
2. Able to read and write on their own.
3. Had no prior diagnosis of physical or mental health problems.
4. The researchers obtained consent and cooperation for voluntary participation in the data collection.

Before data collection began, permission to conduct research at CCRC was obtained from the National Anti-Drug Agency of Malaysia. The locations for the data collection were selected due to the number of large population of clients in Peninsular Malaysia. A pilot data collection was first conducted among 30 clients to analyze the reliability of the Self-Control Scale and the Herth Hope Scale. The total of 30 clients from the pilot data collection was excluded from participating in the real data collection.

The actual data collection was conducted for a total period of three days, from the 14th to the 17th of January 2019. Respondents were gathered at a public hall to be given a brief explanation of the objectives and instructions of the survey. After providing informed consent, questions were read to them and explained. The process of reading of questions by the researcher and answering by respondents were done concurrently. Upon completion, all questionnaires were inspected to ensure all questions were answered properly. Respondents took between 30 and 60 min to complete answering all questions.
The first section of the questionnaire contained participant demographic data, including gender, age, marital status, previous employment, education level, previous religious education, and frequency of times entering rehabilitation centers.

The second part of the questionnaire was the Herth Hope Scale (HHS), developed by Herth [3]. Participants responded to these items using a four-point Likert-type scale (0=never applies to me, 1=seldom applies to me, 2=sometimes applies to me, 3=often applies to me). The HHS consists of 30 items measuring three dimensions (cognitive-temporal, affiliative-contextual, affective-behavioral). This instrument was reported to have good reliability and validity [4]. The questionnaire had been translated into Malay and back translated into English as suggested by Brislin [5] translation process. Based on a pilot data collection of 30 participants, the reliability of the questionnaire was $\alpha=0.839$.

The third part of the questionnaire was The Self-Control Scale (SCS), which is a self-assessment tool to measure self-control. This questionnaire was developed by Grasmick, Tittle, Bursik and Arneklev [6], and contains 24 items. Participants responded to these items using a four-point Likert scale (1=strongly disagree, 2=disagree, 3=agree, 4=strongly agree). The scale has six dimensions: impulsivity, simple tasks, risk seeking, physical activities, self-centeredness and temper. All of the negative items were reverse coded (see the supplemental questionnaire for details) and higher scores indicated higher self-control. Numerous studies have demonstrated that the index is a valid and reliable measure [7–9]. To check the reliability of the questionnaires in the Malaysian context, the pilot data collection showed that the reliability of the scale was satisfactory ($\alpha=0.713$).

After getting permission from the National Anti-Drug Agency of Malaysia, and attaining the consent from the respondents, the questionnaires were administered among the respondents in an appropriate place, and the purpose of collecting data was explained to them. All completed questionnaires were then entered into the Statistical Package for Social Sciences (SPSS) and the obtained data was analyzed.

All obtained data was confidential. Collected data was summarized using descriptive statistics, such as absolute (n) and relative (%) frequencies for categorical variables, and means and standard deviations (SD) of self-control and hope. Pearson correlations were used to test the relations between hope and the dimensions of self-control.

**Ethics Statement**

The researcher has obtained informed consent from the participants by asking them to sign an informed consent form. All participants were ensured of their anonymity as the questionnaire did not include participants’ name and identity number. Ethical approval for this research was obtained from the National Anti-Drug Agency Ethics Committee with the reference number AADK 900–9/2 Jld. 2.

**CRediT Author Statement**

Contribution of each author is as following: **Wan Sulaiman, W. M. S.:** Conceptualization, Methodology, Formal Analysis, Reviewing & Editing; **Ismail, Z.:** Supervision, Conceptualization, Methodology; **Wan Sulaiman, W. S.:** Supervision, Writing - Original draft preparation, Methodology, Formal Analysis, Reviewing & Editing; **Kawangit, R. M.:** Supervision, Conceptualization, Methodology.

**Declaration of Competing Interest**

The authors declare that they have no known competing financial interests or personal relationships which could have influenced the work reported in this article.
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