Examining the Effectiveness of Social Skills Training on Loneliness and Achievement Motivation among Nurses

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Abstract

This study tries to examine the effectiveness of social skills training on feeling of loneliness and achievement motivation in nurses. The present research is an experimental study of pre-test and post-test design with a control group. The research instruments included the revised UCLA Loneliness Scale and the Achievement Motivation Test for adults. The sample size consisted of 40 nurses working in Imam Khomeini Hospital in the city of Ahwaz selected through multi-stage random sampling and assigned to two experimental and control groups. To this end, prior to teaching the social skills, both groups were pre-tested. Then, the experimental group received social skills training for 12 fifty-minute sessions but no training was provided to the control group. Upon the completion of the training course, both groups immediately took the post-tests. The results of one-way analysis of covariance (ANCOVA) and multivariate analysis of covariance (MANCOVA) showed that social skills training significantly increased achievement motivation and reduced feeling of loneliness in nurses.

Keywords: social skills, loneliness, achievement motivation, nurses

1. Introduction

When challenges and problems arise, access to resources and skills that can help an individual to overcome them to the best can be comforting. In this respect, social skills are a set of acquired abilities which enable a person in a social context to interact with appropriate forms and through required capabilities. Of the most commonly known social skills are self-assertiveness, coping strategies, skills of communication and finding friends, interpersonal problem-solving skills, and abilities to regulate cognitions, emotions, and behaviors in an individual. In addition, in order to have positive feelings about themselves, adolescents should have the skills necessary to be with others. Teenagers uncertain about themselves could approach others with lots of doubt and therefore they might use not as much of their social skills. Therefore, if adolescents have the abilities to interact successfully with others, these new capabilities can increase their social self-esteem (Pope, McHale, & Craighead, 2002; translated by Tajjali, 2006). Acquisition of social skills by children is also considered as a part of their socialization in which norms, skills, values, attitudes, and behaviors are shaped to help them to play their current or future roles in society and family properly. In this respect, other social institutions such as schools are taken into account as the most important socialization factors which are examined in terms of social values and norms (Heiman & Margalit, 2000).

Elhageen (2004) considered loneliness as an obnoxious, disturbing, and unpleasant experience that makes teenagers feel inferior and get through an uncomfortable mood. Feeling of loneliness arises when there is a difference between types of interpersonal relationships a person expects for in the future and the ones an individual has at present. An investigation by Nangle and Michael (2002) revealed that there is a negative relationship between social skills and levels of loneliness.

In the theoretical models proposed for achievement motivation, beliefs of an individual are considered as the main and the basic determining factors affecting achievement behavior (Wigfild & Eccles, 1992). In all these models, it is assumed that people's expectations for achievement and their perceptions of abilities to perform different tasks play major roles in their behavioral motivation. Achievement motivation refers to the desires to succeed and participate in activities whose fulfillment depends on personal efforts and abilities (Slavin, 2006; translated by Seyyed Mohammadi, 2006). Achievement motivation has been also considered for all individuals and almost all nurses. In this respect, failure will naturally bring about occupational anxiety and sometimes

causes other psychological problems for nurses in terms of career achievement (Shoari, 1997). Hermans (1970; cited in Sabooteh, 2010) stated that achievement motivation was the tendency to perform tasks in the best form based on a person's and others' attitudes. In his view, such a social dimension of achievement motivation showed the effectiveness of social skills on this construct. Furthermore, a research study by Turner, MacDonald, and Somerset (2008) indicated that social skills training can lead to increased achievement motivation.

Given the social dimension of the constructs of loneliness and achievement motivation, social skills training can also have its own effects. Considering the leading role of nurses in society, it seems essential to focus on the impact of social skills training on nurses. Therefore, the present study was to investigate the effectiveness of social skills training on loneliness and achievement motivation.

2. Research Method

2.1 Population, Sample, Sampling Method

The study sample included 40 nurses who had voluntarily participated in the present research. They were asked to complete the revised UCLA Loneliness Scale and the Achievement Motivation Test for adults. To this end, nurses who had received scores higher than the cut-off point (80) for the revised UCLA Loneliness Scale and scores lower than the cut-off point (60) from the Achievement Motivation Test for adults were randomly selected and thus 40 licensed nurses as volunteers were selected for the second phase of the study. Then, out of the sample selected, 15 individuals were placed in the control group and 15 people were assigned to the experimental group.

2.2 Research Design

The present study was of an experimental field research type including pre-test and post-test with a control group. Before starting training sessions, both experimental and control groups were pre-tested. Then, the experimental group was trained in terms of social skills, but the control group received no training. After completing the training course, both groups immediately took Bart post-tests, Russell and Peplau Revised UCLA Loneliness Scale, and Hermans Achievement Motivation Test.

2.2.1 Russell and Peplau Revised UCLA Loneliness Scale

To assess the feeling of loneliness, the Revised UCLA Loneliness Scale was used. This scale was developed by Russell and Peplau (1978) and it was revised by Russell, Peplau, and Curtona (1980) (Bas, 2010). The scale was comprised of 20 items based on four-point Likert-type scale including *never* (1), *rarely* (2), *sometimes* (3), and *often* (4). Items 1, 4, 5, 6, 9, 10, 15, 16, 19 and 20 were scored in reverse order. Higher scores from this questionnaire indicated that feeling of loneliness was high. A number of measures of reliability including test-retest reliability (0.73) and alpha coefficients (0.79 to 0.94) have been reported for this questionnaire (Russell, 1996; Ahadi, 2008). Furthermore, Pasha and Ismaeeli (2006) in their studies used Cronbach's alpha and split-half method to determine the reliability of this questionnaire and estimated the values by 0.75 and 0.71, respectively. They also measured the validity of this scale through its correlation with an anxiety questionnaire which was equal to 0.4. In this study, Cronbach's alpha coefficient was 0.69 and the split-half reliability was equal to 0.71.

2.2.2 Hermans Achievement Motivation Test

Hermans Achievement Motivation Test (1970) was one of the paper-and-pencil questionnaires to assess the needs for achievement. The initial test included 92 items out of which 29 items assessing 9 components were selected as the final Achievement Motivation Test following its pilot study, analysis of the items, and the inter-correlation between the individual items and the whole test. Hermans Achievement Motivation Test included 29 items written in the form of incomplete statements. For each item in the questionnaire, there were also 4 options. In this study, Cronbach's alpha coefficient and split-half reliability of the questionnaire were 0.65 and 0.75, respectively.

2.3 A Summary of Training Sessions

The intervention was administered to nurses for 12 fifty-minute sessions and two training sessions per week in Imam Khomeini Hospital in the city of Ahwaz. The nurses in the experimental group were asked not to share the contents of the social skills training course with other nurses in the control group. It should be noted that the control group did not receive any training in this respect.

Session One: Administration of pre-tests for the experimental group and the control group, introductions and familiarity with group members, delineation of rules and regulations for the groups, discussions about the

importance of social skills, feedbacks from individuals in terms of the method of introduction, voice tone; and finally tasks on how to introduce themselves to others.

Session Two: Reports and feedbacks on the tasks of the previous session, methods of introduction and greetings in order to interact with others, talks about verbal and non-verbal skills; training in terms of the ways to acknowledge, admire, develop conversations, and use the verbal language; and finally tasks on both verbal and non-verbal skills.

Session Three: Reports and feedbacks on the tasks of the previous session, methods of daily offer exchange; practice on how to start, continue, and end conversations; practice on how to listen, and finally tasks on how to start and continue conversations.

Session Four: Reports and feedbacks on the tasks of the previous session, discussions about the importance of compliance with the rules and regulations at school and at home, and finally tasks on order and discipline.

Session Five: Reports and feedbacks on the tasks of the previous session, practice on how to demand from others, providing a model on how to deal with a person who has declined requests, requests for and rejections of unreasonable demands in order to meet individual and social needs and become familiar with their own rights, tasks of compliment and appreciation of family and friends, and finally tasks on unreasonable demands and rejections by other individuals.

Session Six: Reports and feedbacks on the tasks of the previous session, discussions about the importance of getting permission from the elderly in doing things, listening skills through proper tasks.

Session Seven: Reports and feedbacks on the tasks of the previous session, teaching skills related to inhibiting the expression of feelings (positive and negative) and emotions through suitable tasks.

Session Eight: Reports and feedbacks on the tasks of the previous session, practice on how to express emotions; presenting a model on how to express various emotions such as happiness, anger, sadness; teaching skills to ask for help and to help others through proper tasks.

Session Nine: Reports and feedbacks on the tasks of the previous session, training for the ways to refuse unreasonable demands, talks about how to say "no" to unreasonable requests, tasks on how to refuse unreasonable demands, and finally tasks on refusal skills.

Session Ten: Reports and feedbacks on the tasks of the previous session, talks about the reasons why we should criticize, tasks on how to provide feedback to others, and teaching the skills of expressing and accepting apologies.

Session Eleven: Reports and feedbacks on the tasks of the previous session, practice on accepting criticisms, providing a model on how to deal properly and effectively with criticisms, practice on expressing positive feelings to others, identification of underlying factors affecting unreasonable beliefs, methods of coping with verbal and non-verbal humiliations, tasks on how to respond verbal and non-verbal humiliations and accept criticisms, and teaching problem-solving skills and those related to coping with failure. Finally, reports and feedbacks on the tasks of all the previous sessions and providing a summary of the contents presented as well as reviewing and evaluating the results of the sessions.

Session Twelve: Administration of post-tests for the experimental group and the control group.

3. Research Findings

3.1 Descriptive Findings

The findings of this study included descriptive statistics (mean and standard deviation) shown in Table 1 along with the number of sample subjects for all the variables in this study.

Table 1. Mean and standard deviation scores for loneliness and achievement motivation of experimental and control groups in terms of pre-tests and post-tests

Variable	Phase	Statistical indicator	Mean	Standard deviation	Number
		group			
	pre-test	experimental	51.90	8.02	20
Loneliness	post-test	control	50.85	2.08	20
	pre-test	experimental	31.60	5.37	20

	post-test	control	50.80	2.09	20
Achievement motivation	pre-test	experimental	76.50	5.52	20
	post-test	control	77.10	5.31	20
	pre-test	experimental	91.95	6.81	20
	post-test	control	74.05	6.03	20

As it was illustrated in Table 1, the mean and the standard deviation scores of the pre-tests administered to the groups in terms of the variable of loneliness were 51.90 and 8.02 for the experimental group and 50.85 and 2.08 for the control one. Such scores for the post-tests were 31.60 and 5.37 for the experimental group and 50.80 and 6.03 for the control group. Moreover, the mean and the standard deviation scores of the pre-tests administered to the groups in terms of the variable of achievement motivation were 76.50 and 5.52 for the experimental group and 77.10 and 5.31 for the control one. Such scores for the post-tests were 91.95 and 6.81 for the experimental group and 74.05 and 6.03 for the control group.

3.2 Findings of Research Hypotheses

Hypothesis 1: Social skills training have an effect on reducing feeling of loneliness in nurses.

Hypothesis 2: Social skills training have an effect on increasing achievement motivation in nurses.

Table 2. Results of multivariate analysis of covariance (MANCOVA) on post-test scores of loneliness and achievement motivation in nurses in the experimental and control groups through the control of the pre-test

Test	Value	DF hypothesis	DF error	F	(p)	Eta-squared	Statistical power
Pillai's trace test	0.919	2	33	124.89	0.0001	0.90	1.00
Wilks's lambda distribution test	0.081	2	33	124.89	0.0001	0.90	1.00
Hoteling effect test	11.35	2	33	124.89	0.0001	0.90	1.00
Roy's greatest root test	11.35	2	33	124.89	0.0001	0.90	1.00

According to Table 2, through the control of the pre-tests, the significance levels of all the tests indicated a significant difference between the nurses in the experimental and control groups in terms of at least one of the dependent variables (feeling of loneliness and achievement motivation) ($p < 0.0001$ and $F = 124.89$). To realize the fact which variable makes a difference between the two groups, two one-way ANOVA tests were conducted in the context of MANCOVA whose results were provided in Table 2. The effect size or the difference was equal to 0.90; in other words, 90% of individual differences in the pre-test scores of feeling of loneliness and achievement motivation were associated with the effect of social skills training (group membership). Statistical power was also equal to 1.00, i.e., there was no probability of a Type II error.

Table 3. Results of one-way ANCOVA in the context of MANCOVA on post-test mean scores of loneliness and achievement motivation in nurses of the experimental and control groups through pre-tests control

Variable	Source of variance	Sum of squares	df	Mean of squares	F	p	Eta-squared	Statistical power
Feeling of loneliness	pre-test	1.63	1	1.63	0.096	0.759	0.01	0.060
	group	3133.36	1	3133.36	183.49	0.0001	0.84	1.00
	error	597.65	35	17.07				
Achievement motivation	pre-test	25.22	1	25.22	0.588	0.448	0.01	0.116
	group	2847.38	1	2847.38	66.34	0.0001	0.65	1.00
	error	1502.07	35	42.91				

As presented in Table 3, controlling pre-tests between nurses in experimental and control groups revealed a significant difference in terms of loneliness (p<0.0001 and F=183.49). Therefore, the first hypothesis was confirmed. In other words, given the mean scores for feeling of loneliness among nurses in the experimental group compared with those of the control group, it was concluded that social skills training reduced levels of feeling of loneliness among the individuals in the experimental group. The effect size or the difference was equal to 0.84, in other words, 84% of individual differences in the post-test scores of loneliness were related to the effect of social skills training (group membership). Statistical power was equal to 1.00, i.e., there was no probability of a Type II error.

Moreover, controlling pre-tests between nurses in experimental and control groups in terms of achievement motivation led to a significant difference (p<0.0001 and F=66.34). Thus, the second hypothesis was confirmed. In other words, considering the mean scores of achievement motivation among nurses in the experimental group compared with those of the control group, it was concluded that social skills training increased achievement motivation of the nurses in the experimental group. The effect size or the difference was equal to 0.65, in other words, 65% of individual differences in the post-test scores of achievement motivation were associated with the impact of social skills training (group membership). Statistical power was equal to 1.00, i.e., there was no probability of a Type II error.

4. Discussion and Conclusion

Based on the statistical results presented in the previous section, the first research hypothesis regarding the effectiveness of social skills training on reducing the feeling of loneliness in nurses was confirmed.

These findings revealed that as social skills improve in individuals, their feeling of loneliness declines. These results were consistent with the findings of Cadish, Vertoman, and Braspening (2011) and Heidar, Maskak, and Darvishi (2009). These researchers believed that social skills training could reduce the feeling of loneliness in individuals. To explain these findings, it can be stated that one of the main elements of loneliness is social hatred or experience of losing relationships with social environment which leads to an obvious consequence, i.e., feeling of loneliness (Anderson, 1986). Therefore, it became clear to a large extent that one of the factors affecting a person's feeling of loneliness was lack of healthy and effective social relationships. Of course, this relationship could be bi-directional, which means that higher levels of feeling of loneliness could lead to reduced social skills. Therefore, when an individual enters into loneliness or isolation, they suffer from reductions and interruptions in their social relationships and they are entangled in a defected cycle which is hard to get rid of. Consequently, the most important factor used to overcome the feeling of loneliness is social relationships and participation in social events.

Moreover, it can be said that through increasing the levels of social skills, an individual can benefit from the advantages of social relationships such as support and intimacy. Obviously, when individuals take advantage of such benefits, they are encouraged to maintain their social relationships to have such benefits in the long term. On the other hand, teaching appropriate social skills and providing opportunities and experiences which result in increased social interactions helps nurses to practice and employ social skills and strategies in all their real-life situations and contexts, and consequently get through lower levels of anxiety.

Finally, according to Heinrich (2006), feeling of loneliness comes when there is a difference between interpersonal relationships that an individual expects for in the future and the ones someone already has at present. Perceptions of a person towards oneself and others' characters can have effects not only on how to interact with others but also how to interpret interpersonal situations. Therefore, social skills training can help an individual to become aware of realities and mutual expectations in social relationships and then leads to a decline in the levels of isolation and feeling of loneliness.

Furthermore, the second research hypothesis, i.e., the effectiveness of social skills training on increasing achievement motivation in nurses was confirmed.

These findings revealed that as social skills in individuals improve, achievement motivation intensifies. These results were in line with the findings of Jamshidi and Naraghi (2005) as well as Turner, McDonald, Somerset (2008). According to these researchers, social skills training can improve achievement motivation in individuals. To explain these findings, it can be stated that search for understanding affairs and causes is the most important source of human motivation (Weiner, 1980). Hence, people are looking for the ways to explain events and the cause-and-effect relationships between them. Since social skills are a set of behaviors acquired through observation, modeling, practice, and feedback with interactive aspects, they can maximize social reinforcement. So this can be a significant factor in strengthening the incentives for achievements in individuals. It can be said that improving levels of social skills leads to a rise in individual efforts in order to achieve common objectives

and social activities. Such an increase in partnerships and activities can result in a variety of motivations including achievement motivation. Given that increased social skills result in the growth of the factors affecting the process of learning, an individual's character, past experience, and interpersonal interactions can help someone to achieve their goals. Therefore, increased social skills can lead to a rise in the direction of following the goals which is among the important aspects of motivation. Finally, it can be stated that social isolation in youth can have long-term and serious effects on an individual's psychological health in adulthood. Thus, helping outcasts and isolated individuals as well as teaching social skills can lead to developments in character and mental health as well as the formation of an appropriate context for the growth of achievement motivation.

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